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Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2014-15

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FHB(H)279	4581	HO Sau-lan, Cyd	140	(1) Health (2) Subvention : Hospital Authority (3) Subvention : Prince Philip Dental Hospital
FHB(H)280	4609	HO Sau-lan, Cyd	140	(1) Health (2) Subvention : Hospital Authority (3) Subvention : Prince Philip Dental Hospital
FHB(H)281	4636	HO Sau-lan, Cyd	140	(1) Health (2) Subvention : Hospital Authority (3) Subvention : Prince Philip Dental Hospital
FHB(H)282	4671	HO Sau-lan, Cyd	140	(1) Health
FHB(H)283	4672	HO Sau-lan, Cyd	140	(1) Health (2) Subvention : Hospital Authority (3) Subvention : Prince Philip Dental Hospital
FHB(H)284	4674	HO Sau-lan, Cyd	140	(2) Subvention : Hospital Authority
FHB(H)285	4107	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)286	4108	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)287	4109	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)288	4110	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)289	4111	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)290	4222	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)291	5545	LAU Wai-hing, Emily	140	(2) Subvention : Hospital Authority
FHB(H)292	5552	LAU Wai-hing, Emily	140	(2) Subvention : Hospital Authority
FHB(H)293	5563	LAU Wai-hing, Emily	140	(2) Subvention : Hospital Authority
FHB(H)294	6689	LEE Wai-king, Starry	140	(1) Health
FHB(H)295	6149	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)296	6516	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)297	6517	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)298	6657	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)299	6660	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)300	4295	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)301	4296	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)302	4298	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)303	4301	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)304	4302	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)305	4303	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)306	4305	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)307	4306	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)308	4307	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)309	4308	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)310	6161	MOK Charles Peter	140	(2) Subvention : Hospital Authority
FHB(H)311	6191	MOK Charles Peter	140	N/A

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)312	6204	MOK Charles Peter	140	N/A
FHB(H)313	6213	MOK Charles Peter	140	N/A
FHB(H)314	6228	MOK Charles Peter	140	N/A
FHB(H)315	6539	MOK Charles Peter	140	N/A
FHB(H)316	5624	TO Kun-sun, James	140	(1) Health
FHB(H)317	5199	WONG Yuk-man	140	(2) Subvention : Hospital Authority
FHB(H)318	5258	WONG Yuk-man	140	N/A
FHB(H)319	5005	WU Chi-wai	140	(1) Health
FHB(H)320	5006	WU Chi-wai	140	(1) Health
FHB(H)321	5007	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)322	5116	WU Chi-wai	140	(1) Health
FHB(H)323	5117	WU Chi-wai	140	(1) Health
FHB(H)324	5118	WU Chi-wai	140	(1) Health
FHB(H)325	3464	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention
FHB(H)326	6458	CHEUNG Kwok-che	37	(1) Statutory Functions
FHB(H)327	4196	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)328	4197	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)329	4198	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)330	4199	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)331	4200	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)332	4201	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)333	4202	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)334	4203	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)335	4204	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)336	4207	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)337	4221	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)338	4274	KWOK Wai-keung	37	(2) Disease Prevention
FHB(H)339	4275	KWOK Wai-keung	37	(2) Disease Prevention
FHB(H)340	4297	MAK Mei-kuen, Alice	37	(3) Health Promotion
FHB(H)341	4304	MAK Mei-kuen, Alice	37	(1) Statutory Functions
FHB(H)342	6251	MOK Charles Peter	37	(1) Statutory Functions
FHB(H)343	4692	WONG Kwok-hing	37	N/A
FHB(H)344	4693	WONG Kwok-hing	37	N/A
FHB(H)345	4694	WONG Kwok-hing	37	N/A
FHB(H)346	5404	WONG Kwok-kin	37	(1) Statutory Functions
FHB(H)347	5408	WONG Kwok-kin	37	(2) Disease Prevention (3) Health Promotion
FHB(H)348	5238	WONG Yuk-man	37	N/A
FHB(H)349	5050	WU Chi-wai	37	N/A
FHB(H)350	5115	WU Chi-wai	37	(4) Curative Care

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)001

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2903)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 16):

Please provide the number of babies born to: (1) parents one of whom is not a Hong Kong permanent resident (commonly known as "singly non-permanent resident"); (2) parents both of whom are not Hong Kong permanent residents (commonly known as "doubly non-permanent resident"); and (3) parents who are both Hong Kong permanent residents in the past year (2013).

What is the healthcare manpower currently provided by the Hospital Authority in handling delivery of babies? What are the estimated manpower, details and expenditure involved in providing obstetric services in the coming year (2014)?

Please provide the number of babies born in Hong Kong in the past 3 years that were found to have sex deformities (commonly known as "intersex people"). Does the Administration provide any guidelines and manpower for rendering follow-up service to these babies?

Asked by: Hon. CHAN Chi-chuen

Reply:

The number of live births in Hong Kong in 2013 with breakdown on live births to mainland women (1) whose spouses are Hong Kong Permanent Residents, and (2) whose spouses are not Hong Kong Permanent Residents is set out below:

Live births to Mainland women				(e) Live births by non-Mainland women	(f) Total live births in Hong Kong (d) + (e)
(a) whose spouses are Hong Kong Permanent Residents	(b) whose spouses are not Hong Kong Permanent Residents	(c) father's residential status was not disclosed during birth registration	(d) Sub-total (a) + (b) + (c)		
4 670	790	37	5 497	51 641	57 138
Source: Census & Statistics Department as at March 2014					

Breakdown on the number of live births in Hong Kong in 2013 from parents both of whom are Hong Kong Permanent Residents is not available.

The medical and nursing manpower providing obstetric services in the Hospital Authority (HA) is part of the department of obstetrics and gynaecology (O&G) providing a range of O&G services. Breakdown of manpower by the types of services is not available. As at 31 December 2013, there were a total of 219 O&G doctors and 1 091 O&G nurses working in HA. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

HA plans to recruit about 350 doctors in 2014-15 to provide necessary manpower for maintaining existing services and implementing service enhancement initiatives. Breakdown by specialty is not yet available as the annual recruitment exercise for Resident Trainees is underway.

HA plans to recruit about 1 680 nurses in 2014-15 and an additional of 300 nurses to address winter surge demand subject to market availability. Breakdown by specialty is not yet available as the annual recruitment of nurses will commence from April 2014.

Ambiguous genitalia are appearances caused by many different underlying conditions, such as genetic or endocrine diseases. Healthcare professionals adopt a multi-disciplinary approach in providing appropriate investigation, treatment and management based on the clinical condition of individual patients. The management of such patients includes, but is not limited to, early assessment by paediatrician and paediatric endocrinologist; consultation with clinical geneticist; referral to paediatric surgeon if surgical intervention is anticipated; and referral to clinical psychologist and / or social worker for psychosocial support.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)002

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0636)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 34):

Regarding public dental care services, please advise on:

(a) the cost of each dental consultation;

(b) the workplaces of the six dentists in the existing public dental service system, the service hours of such workplaces and the number of patients attended to every day;

(c) the number of posts relating to dental services among the 55 posts to be created in 2014-15 for enhancing the provision of medical and dental services for civil service and eligible persons, as well as the establishment concerned.

Asked by: Hon. CHAN Han-pan

Reply:

(a) 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 addition, specialist oral maxillofacial surgery and dental treatment are provided by the Oral Maxillofacial Surgery & Dental Units (OMS&DUs) of DH in seven public hospitals for the referred hospital patients, patients with special oral health care needs and dental emergency. The figure with respect to the cost per attendance for DH's public dental service is not readily available.

(b) As at 31 December 2013, the Hospital Authority (HA) employed seven dentists (including one dental consultant and six senior dental officer/dental officers). They provide specialist out-patient services in four hospitals, namely Alice Ho Miu Ling Nethersole Hospital, Caritas Medical Centre, United Christian Hospital and Kwong Wah Hospital. The service hours of the specialist out-patient services concerned are 9 a.m. to 5 p.m. from Monday to Friday. They also provide in-patient dentistry & maxillofacial surgery services for cases such as trauma, tumor and cleft deformities in the above hospitals.

    In 2013-14 (provisional figures up to 31 December 2013), 140 in-patient and day-patient discharges & deaths and 8 629 specialist out-patient attendances were provided in these hospitals. Other dental services in other HA hospitals are supported by the DH.

(c) The additional 55 posts to be created in 2014-15 are indeed under Programme (7) of Head 37 – DH. These additional posts are created for enhancing the medical and dental services for civil service eligible persons, of which 53 posts are related to dental service. Details of these 53 posts are as follows –

Rank	No. of posts to be created
Senior Dental Officer	6
Dental Officer	12
Senior Dental Surgery Assistant	4
Dental Surgery Assistant	15
Dental Hygienist	1
Clerical Officer	1
Assistant Clerical Officer	3
Clerical Assistant	5
Laboratory Attendant	1
Workman II	5
Total :	***53***

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)003

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0637)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 125 Page 46 (if applicable)

Question (Member Question No. 35):

Please tabulate the details of the 800 additional hospital beds, including the names of the hospitals to be provided with additional beds, the types of beds, the departments to which the beds belong, the number of beds added and the expected completion date for the provision of additional beds.

Asked by: Hon. CHAN Han-pan

Reply:

Breakdown of the 800 additional hospital beds to be provided through minor works projects are tabulated as follows:

Hospital	**Number of Beds**	**Type of Beds**	**Target Completion**
Pamela Youde Nethersole Eastern Hospital	240	Acute	2015-2021
Queen Elizabeth Hospital	60	Acute	2014-2016
Haven of Hope Hospital	40	Convalescent/ Rehabilitation	2019
Tseung Kwan O Hospital	40	Acute	2019
Alice Ho Miu Ling Nethersole Hospital	60	Acute	2015-2018
North District Hospital	150	Acute and Convalescent/ Rehabilitation	2015-2020
Prince of Wales Hospital	80	Acute	2014-2016
Cheshire Home, Shatin	10	Infirmary	2019
Shatin Hospital	60	Convalescent/ Rehabilitation	2018

Hospital	Number of Beds	Type of Beds	Target Completion
Tai Po Hospital	30	Convalescent/ Rehabilitation	2018
Tuen Mun Hospital	30	Convalescent/ Rehabilitation	2015

The Hospital Authority will work out the detailed operational arrangements, including distribution of the beds by specialty, at a later stage when the respective commissioning plans are finalised.

Reply Serial No.

FHB(H)004

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0640)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 38):

Regarding the development of the Electronic Health Record Sharing System, please advise on:

(a) What is the progress of the development of the Electronic Health Record Sharing System?
(b) What are the estimated expenditure and establishment involved? Whether the authorities will increase the manpower? If yes, what is the progress so far?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The major targets of the first stage of the eHR Programme (2009-10 to 2013-14) are 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 systems available in the market for healthcare providers to connect to the eHR sharing platform; and (c) formulate an eHR-specific legislation to safeguard privacy and system security. We have been making good progress towards accomplishing these goals. The technical development 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 have also been conducting Privacy Impact Assessment and Security Risk Assessment and Audit to address concerns about data privacy and system security. As regards the Electronic Health Record Sharing System Bill, we plan to introduce it into the Legislative Council in the second quarter of 2014.

(b) The Legislative Council approved in July 2009 a commitment of $702 million non-recurrent expenditure for implementing the first stage of the eHR Programme. To spearhead and coordinate the eHR Programme, the Government has set up the eHealth Record Office (eHRO) in the Food and Health Bureau. There will be a total of 23 civil service posts in eHRO by 2014-15. In anticipation of the commissioning of the eHR Sharing System in end 2014, the Government has earmarked $259 million in 2014-15 to meet the recurrent expenditure.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)005

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0653)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 127 Page 46

Question (Member Question No. 15):

The Financial Secretary stated that an additional funding of over $420 million would be allocated for the implementation of colorectal cancer screening in the coming five years. In this connection:

(a) Please tabulate all healthcare services pilot programmes launched by the Government, their implementation schedules, expenditure involved, the target participants or age groups as well as the number of beneficiaries.

(b) Among the above programmes, please set out those which are underway, terminated and not recommended for continuation. Which of them are converted into regular programmes?

Asked by: Hon. CHAN Han-pan

Reply:

Enhancing primary care and promoting public-private partnership in healthcare were two of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation on healthcare reform conducted in 2008.

Since 2008, the Administration has been implementing a number of primary care and public-private partnership (PPP) pilot programmes in healthcare through the Food and Health Bureau and the Department of Health. The following table sets out the latest position of these programmes:

Programme	Implementation details, schedule and expenditure	Remarks
Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) To provide free outreach dental care and oral healthcare services for elders in RCHEs and DEs.	A three-year pilot project launched in 2011. As at end-December 2013, about 59 000 elders have received dental care services under the pilot. The project expenditure (up to end-December 2013) is $66 million.	It will be converted into a regular programme in 2014.

Pilot Project on Dental Service for Patients with Intellectual Disability (ID) To provide subsidy for patients with moderate ID aged 18 or above to receive dental services supplemented with special support measures such as intravenous sedation.	A four-year pilot project launched in August 2013. As at end-December 2013, there were 245 patients seen and 49 patients treated under the project. The project expenditure (up to end-December 2013) is $0.44 million.	Pilot on-going
Elderly Health Care Voucher Scheme To provide subsidy for elders aged 70 or above to receive private primary care services.	Launched as a pilot project in 2009. As at end-December 2013, about 556 000 elders have made use of the vouchers. The programme expenditure (up to end-December 2013) is $730.7 million.	It has been converted into a regular programme in 2014.
Elderly Health Assessment Pilot Programme To provide voluntary, protocol-based, subsidized health assessment to elders aged 70 or above with an aim to facilitate early identification of risk factors and diseases for timely management as well as promote healthy ageing.	A two-year pilot programme launched in July 2013. As at end-December 2013, about 560 elders have received the health assessment. The programme expenditure (up to end-December 2013) is $2.3 million.	Pilot on-going

Since 2008-09, the Hospital Authority (HA) has also been implementing various healthcare services pilot programmes under primary care settings and PPP projects. The latest position of these programmes is as follows:

Programme	Implementation details and schedule	Remarks
Risk Factor Assessment and Management Programme Multi-disciplinary teams set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 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.	It was turned into a regular programme in 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 60 000 patients are expected to benefit from the programme by 2013-14. An additional 14 000 patients are expected to be enrolled in 2014-15.	Pilot on-going

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 selected 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.	It was turned into a regular programme in 2012-13.
Haemodialysis Public-Private Partnership Programme Providing subsidies for eligible patients with end-stage renal disease currently under the care of HA to receive haemodialysis services in the qualified community haemodialysis centers.	Launched in March 2010. Over 230 patients are expected to benefit from the programme by 2013-14. An additional 20 patients are expected to be enrolled in 2014-15.	It was turned into a regular programme in 2012-13.
Cataract Surgeries Programme To increase throughput of cataract surgeries in HA.	Launched in February 2008 and extended up to 2017-18. As at end-February 2014, over 19 100 patients have enrolled in the programme.	Pilot on-going
General Outpatient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public general outpatient services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008 as the Tin Shui Wai Primary Care Partnership Project, and extended to the whole Tin Shui Wai area in June 2010. As at end-February 2014, over 1 600 patients have enrolled in the programme.	Pilot on-going
Shared Care Programme To partially subsidize diabetes mellitus patients currently under the care of the HA to have their conditions followed up by private doctors.	Launched in New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at end-February 2014, over 300 patients have enrolled in the programme.	It will end in March 2014 as originally planned.
Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector Patients of selected cancer groups (including colorectal cancer, breast cancer, nasopharyngeal cancer and lymphoma) to receive radiological investigation services (Computed Tomography / Magnetic Resonance Imaging) at designated private service providers.	Launched in four clusters (Hong Kong East, Kowloon East, Kowloon West and New Territories West Clusters) in May 2012 and extended to other clusters in September 2012. As at end-February 2014, over 3 000 patients have received investigations under the programme.	Pilot on-going

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)006

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0657)

Head:	(140) Government Secretariat: Food and Health Bureau(Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(1) Health
Controlling Officer:	Permanent Secretary for Food and Health(Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 20):

Regarding the regulation of proprietary Chinese medicines in Hong Kong, please provide the following information:

(a) The proprietary Chinese medicines which were not successfully registered in the past 5 years, including the names of these medicines, their manufacturers and the reasons why they were not successfully registered.

(b) The details of the current staffing establishment for the registration of proprietary Chinese medicines, as well as the details of the additional manpower required and the establishment for the "Good Manufacturing Practice" system.

Asked by: Hon. CHAN Han-pan

Reply:

a) The registration regime for proprietary Chinese medicines (pCm) is established under the Chinese Medicine Ordinance (Cap. 549) (CMO). Under the CMO, where a pCm was manufactured or sold in Hong Kong on 1 March 1999, the relevant manufacturer, importer or local agent/representative of a manufacturer outside Hong Kong may apply for transitional registration of the pCms before 30 June 2004. In 2008, the Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong finished assessing all the applications for transitional registration. "Notices of confirmation of transitional registration of pCm" have been issued to those applications which contain three acceptable basic test reports (i.e. on heavy metals and toxic element, pesticide residues and microbial limit). For applications which contain the aforementioned three basic test reports but fail to meet the requirements for the transitional registration, "Notices of confirmation of (non-transitional) registration application of pCm" have been issued to them.

   On the other hand, the CMB has started to accept applications for registration of pCm since 19 December 2003. Applications for registration of pCms must be accompanied by documentary proofs, reports and samples, etc., to substantiate that the pCms concerned have fulfilled the registration requirements prescribed by the CMB regarding the safety, quality and efficacy of the pCms. "Certificate of Registration of pCm" will be issued to those pCms that have fulfilled the registration requirements.

As of 1 March 2014, the CMB has received a total of 17 914 applications for registration of pCms, of which 14 172 applications have also applied for transitional registration. The CMB have completed processing all the applications for transitional registration and issued 8 645 "Notice of confirmation of transitional registration of pCm" and 719 "Notice of confirmation of (non-transitional) registration application of pCm". A total of 389 pCm have been issued with "Certificate of registration of pCm" and 7 214 applications were rejected as they had failed either to meet with the definition of pCm under CMO or submit the required documents and materials. Details of rejected applications would not be disclosed for privacy and confidentiality reasons.

As the above statistics have been kept on a cumulative basis, DH does not have annual figures for the past five years.

b) Currently, 14 staff members, including one Senior Pharmacist, seven Pharmacists, three Scientific Officers (Medical) and three General Grade officers, in the Department of Health (DH) are providing support for the work relating to the registration of pCms.

At present, compliance with the Good Manufacturing Practice (GMP) is not a mandatory requirement for the local pCm manufacturers. The Government has engaged the trade to work out a timeframe for the introduction of mandatory GMP requirements to enhance the quality of pCms by conducting briefing sessions and seminars with the trade. Seven posts, namely one Senior Pharmacist, two Pharmacists, three Scientific Officers (Medical) and one General Grade post were created under the DH in 2011-12 to support enhancement of regulatory regime including the GMP work.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)007

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0658)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 21):

In respect of developing evidence-based Chinese medicine, please advise on the following:

(a) In addition to the two Chinese medicine clinics operated by the Tung Wah Group of Hospitals and subsidised by the Department of Health, how many Chinese medicine clinics have been set up in the public sector in Hong Kong? Where are these clinics located? Does the Administration have any plan to continue subsidising the setting up of Chinese medicine clinics? If yes, what are the details? If no, what are the reasons? What are the expenditure and manpower involved?

(b) Currently, what internship or training opportunities are made available for the graduates of local Chinese medicine degree programmes? What is the employment situation of these graduates in the Chinese medicine clinics after their internship or training? What are the ranks and establishment of Chinese Medicine practitioners and dispensers at the Chinese medicine clinics in the public sector?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The Government has committed to establishing public Chinese medicine clinics (CMCs) in 18 districts 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, a non-governmental organization (NGO) and a local university. The NGOs are responsible for the day-to-day operation of public CMCs. Up to now, we have set up 17 public CMCs, details of which are at **Annex**. The remaining public CMC in the Islands District will be commissioned later this year.

In 2014-15, the Government has earmarked $94.5 million for the operation of the 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.

(b) Under the tripartite collaboration model, the NGOs are required to provide training placements for fresh graduates of local Chinese medicine degree programmes. Each public CMC is required to employ at least four full-time equivalent of senior Chinese medicine practitioners (CMPs) /CMPs and 12 junior CMPs/CMP trainees. As at end-January 2014, 333 CMPs were employed at the 17 public CMCs, of whom 224 are local Chinese medicine degree programme graduates.

Annex

Locations of 17 Existing Public Chinese Medicine Clinics

District	Location
Hong Kong	
Central and Western	G/F & 1/F, Yeo Wing (Specialist Outpatient Department), Tung Wah Hospital, 12 Po Yan Street, Sheung Wan, Hong Kong
Eastern	Lower 4th Floor, West Wing, Specialist Out-Patient Block, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong
Southern	2/F, 10 Aberdeen Reservoir Road, Aberdeen, Hong Kong
Wan Chai	2/F, Tang Shiu Kin Hospital Community Ambulatory Care Centre, 282 Queen's Road East, Wan Chai, Hong Kong
Kowloon	
Kowloon City	Unit 401-412, Po Man House, Oi Man Estate, Ho Man Tin, Kowloon
Kwun Tong	4/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon
Sham Shui Po	1/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon
Wong Tai Sin	G/F & M/F, Block C, Hong Kong Buddhist Hospital, 10 Heng Lam Street, Lok Fu, Kowloon
Yau Tsim Mong	9/F, Block R, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon
New Territories	
Kwai Tsing	G/F, Ha Kwai Chung Polyclinic & Special Education Services Centre, 77 Lai Cho Road, Kwai Chung, New Territories
North	7/F, Fanling Health Centre, 2 Pik Fung Road, Fanling, New Territories
Sai Kung	6/F, Ambulatory Care Block, Tseung Kwan O Hospital, No. 2 Po Ning Lane, Hang Hau, Tseung Kwan O, Kowloon
Sha Tin	G/F, Shatin (Taiwai) Clinic, 2 Man Lai Road, Tai Wai, Shatin
Tai Po	G/F, Block J, Alice Ho Miu Ling Nethersole Hospital, 11 Chuen On Road, Tai Po, New Territories
Tsuen Wan	2/F, Block E, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan, New Territories
Tuen Mun	5/F, Yan Oi Polyclinic, 6 Tuen Lee Street, Tuen Mun, New Territories
Yuen Long	3/F, Yuen Long Madam Yung Fung Shee Health Centre, 26 Sai Ching Street, Yuen Long, New Territories

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)008

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0659)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 22):

Regarding integrated Chinese and Western medicine treatment, please answer the following questions:

(a) When did the Administration start integrating Chinese and Western medical treatments? What is the number of patients benefited so far?

(b) How many medical institutions under the Hospital Authority are providing integrated Chinese and Western medicine treatment? Please provide details on the hospital departments, number of participating patients (or number of places available) and consultation arrangements (or waiting time) involved.

Asked by: Hon. CHAN Han-pan

Reply:

Over the past years, the Hospital Authority (HA) has been encouraging communication and cooperation between Chinese Medicine Practitioners of the Chinese Medicine Centres for Training and Research (CMCTRs), each of which is operating on a tripartite collaborating model involving the HA, a non-governmental organisation (NGO) and a local university, and Western Medicine Practitioners in public hospitals. As the CMCTRs are operated by the NGOs, the Administration does not have detailed information of their services, such as the number of participating patients and consultation arrangements.

The Government is committed to promoting the development of Chinese medicine in Hong Kong. In February 2013, the Chief Executive established the Chinese Medicine Development Committee (the Committee) to focus on the study of four major areas, namely the development of Chinese medicine services (including Integrated Chinese-Western medicine (ICWM)), personnel training and professional development, research and development as well as development of the Chinese medicines industry. Regarding the Committee's recommendation on the development of a Chinese medicine hospital, the Committee is examining the feasible mode of operation and regulatory details of the Chinese medicine hospital. The Government will take into account the recommendations of the Committee in taking forward the proposal.

To help gather experiences in the operation and regulation of ICWM and Chinese medicine in-patient services, the HA will carry out a two-year ICWM pilot project to provide ICWM treatment for HA in-patients of selective disease areas, namely stroke rehabilitation, low back pain and palliative care for cancer patients. The clinical programmes for the pilot project will be conducted at HA hospitals and their respective CMCTRs. HA is carrying out preparatory work for the pilot project, and plans to launch the clinical programmes in mid-2014. The number of patients served by the pilot project will depend on various factors, including the number of patients that can meet the inclusion criteria and patients' willingness to participate in the pilot project as participation will be on a voluntary basis.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)009

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0660)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 124 Page 45 (if applicable)

Question (Member Question No. 31):

With regard to the following hospitals, please tabulate in details the progress of their construction, redevelopment or expansion; the number of additional beds (if any) to be provided; the service capacity to be increased; the estimated dates of completion; and the expenditures involved (according to the Budget, $55 billion will be spent on these projects).

(a) Tin Shui Wai Hospital

(b) Hong Kong Children's Hospital

(c) United Christian Hospital

(d) Kwong Wah Hospital

(e) Queen Mary Hospital

(f) Kwai Chung Hospital

(g) Hong Kong Red Cross Blood Transfusion Service Headquarters

Asked by: Hon. CHAN Han-pan

Reply:

The Administration plans to spend $55 billion for the construction and redevelopment of several public hospitals. They include the construction of Tin Shui Wai Hospital (TSWH) and Hong Kong Children's Hospital (HKCH); the preparatory works for the expansion of United Christian Hospital (UCH) and redevelopment of Kwong Wah Hospital (KWH); the redevelopment of Queen Mary Hospital (QMH), phase 1 and Kwai Chung Hospital (KCH), as well as the expansion of Hong Kong Red Cross Blood Transfusion Service Headquarters (BTS).

Construction works for TSWH and HKCH have commenced in February and August 2013 respectively and works on both sites are progressing as planned. Upon target completion in 2016, TSWH will provide a total planned capacity of 300 beds and the approved project estimate (APE) in money-of-the-day (MOD) prices is $3,910.9 million. For HKCH, a planned total of 468 beds will be provided after completion of the construction works targeted for 2017 and the APE for the project in MOD prices is $12,985.5 million.

The preparatory works for the expansion of UCH project commenced in August 2012. The decanting works involved are progressing according to schedule to tie in with the target commencement date for the first phase of main works in early 2015. The APE for the preparatory works is $352.3 million in MOD 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 accident and emergency service. The total number of beds will be increased from about 1 400 to around 1 700 after the expansion.

The preparatory works of the redevelopment of KWH project have commenced in March 2013 and site inspection, surveying as well as detailed design are currently underway as scheduled. The APE for the preparatory works is $552.7 million in MOD prices. Subject to funding approval of the Finance Committee (FC) of the Legislative Council, the main works are planned to start in phases from 2016 for completion in 2022. The total number of beds will be increased from about 1 200 to around 1 550 after the redevelopment.

Subject to funding approval by FC, the preparatory works for the redevelopment of QMH phase 1 project is planned to start in 2014 for completion in 2017, with cost estimate in the order of $1,600 million. We plan to start the main works of the project in 2017 for completion of the whole phase 1 redevelopment project by 2023. The redevelopment of KCH project is expected to start in 2015-16 for completion in 2023, subject to the funding approval of the FC. As for the expansion of BTS project, subject to funding approval of the FC, it is planned to start in 2015 for completion in 2019.

The overall cost for the expansion of UCH and BTS projects, as well as redevelopment projects of KWH, QMH phase 1 and KCH will be ascertained in due course. It is estimated that the five projects will be in aggregate cost of about $38 billion.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)010

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0661)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates of Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 32):

Regarding Accident and Emergency (A&E) and general out-patient services, please advise on:

(a) The numbers of attendances at Hospital Authority (HA) hospitals and units which provide general out-patient services **in the past year**.

(b) The number of attendances in Triage 3 to Triage 5 at HA hospitals which provide A&E services **by "general out-patient session" and "non-general out-patient session" in the past year**.

Asked by: Hon. CHAN Han-pan

Reply:

(a)

Public general outpatient services are primarily targeted at serving the elderly, the low-income group and the chronically ill. Patients under the care of general outpatient clinics (GOPCs) mainly comprise 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 flu, cold or gastroenteritis).

The table below sets out the number of general outpatient attendances by cluster under the Hospital Authority (HA) in 2013-14 (up to 31 December 2013).

Cluster	Number of general outpatient attendances in 2013-14 (April to December 2013) [Provisional figures]
HKEC	433 194
HKWC	292 769
KCC	426 892
KEC	691 771
KWC	1 201 264
NTEC	711 666
NTWC	604 436
Overall	4 361 992

(b)

The table below sets out the number of accident and emergency (A&E) attendances in triage 3 to 5 by cluster under HA in 2013-14 (up to 31 December 2013).

Cluster	Number of A&E attendances in triage 3 to 5 in 2013-14 (April to December 2013) [Provisional figures]	
	From 9 am to 5 pm on Monday to Friday#	Other timeslots in the reporting period
HKEC	64 951	106 551
HKWC	36 179	57 471
KCC	52 002	80 284
KEC	84 021	145 195
KWC	157 040	252 346
NTEC	111 699	177 367
NTWC	96 492	157 780
Overall	602 384	976 994

Broadly speaking, the main service hours of GOPC service are 9 am to 5 pm on Monday to Friday, while evening sessions and sessions on Saturdays, Sundays and Public Holidays are available at individual clinics.

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

Reply Serial No.

FHB(H)011

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0662)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 33):

Please provide details of the procurement and revamping of medical equipment, the expenditure involved and the utilisation rate of such equipment 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. rehabilitation equipment 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 2013-14, HA procured 603 major medical equipment items at a total cost of $425 million.

Of hundreds of major medical equipment items procured by HA each year, some are of unit cost exceeding $5 million. The tables below set out those major medical equipment items of unit cost exceeding $5 million that were procured by HA in 2013-14 as well as the clusters, hospitals and specialties involved and the expenditure incurred:

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Radiographic/Fluoroscopic Systems, General-Purpose	HKE	RH	RAD	5.3
Scanning Systems, Computed Tomography, Spiral	HKE	PYNEH	RAD	9.5
Analysers, Laboratory, Clinical Chemistry, Automated	HKW	QMH	PAT	11.0
Radiographic/Fluoroscopic Systems, Cardiovascular	KC	QEH	MED	18.4

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Scanning Systems, Gamma Camera, Single Photon Emission Tomography	KC	QEH	RAD	5.8
Stereotactic Systems, Neurosurgical, Frameless	KC	QEH	NS	5.4
Monitoring Systems, Physiologic, Acute Care	KW	CMC	ICU/HDU	7.2
Monitoring Systems, Physiologic, Acute Care	KW	KWH	ICU/HDU	6.9
Scanning Systems, Gamma Camera, Single Photon Emission Tomography	KW	PMH	RAD	5.8
Monitoring Systems, Physiologic, Acute Care	NTE	NDH	ICU/HDU	6.7
Monitoring Systems, Physiologic, Acute Care	NTE	NDH	ANA	5.5
Monitoring Systems, Physiologic, Acute Care	NTE	PWH	PAE	6.0
Monitoring Systems, Physiologic, Acute Care	NTW	TMH	PAE	6.0
Scanning Systems, Gamma Camera, Single Photon Emission Tomography	NTW	TMH	NM	6.5
Scanning Systems, Computed Tomography, Spiral	NTW	TMH	RAD	9.1

The table below sets out the patient attendances for magnetic resonance imaging (MRI) and computed tomography (CT) scanning service provided by HA in 2013-14 (up to 31 December 2013):

	Number of patient attendances (1 April 2013 – 31 December 2013)
MRI	51 583
CT	267 478

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 the operation of medical equipment cannot be separately accounted for. HA will continue to implement various measures in 2014-15 to attract, retain and recruit additional healthcare professionals for quality patient care.

Abbreviations

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

Hospitals:
CMC - Caritas Medical Centre
KWH - Kwong Wah Hospital
NDH - North District Hospital
PMH - Princess Margaret Hospital
PWH - Prince of Wales Hospital
PYNEH - Pamela Youde Nethersole Eastern Hospital
QEH - Queen Elizabeth Hospital
QMH - Queen Mary Hospital
RH - Ruttonjee Hospital
TMH - Tuen Mun Hospital

Specialties:
ANA - Anesthesiology
ICU/HDU - Intensive Care Unit/High Dependency Unit
MED - Medicine
NM - Nuclear Medicine
NS - Neurosurgery
PAE - Paediatrics
PAT - Pathology
RAD - Radiology

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)012

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1742)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 16):

In the Matters Requiring Special Attention in 2014-15 under Programme (1): Health, it is mentioned that the Administration will consult the public on the detailed proposals for the proposed Health Protection Scheme. In this connection, please set out the estimated expenditure involved in consulting the public consultation, detailed timetable of the consultation, details of the publicity for the public consultation and manpower involved.

Asked by: Hon. CHAN Kin-por

Reply:

The Government is formulating detailed proposals for the implementation of the HPS with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to conduct a three-month public consultation on the detailed proposals for the HPS in mid-2014. We have reserved $6.2 million for conducting the public consultation, which mainly includes the costs of production of a set of Announcements in the Public Interest (APIs), printing of consultation document, consultation report and related public materials, organisation of consultation forums, placement of advertisements, construction and maintaining of a dedicated website, etc. The manpower involved in the consultation exercise would form an integral part of the Bureau's services and cannot be separately identified.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)013

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1743)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 17):

Under Programme (1): Health, it is stated that the Administration will consult the public on the detailed proposals for the proposed Health Protection Scheme. At present, is the consultation paper completed? Has the Administration specifically included all of the views held by the insurance sector in the consultation paper? If yes, what are the details? If not, what are the reasons? What follow-up actions will be taken by the Administration after the completion of the consultation? Does the Administration have a backup proposal in hand if the consultation cannot forge a community consensus on the Scheme? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. CHAN Kin-por

Reply:

The Government is formulating detailed proposals for the implementation of the Health Protection Scheme (HPS) with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances, recommendations of the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee, and views and suggestions of relevant stakeholders, including the insurance sector. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014.

Subject to the outcome of the consultation and the views of the public, the Government will formulate proposals for the implementation of the scheme and proceed with the necessary legislative work. The insurance industry and other stakeholders would be consulted as appropriate.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)014

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1744)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 126 Page 46

Question (Member Question No. 18):

It is mentioned in the Budget Speech that the Administration has pledged to earmark $50 billion to support healthcare reform and will consider providing tax reliefs for subscribers of regulated insurance products. In this connection, could the Administration inform this Committee of:

a) the details of the tax reliefs being planned by the Administration;
b) the expenditure involved in implementing the tax reliefs;
c) whether a study of the attractiveness of the tax reliefs to different age groups in the community has been conducted; if yes, the details of the study; if no, the reasons for that; and
d) whether the adequacy of the $50 billion earmarked by the Administration for providing incentives and subsidies has been assessed; and whether more resources will be earmarked to take forward the Health Protection Scheme.

Asked by: Hon. CHAN Kin-por

Reply:

The Government is formulating detailed proposals for the implementation of the Health Protection Scheme (HPS) with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014, including the option of providing tax reliefs as an incentive to encourage more individuals to take up private health insurance to help address the long-term healthcare financing challenges. Detailed assessments of the proposals as well as the estimated financial support required from the Government will be provided. The Government will ensure proper and judicious use of the $50 billion fiscal reserve such that it contributes to the aim of healthcare reform by enhancing the long-term sustainability of our dual-track healthcare system amid an ageing population and the challenges posed by rising public expectation and advancement in medical technologies.

Subject to the outcome of the consultation, the Government will proceed with the necessary legislative work for the implementation of the HPS.

CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)015

(Question Serial No. 1745)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 126 Page 46

Question (Member Question No. 19):

It is mentioned in the Budget Speech that the Administration will earmark $50 billion to support healthcare reform and consider providing tax reliefs for subscribers of regulated insurance products. Earlier on the Administration indicated that according to the consultancy report, the Health Protection Scheme (HPS) would incur an increase of about 10% in premium. The level of increase was different from the estimation made by the insurance industry. Regarding the level of increase, the industry and the Administration are holding contrasting views. In this connection, will the Administration undertake to subsidise the shortfall or cap the increase at 10% if it is higher than 10% upon implementation of the HPS?

Asked by: Hon. CHAN Kin-por

Reply:

According to the Consultant's (Pricewaterhouse Coopers Advisory Services Limited) recommendations, the Standard Plan under the proposed Health Protection Scheme would offer enhanced benefits compared to existing individual-based indemnity hospital insurance products of similar protection level (ward level products). For instance, for non-surgical cancer treatments (e.g. chemotherapy, radiotherapy) and advanced diagnostic imaging tests (e.g. Magnetic Resonance Imaging (MRI) examination, Computed Tomography (CT) scan, Positron Emission Tomography (PET) scan), the majority of existing products do not provide coverage for these treatments and tests as a separate benefit item. These treatments and tests are usually only claimable under the benefit item of "miscellaneous hospital expenses", which under normal circumstances would not be sufficient for covering the cost of these treatments. Under the proposed Standard Plan, rather than being covered under "miscellaneous hospital expenses" as in existing individual-based indemnity hospital insurance products, these treatments and tests will be covered under separate benefit items, subject to respective benefit limits that would provide sufficient coverage for policyholders for using these services. Taking into account these enhanced benefits, the Consultant estimated through an actuarial model that the average annual standard premium of the Standard Plan would be around $3,600 (in 2012 constant prices), about 9% higher (subject to a potential range of variation between -8% and +45%) than the average premium of existing individual-based indemnity hospital insurance policies (ward level) in the market.

The estimated figure is provided by the Consultant for illustrative purpose and the actual premiums of the Standard Plan would be set by individual insurers having regard to factors such as their pricing strategy and risk profiles.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1746)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 20):

Under Programme (1) Health, one of the Matters Requiring Special Attention is that the Branch will facilitate healthcare service development, including encouraging private hospital development and conducting a review on regulation of private healthcare facilities. In this connection, please advise this Committee of the following:

A. the estimated expenditure of and manpower allocated for conducting the review on regulation of private healthcare facilities;

B. the details, implementation timetable and operational particulars of the review on regulation of private healthcare facilities;

C. whether there are other measures to enhance and promote the standard of private healthcare services; if yes, the details of the measures; if no, the reasons for that; and

D. on encouraging private hospital development, whether the Administration has plans to reserve land for the development of new private hospitals; if yes, the details of the measures; if no, the reasons for that.

Asked by: Hon. CHAN Kin-por

Reply:

A. The Food and Health Bureau and Department of Health provide secretariat and professional support to the review on regulation of private healthcare facilities, and the related expenditure is absorbed within the existing resources of the Bureau and Department.

B. The Steering Committee on Review of the Regulation of Private Healthcare Facilities (Steering Committee) has set up four working groups to review focused areas in the regulation of private healthcare facilities and related matters. The Working Group on Differentiation between Medical Procedures and Beauty Services completed its review in November 2013; the Department of Health has put into practice the recommendations. The other three working groups under the Steering Committee have also formulated a list of recommendations. The Steering Committee is expected to discuss and endorse the three working groups' recommendations within 2014.

C. Private hospitals in Hong Kong have been participating in internationally recognized hospital accreditation schemes to enhance and promote their standard of services. Hospital accreditation is conducted through self-assessment and external peer assessment of hospitals' level of performance in relation to established standards and also continuous implementation of quality improvement measures. All local

private hospitals were accredited by the Trent Accreditation Scheme of the United Kingdom (which, however, ceased to operate in 2010). Subsequently, nine private hospitals have been awarded full accreditation by the Australian Council on Healthcare Standards (ACHS). The remaining hospitals are undergoing the assessment process of ACHS as well.

D. In considering reserving government sites for private hospital development, we will also consider proposals to expand existing private hospitals and develop new private hospitals from various organizations (including non-governmental organizations). At the same time, we note the current shortage of land supply in Hong Kong and understand that there are other social demands that need to be met by land supply. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)017

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1747)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 126 Page 46

Question (Member Question No. 21):

It is stated in the Budget Speech that $50 billion is earmarked to support healthcare reform. In this connection, will the Administration please provide details of how the $50 billion earmarked will be allocated. The Administration indicated earlier that according to estimation, about $4.3 billion would be allocated to a high risk pool. Please provide details of how the estimation is calculated and how the remaining $40 billion-odd funds will be used.

Asked by: Hon. CHAN Kin-por

Reply:

The Government is formulating detailed proposals for the implementation of the Health Protection Scheme (HPS) with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014. The Government will ensure proper and judicious use of the $50 billion fiscal reserve such that it contributes to the aim of healthcare reform by enhancing the long-term sustainability of our dual-track healthcare system amid an ageing population and the challenges posed by rising public expectation and advancement in medical technologies.

The High Risk Pool (HRP) proposal, recommended by the consultant, is formulated having regard to the community's aspiration to enable high-risk individuals to procure private health insurance. Under the proposed HRP mechanism, insurers may transfer a Standard Plan policy of a high-risk individual (if premium loading of the policy equals or exceeds 200% of standard premium) to a separate HRP upon the inception of the policy concerned. The insurer will continue to be responsible for the administration of the policy and will receive an administration fee. The premium income (net of administration fee), claims/liabilities and profit/loss of the policy will be accrued to the HRP, which will operate independently of the insurers and under the monitor of the future regulatory agency.

Having regard to a variety of factors, including the estimated number of eligible cases for the HRP (under the assumption that it will be open to all in the first year and limited to those aged 40 or below from the second year onward), estimated claims cost of HRP members, estimated premiums collected, estimated administration cost, etc., the Consultant estimates that the total cost to Government for funding the operation of the HRP for a 25-year period (2016-2040) would be about $4.3 billion (in 2012 constant prices).

CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)018

(Question Serial No. 1748)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 126 Page 46

Question (Member Question No. 22):

It is mentioned in the Budget Speech that the Government will earmark $50 billion to support healthcare reform. Earlier on the Administration stated that it assumed the operation cost of High Risk Pool (HRP) would be 12.5% of the premium. Given that the operation of HRP would be managed by insurers and the insurance industry consider the assumed cost impractical, would the Administration review the percentage? If a consensus on the HRP is not reached with the industry, would the Administration consider taking up the administration work and manage the HRP itself?

Asked by: Hon. CHAN Kin-por

Reply:

The Government is formulating detailed proposals for the implementation of the Health Protection Scheme (HPS) with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014.

The High Risk Pool (HRP) proposal, recommended by the consultant, is formulated having regard to the community's aspiration to enable high-risk individuals to procure private health insurance. Under the proposed HRP mechanism, insurers may transfer a Standard Plan policy of a high-risk individual (if premium loading of the policy equals or exceeds 200% of standard premium) to a separate HRP upon the inception of the policy concerned. The insurer will continue to be responsible for the administration of the policy and will receive an administration fee. The premium income (net of administration fee), claims/liabilities and profit/loss of the policy will be accrued to the HRP, which will operate independently of the insurers and under the monitor of the future regulatory agency.

Having regard to a variety of factors, including the estimated number of eligible cases for the HRP (under the assumption that it will be open to all in the first year and limited to those aged 40 or below from the second year onward), estimated claims cost of HRP members, estimated premiums collected, estimated administration cost, etc., the Consultant estimates that the total cost to Government for funding the operation of the HRP for a 25-year period (2016-2040) would be about $4.3 billion (in 2012 constant prices). The total administration cost, including administration fee for insurers, policy management, claims management, compliance and other necessary expenses, is estimated by the Consultant to be 12.5% of total claims cost of the HRP, taking into account the experience of a number of local and overseas insurance schemes or market segments that bear a certain degree of similarity with the HRP. Subject to the outcome of the public consultation, the Government will further discuss with the industry in formulating the operational details for the HRP and in determining an appropriate and reasonable level of administration cost for operating the HRP.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)019

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1754)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 28):

It is stated in the Matters Requiring Special Attention in 2014-15 under Programme (2) that the Hospital Authority will implement a number of initiatives to meet growing demand arising from population growth and ageing, including opening of additional beds, particularly in high needs communities like Hong Kong East, New Territories East and New Territories West Clusters. Will the Administration inform this Committee of the number of additional beds allocated to each cluster in the coming year and the estimated expenditure involved? Apart from opening additional beds, what other initiatives will the Administration implement to meet the growing demand arising from population growth and ageing? What is the estimated expenditure involved?

Asked by: Hon. CHAN Kin-por

Reply:

In 2014-15, the Hospital Authority (HA) has earmarked over $270 million for the opening of 205 beds, of which 185 are acute general and 20 are convalescent/rehabilitation beds. A breakdown of the additional beds by clusters is set out in the following table:

Cluster	**Number of hospital beds to be opened in 2014-15**	
	Acute General	Convalescent/Rehabilitation
HKEC	40	-
KCC	24	-
KEC	4	-
KWC	3	20
NTEC	62	-
NTWC	52	-
Overall HA	**185**	**20**

Apart from the opening of beds, HA will implement the following measures in 2014-15 to meet the growing demand arising from population growth and ageing:

		$million
(a)	Enhance healthcare services to meet the medical needs of the local community on Lantau Island through the phased introduction of services in North Lantau Hospital	65
(b)	Commission the improved facilities provided under the redevelopment of Yan Chai Hospital and Caritas Medical Centre	69
(c)	Implement the following measures to improve patients' access to service: (a) Provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle the cases; (b) Increase General Outpatient Clinic episodic quotas in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster; (c) Increase the number of new case attendance at Specialist Outpatient (SOP) Clinics and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOP waiting lists and enhance SOP service as a whole; (d) Establish a new joint replacement centre in New Territories West Cluster; (e) Increase the number of operating theatre sessions to improve access to elective surgeries; (f) Enhance radiological imaging services including computed tomography and ultrasound scanning services; (g) Augment the lung function laboratory and endoscopy service in HA; and (h) Enhance the pharmacy workforce to meet the increasing demand for SOP pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.	287

Abbreviations

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

FHB(H)020

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1755)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 29):

According to Programme (2), the total estimated manpower for Hospital Authority in 2014-15 is 68 499 staff members. Will the Administration inform this Committee of:

(a) the amount of funding earmarked for implementing various measures to attract, motivate and retain HA 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 the specific contents of the measures;

(c) a breakdown in a table of the estimated number of staff to be recruited and the turnover figures of healthcare staff by rank (doctors, nurses, dentists, pharmacists and allied health professionals) in the coming year?

Asked by: Hon. CHAN Kin-por

Reply:

(a)

In 2013-14, the Hospital Authority (HA) earmarked around $321 million for recruitment and retention of healthcare staff. The same level of funding has been earmarked in 2014-15 for the same purpose to continue to implement a series of measures to retain staff in medical, nursing and allied health (AH) grade.

(b)

For the medical grade, HA will continue to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and recruit non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA will continue to enhance career advancement opportunities of experienced nurses and provide training to registered nursing students and enrolled nursing students at HA's nursing schools.

For the AH grade, HA will continue to provide additional training places for allied health students and recruit additional professional and supporting staff to relieve workload.

(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 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 intake and attrition of doctors, nurses and AH staff (full-time equivalent basis including both full-time and part-time staff) in 2014-15.

Grade	**2014-15 (Estimate)**	
	Intake No.	**Attrition No.**
Doctors	350	220
Nurses	1 680*	1 100
Allied Health Staff #	530	240

* Subject to market availability, HA plans to recruit additional 300 nurses to address winter surge demand, this is not included in the estimate of number of intake above.
# including pharmacists and dispensers

Reply Serial No.

FHB(H)021

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

(Question Serial No. 0254)

Head:	140 Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(2) Subvention: Hospital Authority
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 9):

Regarding this Programme, would the Administration set out in table form the expenditure and number of inpatient attendances of each public hospital in the past year, as well as the estimated expenditure for the coming year?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The table below sets out the projected total expenditure for 2013-14 (based on expenditure as at 31 December 2013) of the seven hospital clusters under the Hospital Authority (HA). The budget allocation to individual clusters for 2014-15 is being worked out and hence not yet available.

Cluster	**Projected total expenditure 2013-14 ($ billion)**
HKEC	5.03
HKWC	5.61
KCC	6.28
KEC	4.67
KWC	10.21
NTEC	7.47
NTWC	5.90

Note: HA provides its services on a cluster basis, with individual hospitals having different roles (e.g. acute hospitals and general hospitals) in supporting their respective clusters. Resources are deployed within clusters as appropriate to provide suitable healthcare services in the districts. There are also cluster-wide expenditure items which could not be readily apportioned to individual hospitals. Expenditure figures for individual hospitals are hence not readily available.

The table below sets out the number of inpatient discharges and deaths (IP D&D) of each hospital / institution managed by HA in 2013-14 (up to 31 December 2013).

Cluster	Hospital	Number of IP D&D in 2013-14 (up to 31 Dec 2013) [Provisional]
HKEC	Cheshire Home, Chung Hom Kok	197
	Pamela Youde Nethersole Eastern Hospital	61 170
	Ruttonjee and Tang Shiu Kin Hospital	17 719
	St. John Hospital	438
	Tung Wah Eastern Hospital	4 221
	Wong Chuk Hang Hospital	114
HKWC	The Duchess of Kent Children's Hospital	1 560
	Fung Yiu King Hospital	2 279
	Grantham Hospital	5 510
	Maclehose Medical Rehabilitation Centre	803
	Queen Mary Hospital and Tsan Yuk Hospital (Note 1)	65 187
	Tung Wah Hospital	6 175
KCC	Hong Kong Buddhist Hospital	3 334
	Hong Kong Eye Hospital	729
	Hong Kong Red Cross Blood Transfusion Service	- (Note 2)
	Kowloon Hospital	11 022
	Queen Elizabeth Hospital	76 769
	Rehabaid Centre	- (Note 3)
KEC	Haven of Hope Hospital	4 445
	Tseung Kwan O Hospital	25 546
	United Christian Hospital	58 645
KWC	Caritas Medical Centre	31 569
	Kwai Chung Hospital	3 216
	Kwong Wah Hospital	50 234
	North Lantau Hospital	- (Note 4)
	Our Lady of Maryknoll Hospital	5 007
	Princess Margaret Hospital	64 281
	Wong Tai Sin Hospital	4 731
	Yan Chai Hospital	35 158
NTEC	Alice Ho Miu Ling Nethersole Hospital	22 294
	Bradbury Hospice	477
	Cheshire Home, Shatin	113
	North District Hospital	25 799
	Prince of Wales Hospital	61 047
	Shatin Hospital	6 798
	Tai Po Hospital	7 179
NTWC	Castle Peak Hospital	2 121
	Pok Oi Hospital	16 483

	Siu Lam Hospital	321
	Tuen Mun Hospital	79 987

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 : North Lantau Hospital has commenced patient services in phases and in-patient care will be provided at later stage and therefore, it 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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)022

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1785)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 65):

In the Budget Speech, it is stated that $55 billion will be spent on improving public healthcare facilities and providing 1 400 additional hospital beds. Please give an account of the details and schedule of the plan as well as the allocation among districts.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The Administration plans to spend $55 billion on the construction and redevelopment of several public hospitals. They include the construction of Tin Shui Wai Hospital (TSWH) and Hong Kong Children's Hospital (HKCH); preparatory works for the expansion of United Christian Hospital (UCH); and redevelopment of Kwong Wah Hospital (KWH); redevelopment of Queen Mary Hospital (QMH) phase 1 and Kwai Chung Hospital (KCH); as well as the expansion of Hong Kong Red Cross Blood Transfusion Service Headquarters (BTS).

Construction works for TSWH commenced in February 2013 for completion in 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.

Construction works for HKCH in the Kai Tak Development Area commenced in August 2013 for completion in 2017. The new HKCH with a planned capacity of 468 in-patient and day beds in total will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory.

The expansion of UCH project will be carried out in two phases, namely preparatory works and main works. The preparatory works commenced in August 2012 while the main works 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 in UCH will be increased from about 1 400 to around 1 700 after the expansion.

The redevelopment of KWH project will be carried out in two phases. The preparatory works commenced in March 2013 while the main works are planned to commence in stages from 2016 for completion in 2022.

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. The total number of beds in KWH will be increased from about 1 200 to around 1 550 after the redevelopment.

Funding approval of the Finance Committee (FC) for the remaining three mentioned projects is yet to be sought. Subject to FC funding approval, preparatory works for the redevelopment of QMH, phase 1 project is planned to start in 2014 for completion in 2017. We plan to start the main works in 2017 for completion of the whole phase 1 redevelopment project by 2023. The redevelopment 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.

The redevelopment of KCH project is expected to start in 2015-16 for completion in 2023, subject to funding approval. This project involved phased demolition of all existing hospital buildings except Block J and the construction of a new hospital campus for mental health services providing in-patients, rehabilitation facilities, ambulatory care, patient resource and social centre with therapeutic and leisure areas.

For the expansion of BTS project, subject to FC funding approval, it is planned to start in 2015 for completion in 2019. The expanded BTS will cater for new and expanded services in order to cope with the projected increase in service level since BTS is the only organisation responsible for the collection and supply of fully tested blood and a major provider of plasma products in Hong Kong. The expansion project will also enhance safety of blood products and provide a safer working environment for staff.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)023

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1793)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 180):

Since August 2013, the Food and Health Bureau has provided funding to the Hong Kong Dental Association, the Hong Kong Special Care Dentistry Association and the Evangel Hospital to launch a 4-year Pilot Project on Dental Service for Patients with Intellectual Disability. Patients with moderate intellectual disability aged 18 or above who are receiving CSSA, on referral by welfare NGOs, could receive oral health check-up, dental treatment as well as oral health education in dental clinics participating in the Project. In this connection, will the Administration advise:

(a) the number of patients benefited from the Project so far;

(b) whether it will consider extending the Project to cover patients with moderate intellectual disability aged 18 or above who are not CSSA recipients; and

(c) whether it will consider extending the Project to cover patients with mild or severe intellectual disability aged 18 or above?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The Pilot Project on Dental Service for Patients with Intellectual Disability (the Project) aims to provide subsidy for patients with moderate intellectual disability (ID) aged 18 or above to receive dental services supplemented with special support measures such as intravenous sedation. Since the launch of the Project in August 2013, there have been 245 patients seen and 49 patients treated.

We will review the Project regularly and explore the possibility of expanding the scope of the targeted patients when there are more information and experience gathered from the Project.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)024

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2512)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 11):

1. Please advise on the utilization of the Easy-Access Transport Service (ETS), including the number of registered members, number of users, utilization rate, number of unsuccessful requests as well as information on the waiting time, for the past 5 years.

2. To ensure the best use of resources, is there any plan to relax the age restriction so that the ETS is available not only to elderly over 60 but also eligible disabled persons?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation to provide elderly transport service. 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.

The number of registered members, patient trips served and unsuccessful requests of ETS in the past five years are shown below. Information on the waiting time is not available.

Year	Number of registered members	Number of patient trips served	Number of unsuccessful requests
2009-10	131 162	157 173	22 272
2010-11	141 778	146 242	21 477
2011-12	151 649	149 885	16 385
2012-13	160 879	151 603	14 212
2013-14	168 297 (as at January 2014)	146 000 (projected as at January 2014)	13 130 (projected as at January 2014)

Currently, "Rehabus Service" of the Hong Kong Society for Rehabilitation provides transport services for people with mobility difficulties without age restriction, while ETS under HA provides transport services for elderly HA patients aged 60 or above with minor mobility-disability for attending mainly Geriatric Day Hospitals and Out-patient Clinics. There is no plan to relax the age restriction for ETS.

HA has in the meantime worked to improve ETS by replacing 22 ageing ETS buses in 2012-13 (after which no further replacement of ETS buses is required in 2013-14 and 2014-15). Consequently the number of unsuccessful requests for ETS has been decreasing. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1060)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 19):

The number of attendances for child and adolescent psychiatric services provided by the Hospital Authority (HA) has been increasing for the past 3 years from 20 900 in 2011 to 26 140 in 2013. The median waiting time for first appointment was 19 weeks. According to experienced social workers, early intervention and preventive efforts are crucial. Adolescents who receive early diagnosis and counselling after first-onset of mental illness will have better chance to recover and resume normal life. Please advise on the following:

(a) HA's Early Assessment Service for Young People with Early Psychosis (EASY) Programme offers one-stop services and assessments for patients with psychotic disorders through its 7 district-based service centres for the early provision of direct and appropriate treatment. Please list out respective numbers of adolescent cases registered at these service centres in 2011, 2012 and 2013.

(b) Will HA allocate additional resources to enhance child and adolescent psychiatric services and reduce waiting time so that early diagnosis and treatment for adolescent patients could be provided within 1 or 2 weeks after first-onset to facilitate early recovery and resumption of normal life?

(c) Will HA allocate additional resources to expand the EASY Programme team and make preventive efforts to enhance prevention and education activities for the promotion of mental health among secondary students, teachers as well as adolescents and parents in the community?

Asked by: Hon. CHEUNG Kwok-che

Reply:

Since 2001, the Hospital Authority (HA) has implemented the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme, which targets young people aged between 15 and 25 with first episode psychosis. The specialised teams under the EASY programme offer one-stop, phase-specific and ongoing support for these target patients for the first two critical years of illness. In addition, the teams also support public education and promotion to enhance awareness of mental health in the community. To further enhance early intervention for first episode psychosis, HA in 2011-12 expanded the service target of the EASY programme to include patients aged between 15 and 64 and to extend the duration of intensive care to the first three critical years of the illness. Since 2011-12, there were around 1 300 new cases receiving ongoing follow-up support by the EASY Programme each year. Currently, the EASY Programme provides on-going support for a total of about 3 900 patients with first episode psychosis. Detailed breakdowns on these cases/patients are not readily available. HA will keep in view the development of the Programme and refine as necessary having regard to service needs.

Reply Serial No.

FHB(H)026

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2268)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 5):

1. What were the expenses incurred by the Hospital Authority (HA) for recovering default payment for baby delivery from non-local pregnant women in the past 5 years?

2. In which section is the relevant expenditure for this year shown in the Budget?

3. The Government has increased the provision to HA for this year. What is the breakdown for the allocation of the increased provision of $1,793.0 million?

Asked by: Hon. FAN Kwok-wai, Gary

Reply:

1.

The expenses, most of which is staff cost, incurred by the Hospital Authority (HA) in debt recovery of all outstanding cases in the past five years are set out below:

	2009-10 $M	**2010-11 $M**	**2011-12 $M**	**2012-13 $M**	**2013-14 $M (Projection)**
Expenses incurred for debt recovery of all cases	25.2	25.7	28.2	32.8	35.3

Breakdown on the above expenses by the type of cases involved is not available. For reference, out of the total number of cases with default payment, the percentage of the number of obstetric (OBS) cases of non-eligible person (NEP) is set out below:

	2009-10	2010-11	2011-12	2012-13	2013-14 projected
% of NEP OBS cases over total	1.17%	0.90%	1.04%	1.43%	0.74%

2.

The above expenses are included under the Operating Account section as recurrent operational expenses in the subvention to HA.

3.

The financial provision for HA for 2014-15 is $1.79 billion higher than the revised estimate for 2013-14. The additional financial provision in 2014 -15 mainly includes the following:

(a) **$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 2014-15 include:

(i) supporting the hospital and service commissioning of the North Lantau Hospital, Caritas Medical Centre Phase II Redevelopment and Yan Chai Hospital Redevelopment;

(ii) coordinating service and capital planning of future hospital redevelopment projects;

(iii) 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 205 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital, Pamela Youde Nethersole Eastern Hospital, United Christian Hospital, Tseung Kwan O Hospital, North Lantau Hospital and Caritas Medical Centre as well as decongesting the overcrowded wards in acute hospitals through redistribution of beds and provision of extra manpower;

(iv) increasing drug supply to meet growing service demand;

(v) supporting technology advancement and new treatment options for microbiological, gynaecological and surgical services;

(vi) developing safer service models to enhance patient safety including procuring additional single use device and further improving the sterilisation services for operating theatres;

(vii) 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;

(viii) strengthening business support services to provide better back-up for the growing and advancing healthcare services; and

(ix) strengthening the support in managing different aspects of capital works.

(b) **$253 million additional provision** for HA to improve waiting time management by setting up supporting sessions to alleviate the workload at Accident and Emergency Departments, providing additional sessions at specialist out-patient clinic to manage new cases, setting up the third Joint Replacement Centre, opening additional operating theatre and endoscopy sessions, enhancing the lung function laboratory and radiology services as well as extending the service hours of pharmacies in hospitals by phases.

(c) **$310 million additional provision** for HA to implement a number of new/on-going initiatives, including:

(i) enhancing mental health services by improving both community and hospital-based mental health services;

(ii) increasing the general out-patient clinic episodic quota with a total of 32 000 attendances in Kowloon East, Kowloon West and New Territories West Clusters; and

(iii) supporting the operation of the first stage of the Electronic Health Record Sharing System (eHRSS) where HA serves as the technical agency for the Government, subject to the passage of the eHRSS bill by the Legislative Council.

CONTROLLING OFFICER'S REPLY

FHB(H)027

(Question Serial No. 2604)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 124 Page 45 (if applicable)

Question (Member Question No. 1):

1. The Financial Secretary said, "We shall spend $55 billion on these projects as part of an ongoing effort to improve public healthcare facilities and provide 1 400 additional hospital beds." When will the provision of these 1 400 additional hospital beds be completed?

2. Please list the hospitals to be provided with additional hospital beds and, for each of these hospitals, the numbers of hospital beds in the accident and emergency department, medical ward, surgical ward, paediatric ward, obstetric ward and gynaecology ward.

Asked by: Hon. HO Chun-yan, Albert

Reply:

(1) & (2)
The Administration plans to spend $55 billion on the construction and redevelopment of several public hospitals and provide 1 400 additional hospital beds.

Two new hospitals, namely Tin Shui Wai Hospital (TSWH) and Hong Kong Children's Hospital (HKCH) will have a planned capacity of 300 and 468 beds respectively upon completion of construction by 2016 (TSWH) and 2017 (HKCH). For the expansion of United Christian Hospital (UCH), the construction works of which is planned for completion by 2021, the total number of beds will increase from about 1 400 to around 1 700. The total number of beds in Kwong Wah Hospital will increase from about 1 200 to around 1 550 after its redevelopment planned for completion by 2022.

The Hospital Authority will work out the detailed operational arrangements, including distribution of the beds by specialty, at a later stage when the respective detailed design and commissioning plans are finalised.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)028

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2605)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 125 Page 46 (if applicable)

Question (Member Question No. 2):

In the Budget Speech, the Financial Secretary mentioned that around 800 additional beds would be provided to 11 hospitals. Please list out the respective hospitals and the number of additional beds provided to the accident & emergency department, medicine ward, surgery ward, paediatrics ward, obstetrics and gynaecology ward in each of the hospital.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The Hospital Authority (HA) plans to provide an additional 800 beds through minor works projects. The table below sets out the hospitals in which the 800 additional beds will be provided:

Hospital	**Number of Beds**
Pamela Youde Nethersole Eastern Hospital	240
Queen Elizabeth Hospital	60
Haven of Hope Hospital	40
Tseung Kwan O Hospital	40
Alice Ho Miu Ling Nethersole Hospital	60
North District Hospital	150
Prince of Wales Hospital	80
Cheshire Home, Shatin	10
Shatin Hospital	60
Tai Po Hospital	30
Tuen Mun Hospital	30

The HA will work out the detailed operational arrangements, including distribution of the beds by specialty, at a later stage when the respective commissioning plans are finalised.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)029

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2610)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 8):

1. Regarding the Health and Medical Research Fund, please set out the names of research projects, the responsible institutions and the expenditure involved for the past 3 years respectively.

Asked by: Hon. HO Chun-yan, Albert

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.

The number of research projects approved under the HMRF (including projects under the former HHSRF and RFCID) are as follows:

Year	Number of research projects approved	Total amount of funding ($ million)
2011-12 (former HHSRF and RFCID)	106	90.4
2012-13 (former HHSRF and RFCID)	120	84.6
2013-14 (HMRF)	252	285.6

Details of approved projects under these research funds, including the project titles, responsible research institutions, approved funding and latest position, are available from the Research Fund Secretariat website at http://rfs.fhb.gov.hk.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)030

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2611)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 9):

1. It is stated in Matters Requiring Special Attention in 2014-15 that additional beds will be opened. Please list the hospitals where beds will be opened and the number of beds under the casualty department, medicine, surgery, paediatrics, obstetrics and gynaecology in each of the above hospitals.

2. In enhancing service capacity through a number of initiatives, what other initiatives are adopted apart from the opening of additional beds?

3. In enhancing the quality of drugs provided to patients with Psychosis and Dementia, how is the expenditure of 2014-15 compared with that of the last year in terms of drugs in this area?

Asked by: Hon. HO Chun-yan, Albert

Reply:

(1)

The number of additional beds in 2014-15 is 205, of which 185 are acute general and 20 are convalescent/rehabilitation beds. A breakdown of the additional beds by clusters and by hospitals is set out in the following table:

Cluster/Hospital	**Number of hospital beds to be opened in 2014-15**	
	Acute	**Convalescent / Rehabilitation**
HKEC	**40**	**0**
PYNEH	*40*	*0*
KCC	**24**	**0**
QEH	*24*	*0*
KEC	**4**	**0**
TKOH	*2*	*0*
UCH	*2*	*0*

Cluster/Hospital	Number of hospital beds to be opened in 2014-15	
	Acute	**Convalescent / Rehabilitation**
KWC	**3**	**20**
NLH	*0*	*20*
CMC	*3*	*0*
NTEC	**62**	**0**
PWH	*62*	*0*
NTWC	**52**	**0**
POH	*38*	*0*
TMH	*14*	*0*
Overall HA	**185**	**20**

Note: The breakdown of the additional beds by specialty is not yet available.

(2)

Apart from the opening of beds, Hospital Authority (HA) will implement the following measures in 2014-15 to meet the growing demand arising from population growth and ageing:

(a) Enhance healthcare services to meet the medical needs of the local community on Lantau Island through the phased introduction of services in North Lantau Hospital

(b) Commission the improved facilities provided under the redevelopment of Yan Chai Hospital and Caritas Medical Centre

(c) Implement the following measures to improve patients' access to service:

(i) Provide support sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle semi-urgent and non-urgent cases;

(ii) Increase General Outpatient Clinic episodic quota in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster;

(iii) Increase the number of new case attendance at Specialist Outpatient Clinics (SOPC) and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOPC waiting lists and enhance SOP service as a whole;

(iv) Establish a third joint replacement centre in New Territories West Cluster;

(v) Increase the number of operating theatre sessions to improve access to elective surgeries;

(vi) Enhance radiological imaging services including computed tomography and ultrasound scanning services;

(vii) Augment the lung function laboratory and endoscopy service in HA; and

(viii) Enhance the pharmacy workforce to meet the increasing demand for specialist outpatient pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.

(3)

The total expenditure on anti-psychotic and anti-dementia drugs dispensed to patients in 2013-14 (up to 31 December 2013) is $209.8 million. In 2014-15, the Government will provide additional recurrent allocation of $32 million to HA for enhancing the drug treatments for patients with psychosis and dementia.

Abbreviations

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

Hospital:
PYNEH - Pamela Youde Nethersole Eastern Hospital
QEH - Queen Elizabeth Hospital
TKOH - Tseung Kwan O Hospital
UCH - United Christian Hospital
NLH - North Lantau Hospital
CMC - Caritas Medical Centre
PWH - Prince of Wales Hospital
POH - Pok Oi Hospital
TMH - Tuen Mun Hospital

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)031

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2612)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 10):

Will there be any improvement works to the Tuen Mun Hospital in 2014-15? If yes, please set out the details of such works and the expenditure involved.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The Hospital Authority will continue to carry out renovation and various improvement projects for Tuen Mun Hospital in 2014-15, including modernising the hospital environment; enhancing service capacity through expansion of treatment and diagnostic facilities; upgrading electrical and mechanical engineering installations; improving universal accessibility as well as regular maintenance such as replacement of drainage system. The estimated expenditure for these improvement works in 2014-15 is around $75 million.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)032

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2578)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health,(2) Subvention: Hospital Authority,(3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 33):

Regarding the records management work of the Bureau and its departments over the past 3 years:

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 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	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 meters 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:

The details of records management work in the Food and Health Bureau and the Department of Health (under the Health portfolio) are provided at Annex 1 and Annex 2 respectively.

Annex 1

Records management work
in the Food and Health Bureau (FHB)

1. Information on the number and rank of officers designated to perform records management work in FHB is provided below -

Two Confidential Assistants, two Assistant Clerical Officers and one Clerical Assistant are designated to carry out records management duties on a full time basis in 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 Bureau. 13 Records Managers not below the rank of Executive Officer II or equivalent are also appointed 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 identified for transfer to GRS or approved for destruction in FHB and such information is provided in response to the same question under Head 139 (i.e. Question Serial No. 2577).

Annex 2

Records management work
in the Department of Health (DH)

1. Information on the number and rank of officers designated to perform records management work in DH is provided below -

1(a) Officers who are fully engaged in records management duties:

Year	Grades of Staff	Number of Staff
2011-12	Clerical, secretarial and other support Grades [Note 1]	23
2012-13	Clerical, secretarial and other support Grades [Note 1]	23
2013-14	Clerical, secretarial and other support Grades [Note 1]	28

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
2011-12	Clerical, secretarial and other support Grades [Note 1] Administrative support Grades [Note2] Professional and technical Grades [Note 3]	702 136 320 Total: 1 158	259 646	44 925
2012-13	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	270 269	46 954
2013-14 (as at 31.12.2013)	Clerical, secretarial and other support Grades [Note 1] Administrative support Grades [Note 2] Professional and technical Grades [Note 3]	736 166 341 Total: 1 243	210 338	34 339

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 –

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
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	Administrative records	1987 - 2012	339	11.6	2 – 7 years	Partly yes (3 confidential records)
	Programme records	1988 - 2012	83 897	230.7	4 – 10 years	No
2013-14 (as at 31.12.2013)	Administrative records	2003 - 2013	110	4.4	2 – 3 years	No
	Programme records	2004 - 2013	84 782	198.2	10 years	No

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

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
2011-12	Administrative records	-	Nil	Nil	-	-
	Programme records	1996 - 2010	232 092	437.9	2 – 15 years	No
2012-13	Administrative records	1916 - 1995	1 838	2.5	1 year	No
	Programme records	1997 - 2010	304 557	382.6	2 – 15 years	No
2013-14 (as at 31.12.2013)	Administrative records	-	Nil	Nil	-	-
	Programme records	1976 - 2010	85 977	361.5	4 – 15 years	No

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

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
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

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
2012-13	Administrative records	1949 - 2012	2 269	54.1	1 – 4 years	Partly yes (1 confidential record)
	Programme records	1961 - 2011	1 074 147	1 222.9	1 – 12 years	Partly yes (1 confidential record)
2013-14 (as at 31.12.2013)	Administrative records	1967 – 2012	23 326	214.9	1 – 7 years	Partly yes (592 confidential records)
	Programme records	1962 – 2011	114 796	391.1	1 – 15 years	No

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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)033

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2021)

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) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 27):

In respect of the "Outreach Dental Care Programme for the Elderly" which the Food and Health Bureau will implement shortly, please advise on:

(1) the estimated total expenditure involved and its specific uses; and

(2) the estimated per capita cost based on the number of elderly people who will benefit from this programme.

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

Reply:

(1) We have included a provision of $25.1 million under Head 37 - Department of Health in 2014-15 for launching the Outreach Dental Care Programme for the Elderly (ODCP) as a regular programme. The estimated expenditure includes:

(a) annual block grants to non-governmental organisations for operating outreach dental teams;
(b) additional expenditure arising from the expanded scope of treatments and services to cover fillings, extractions and dentures, etc. which will be provided on a reimbursement basis; and
(c) one-off capital grant for purchasing outreach dental and computer equipment.

(2) As the implementation details of the ODCP are still being finalized, the average cost for each beneficiary cannot be determined at this stage.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)034

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2022)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434-435 (if applicable)

Question (Member Question No. 28):

In connection with the income and expenditure of the Hospital Authority, please provide the following information:
(1) the amounts used for rewarding and retaining outstanding doctors, nurses and healthcare staff in 2013-14 and the amounts to be allocated for the same purpose in 2014-15;
(2) the reasons for a higher percentage of non-CSSA fee waiver in 2013-14 as compared with 2012-13;
(3) the percentage of defaults contributing to the cost per A&E attendance in 2012-13 and 2013-14 respectively as well as the estimated change of defaults in the cost per A&E attendance in 2014-15 and the reasons.

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

Reply:

(1)
In 2013-14, the Hospital Authority (HA) earmarked around $321 million for recruitment and retention of healthcare staff. The same level of funding has been earmarked in 2014-15 for the same purpose to continue to implement a series of measures to retain staff in medical, nursing and allied health (AH) grade.

For the medical grade, HA will continue to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits; enhance training opportunities for doctors; and recruit non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA will continue to enhance career advancement opportunities of experienced nurses and provide training to registered nursing students and enrolled nursing students at HA's nursing schools.

For the AH grade, HA will continue to provide additional training places for AH students and recruit additional professional and supporting staff to relieve workload.

(2)
The revised estimate of non-Comprehensive Social Security Assistance waiver rate for the year 2013-14 was 4.8%, which was higher than the actual rate in 2012-13 (4.2%). The increase is mainly attributed to a higher amount of waivers granted to non-eligible persons in 2013-14.

(3)
For Accident & Emergency services, the actual write-off amount is equivalent to 0.18% of the total cost of the Accident & Emergency services in 2012-13. The percentage is estimated to be similar for 2013-14 and 2014-15.

CONTROLLING OFFICER'S REPLY

FHB(H)035

(Question Serial No. 2400)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 35):

Please give an account of the expenditure on comprehensive review of the Hospital Authority (HA) services under the estimates of the Financial Year 2014-15, and the anticipated savings from the enhancement of operational efficiency of the HA.

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

Reply:

In view of the ageing population and the changing public needs for healthcare services, the Government set up the Steering Committee on Review of Hospital Authority (HA) in August 2013 to conduct a comprehensive review of the operation of HA. The review covers HA's management and cluster arrangement, resources management, human resources management, service levels and overall cost effectiveness. The aim of the review is to improve the operation of HA so that, as the cornerstone of the public healthcare system and the safety net for the public, it can continue to provide quality services and meet the challenges brought about by social development and ageing population more effectively.

The Steering Committee has so far met three times and has embarked on a public engagement exercise by meeting various patient groups, HA staff and healthcare professionals through meetings, forums and visits to hospitals. Moreover, the Government has appointed an independent consultant to gauge the views of the public and other stakeholders on the operation of HA through public forums and focus group discussions.

We will support the work of the Steering Committee with existing resources of the Food and Health Bureau (including making a provision of $1.43 million in 2014-15 for the appointment of the consultant). The review is still underway and the overall cost effectiveness is only one of the aspects of the review. The anticipated savings from the enhancement of operational efficiency of HA is not available.

Reply Serial No.

FHB(H)036

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2127)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 14):

Regarding general and specialist outpatient services, please advise on the following:

(a) the number of patients diagnosed with chronic obstructive pulmonary (COP) disease at general outpatient clinics under the Hospital Authority (HA) in the past three years;

(b) the expenditure on prescribing long-acting medication to COP patients at general outpatient clinics in the past three years;

(c) the numbers of new COP cases handled by specialist outpatient clinics under HA triaged as first priority, second priority and routine categories in the past three years and their respective percentages;

(d) the waiting time in the lower quartile (the 25th percentile), the median (the 50th percentile) waiting time and the longest waiting time for cases of the above priorities in hospitals under HA; and

(e) the number of beds occupied by COP patients in each of the hospital clusters under HA in the past three years.

Asked by: Hon. KWOK Ka-ki

Reply:

(a)

In the past three years, the general out-patient clinics (GOPC) under the Hospital Authority (HA) provided services for about 14 500 patients suffering from chronic obstructive pulmonary disease (COPD) each year.

(b)

COPD patients in stable condition without the need for frequent in-patient treatment will be followed up by GOPCs. COPD patients whose condition is more severe, or those patients who require frequent in-patient treatment will be followed up by specialist out-patient clinics (SOPC).

Long-acting bronchodilators are special drugs in the HA Drug Formulary prescribed usually by respiratory medicine specialists. Since 2011-12, the Government has provided additional recurrent funding of $44 million for HA to expand the clinical applications of long-acting bronchodilators. It is estimated that 7 500 SOPC patients suffering from COPD would benefit from the measure each year.

(c) and (d)

Since HA does not assign codes to SOPC patients by disease type, statistics on COPD patients receiving treatment at SOPCs are not available.

(e)

The table below set out the total number of patient days (in-patient bed days occupied and day-patient discharges and deaths) for COPD patients* for 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

Cluster	**2011-12**	**2012-13**	**2013-14 (up to 31 December 2013) [Provisional Figure]**
HKEC	18 000	17 000	13 000
HKWC	15 000	15 000	9 000
KCC	27 000	26 000	19 000
KEC	28 000	24 000	17 000
KWC	48 000	45 000	30 000
NTEC	29 000	28 000	19 000
NTWC	28 000	26 000	19 000
Overall	**193 000**	**181 000**	**127 000**

Figures are rounded to the nearest thousand. Individual figures may not add up to the total due to rounding.

Note:
* COPD patients refer to patients who had discharged with COPD principal diagnosis, including bronchitis, not specified as acute or chronic; simple and mucopurulent chronic bronchitis; unspecified chronic bronchitis; emphysema; or other chronic obstructive pulmonary disease

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

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CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)037

(Question Serial No. 2128)

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

Subhead (No. & title): (-) Not Specified

Programme: Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 15):

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 the Estimates of Expenditure for the past 5 years (i.e. 2010-11, 2011-12, 2012-13, 2013-14, and 2014-15)? 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 are compiled in accordance with the framework of the International Classification for Health Accounts promulgated by the Organisation for Economic Co-operation and Development (OECD). 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, with a view to 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 2010-11 only.

On the other hand, the expenditure under the health policy area group (PAG) in the Government Estimates of Expenditure covers 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 Government Estimates. Annex 1 sets out the major differences and the respective statistics for the period from 2006-07 to 2010-11. The estimated expenditure under the health PAG in the Government Estimates for 2014-15 is $ 56,667 million, or about 2.6% of the projected GDP.

Annex 2 shows the total health expenditure, public health expenditure and private health expenditure under HKDHA for the period 1989-90 to 2010-11. Year-on-year rates of change in health expenditure in real terms are the annual changes (in percentage terms) computed at constant 2011 prices. Cumulative rates of change in health expenditure in real terms at constant 2011 prices are the cumulative changes (in percentage terms) of health expenditure in respective years compared to that in 1989-90. The public expenditure under the health PAG in the Government Estimates for the period from 1989-90 to 2014-15 are at Annex 3.

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Estimates of Expenditure

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 Estimates of Expenditure.

Under the health PAG of the Government Estimates, 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 the Government Laboratory are counted as government expenditure under the health policy area.

Apart from the above, public health expenditures under the HKDHA cover related functions performed by other government departments such as nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Services.

As a result of the above, the HKDHA statistics on public health expenditure are generally higher than those on health PAG under the Government Estimates.

Expenditure (in HK$ Million)	2006-07	2007-08	2008-09	2009-10	2010-11
(A) Public health expenditure under HKDHA	37,422	38,828	41,257	43,868	45,491
(B) Total expenditure on health PAG under Government Estimates	32,127	33,623	36,706	38,387	39,890
Difference [*percentage of (A – B) / (A)*]	5,295 (*14.1%*)	5,205 (*13.4%*)	4,551 (*11.0%*)	5,481 (*12.5%*)	5,601 (*12.3%*)

Source of expenditure under the Government Estimates: Financial Services and Treasury Bureau, Government Secretariat

Annex 2

Statistics on health expenditures from Hong Kong's Domestic Health Accounts (HKDHA), 1989-90 to 2010-11

	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	2010-11
Total Health Expenditure																						
At current prices (HK$ million)	19,645	23,769	29,368	34,180	39,481	44,807	51,256	56,824	62,236	66,359	66,060	67,439	68,835	67,038	69,102	68,142	70,571	74,083	78,903	83,693	88,069	93,433
At constant 2011 prices (HK$ million)	28,997	32,785	36,793	39,138	41,879	45,030	49,246	51,449	53,600	57,243	59,587	62,858	65,326	66,220	72,558	73,711	76,231	80,049	82,497	86,726	91,614	96,625
Annual change (at constant 2011 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%	5.6%	5.5%
Cumulative change since 1989-90 (at constant 2011 prices)		13.1%	26.9%	35.0%	44.4%	55.3%	69.8%	77.4%	84.8%	97.4%	105.5%	116.8%	125.3%	128.4%	150.2%	154.2%	162.9%	176.1%	184.5%	199.1%	215.9%	233.2%
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%	5.1%
Per capita (HK$) (at constant 2011 prices)	5,100	5,747	6,397	6,747	7,097	7,461	8,000	7,995	8,260	8,748	9,019	9,431	9,729	9,819	10,780	10,866	11,189	11,674	11,928	12,465	13,139	13,756
Public Health Expenditure																						
At current prices (HK$ 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	43,868	45,491
At constant 2011 prices (HK$ million)	11,437	13,816	16,780	18,142	19,790	21,689	24,323	25,943	27,276	30,882	32,470	34,513	37,156	38,056	41,884	40,121	39,897	40,436	40,596	42,752	45,634	47,045
Annual change (at constant 2011 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%	6.7%	3.1%
Cumulative change since 1989-90 (at constant 2011 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%	299.0%	311.3%
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%	2.5%
As % of Total Health Expenditure	39.4%	42.1%	45.6%	46.4%	47.3%	48.2%	49.4%	50.4%	50.9%	53.9%	54.5%	54.9%	56.9%	57.5%	57.7%	54.4%	52.3%	50.5%	49.2%	49.3%	49.8%	48.7%
Per capita (HK$) (at constant 2011 prices)	2,011	2,422	2,917	3,128	3,354	3,594	3,951	4,031	4,203	4,719	4,915	5,178	5,534	5,643	6,223	5,915	5,856	5,897	5,870	6,145	6,545	6,698
Private Health Expenditure																						
At current prices (HK$ million)	11,896	13,753	15,974	18,336	20,824	23,226	25,940	28,171	30,565	30,559	30,063	30,411	29,684	28,512	29,213	31,052	33,637	36,661	40,076	42,436	44,201	47,943
At constant 2011 prices (HK$ million)	17,560	18,970	20,013	20,996	22,088	23,341	24,923	25,506	26,323	26,361	27,117	28,345	28,170	28,164	30,674	33,590	36,335	39,613	41,901	43,974	45,980	49,580
Annual change (at constant 2011 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%	4.6%	7.8%
Cumulative change since 1989-90 (at constant 2011 prices)		8.0%	14.0%	19.6%	25.8%	32.9%	41.9%	45.3%	49.9%	50.1%	54.4%	61.4%	60.4%	60.4%	74.7%	91.3%	106.9%	125.6%	138.6%	150.4%	161.9%	182.4%
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%	2.6%	2.6%
As % of Total Health Expenditure	60.6%	57.9%	54.4%	53.6%	52.7%	51.8%	50.6%	49.6%	49.1%	46.1%	45.5%	45.1%	43.1%	42.5%	42.3%	45.6%	47.7%	49.5%	50.8%	50.7%	50.2%	51.3%
Per capita (HK$) (at constant 2011 prices)	3,088	3,325	3,479	3,620	3,743	3,867	4,048	3,963	4,056	4,028	4,105	4,253	4,196	4,176	4,557	4,952	5,333	5,777	6,058	6,320	6,594	7,059

<u>Notes</u>: Health expenditure estimates with adjustment for inflation are computed at constant 2011 prices which are as released in the latest set of HKDHA, 1989-90 to 2010-11.
- denotes less than +/- 0.05%

Annex 3

Total public expenditure under the health PAG in the Government Estimates for the period from 1989-90 to 2014-15

	1989-90	1994-95	1999-00	2004-05	2009-10	2010-11	2011-12	2012-13	2013-14*	2014-15**
At current prices (HK$ million)	7,254	19,322	31,860	32,199	38,387	39,890	45,297	59,572#	67,369@	56,667
At constant 2011 prices (HK$ million)	10,707	19,418	28,738	34,830	39,932	41,253	44,873	57,168	63,850	53,175
Annual change (at constant 2011 prices)		-0.8%	6.2%	-3.0%	5.0%	3.3%	8.8%	27.4%	11.7%	-16.7%
Cumulative change since 1989-90 (at constant 2011 prices)		81.4%	168.4%	225.3%	272.9%	285.3%	319.1%	433.9%	496.3%	396.6%
As % of GDP	1.3%	1.8%	2.4%	2.4%	2.3%	2.2%	2.3%	2.9%	3.2%	2.6%
Per Capita (HK$) (at constant 2011 prices)	1,883	3,217	4,350	5,135	5,727	5,873	6,346	7,990	8,883	7,334

Notes: *For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2011 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
@ Including a one-off injection of $350 million from the Government into the AIDS Trust Fund and a one-off grant of $13 billion to the Hospital Authority for minor works projects.

** Revised Estimates*
*** Estimates*

Examination of Estimates of Expenditure 2014-15 | Reply Serial No.

CONTROLLING OFFICER'S REPLY

FHB(H)038

(Question Serial No. 2131)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 18):

The revised estimate for 2013-14 is 8.4% lower than the original estimate. Will the Administration please give the reasons? Which items have caused the decrease in the estimate?

Asked by: Hon. KWOK Ka-ki

Reply:

The decrease of $30.8 million (8.4%) in the 2013-14 revised estimate of Programme (1): Health as compared with the 2013-14 original estimate is mainly due to the lower-than-expected cash flow requirement for the non-recurrent item on Health and Medical Research Fund ($30.0 million) because the provision reserved for various projects are not fully expended. The proposals of some commissioned projects are still subject to revisions. As such, the provision previously reserved for these projects in 2013-14 would be incurred from 2014-15 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 less-than-expected requirement for conducting studies and surveys on healthcare which is partly offset by increased expenditure on personal emolument and personnel related expenses due to pay adjustment and staff changes ($0.8 million).

FHB(H)039

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2132)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 19):

The estimate for 2014-15 is 14.7% higher than the revised estimate for 2013-14 and 5.1% higher than the original estimate for 2013-14. Will the Administration please give the reasons? Which items have caused the increase in the estimate?

Asked by: Hon. KWOK Ka-ki

Reply:

The increase of $49.4 million (14.7%) in the 2014-15 estimate for Programme (1) Health as compared with the revised estimate for 2013-14 is mainly due to the increased cash flow requirement of the non-recurrent item on Health and Medical Research Fund (HMRF) ($45.0 million). This is accounted by payment carried forward from previous year (2013-14), and additional cash flow required for new commissioned studies and new projects approved under HMRF in 2013-14. In addition, there is an increase in provision for conducting Thematic Household Survey on health-related issues and updating Domestic Health Accounts ($2.2 million), meeting additional expenses to support Hospital Authority to oversee and manage completion schedule of post-quake hospital restoration and reconstruction projects in Sichuan ($1.4 million), as well as personal emoluments and personnel related expenses ($0.8 million) in 2014-15.

The increase of $18.6 million (5.1%) in the 2014-15 estimate as compared with the original estimate for 2013-14 is mainly due to the increased cash flow requirement of HMRF ($15.0 million) and the changes in requirements of the above items in 2014-15.

Reply Serial No.

FHB(H)040

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2133)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 20):

It is stated in Matters Requiring Special Attention that the Health Branch will encourage private hospital development. In this regards, could the Administration provide the following information:

(a) What are the development strategies of the Administration? In the past 3 years, what methods were used to encourage private hospital development?

(b) Please provide details on the effectiveness of the methods, the figures of institutions which have indicated to the Administration the intention to provide private hospital services, and the reasons of acceptance or refusal by the Administration.

(c) Has the Administration planned to reserve sites for private hospital development? If yes, what are the location and area of the sites? If not, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) to (c)

To facilitate private hospital development, the Government put out two sites reserved for this purpose for open tender from April to July 2012. The two sites are at Wong Chuk Hang and Tai Po. The site at Wong Chuk Hang was successfully disposed of in March 2013. The new private hospital in Wong Chuk Hang is expected to commission by January 2017.

Apart from the successful disposal of the Wong Chuk Hang site, we have received proposals on private hospital development from six organisations and are considering the proposals.

In considering reserving government sites for private hospital development, we will also consider proposals to expand existing private hospitals and develop new private hospitals from various organizations (including non-governmental organizations). At the same time, we note the current shortage of land supply in Hong Kong and understand that there are other social demands that need to be met by land supply. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)041

(Question Serial No. 2134)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 21):

It is stated in Matters Requiring Special Attention that the Health Branch will continue to conduct a review on regulation of private healthcare facilities. Could the Administration provide the following information:

(a) The Government set up the Steering Committee on Review of Regulation of Private Healthcare Facilities in 2012. Up to now, what is the progress of the work? What are the future work programme and schedule, and the staffing and expenditure involved?

(b) Has the Administration planned to legislate on the beauty industry, including general beauty services and those involving medical procedures, by implementing licensing and demerit point systems?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The Steering Committee on Review of the Regulation of Private Healthcare Facilities (Steering Committee) has set up four working groups to review focused areas in the regulation of private healthcare facilities and related matters. The Working Group on Differentiation between Medical Procedures and Beauty Services completed its review in November 2013; the Department of Health has put into practice the recommendations. The other three working groups under the Steering Committee have also formulated a list of recommendations. The Steering Committee is expected to discuss and endorse the three working groups' recommendations within 2014. The Food and Health Bureau and Department of Health provide secretariat and professional support to the review on regulation of private healthcare facilities, and the related expenditure is absorbed within the existing resources of the Bureau and Department.

(b) Most of the practices of the beauty industry are non-intrusive and involve no or very little health risks that call for direct, regulatory intervention. Instead of regulating the beauty industry indiscriminately, the Administration has adopted a risk-based approach focusing on those procedures/treatments that are intrinsically risky and could cause considerable harm to clients if not properly administered by qualified personnel. In this connection, the Working Group on Differentiation between Medical Procedures and Beauty Services set up under the Steering Committee recommended that certain cosmetic services should be performed by registered medical practitioners/ dentists because of the risks involved. Enforcement action will be taken as necessary under the Medical Registration Ordinance (Cap. 161) and the Dentists Registration Ordinance (Cap. 156). As regards the qualifications of beauticians providing ordinary beauty services, the beauty industry has already put in place structured training and education in accordance with the Qualifications Framework introduced in May 2008 to provide a transparent and accessible platform to promote lifelong learning with a view to enhancing the competitiveness of the workforce in Hong Kong.

CONTROLLING OFFICER'S REPLY

FHB(H)042

(Question Serial No. 2135)

Head:	(140) Government Secretariat: Food and Health Bureau(Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(1) Health
Controlling Officer:	Permanent Secretary for Food and Health(Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 22):

It is mentioned in Matters Requiring Special Attention that the Health Branch will continue the strategic review on healthcare manpower planning and professional development. In this connection, please advise on the following:

(a) The progress of the review; and

(b) Whether resources are earmarked to review manpower planning in different clusters under the Hospital Authority in order to address the issue of manpower imbalance among clusters.

Asked by: Hon. KWOK Ka-ki

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 and put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development. The strategic review is now progressing in full swing. We aim to conclude the review in 2014. Its findings and recommendations will shed light on ways to ensure an adequate supply of healthcare professionals for the healthy and sustainable development of our healthcare system.

CONTROLLING OFFICER'S REPLY

FHB(H)043

(Question Serial No. 2136)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 23):

Regarding the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children, please provide the following information:

a) the number of elders received pneumococcal and seasonal influenza vaccination, its percentage of population in the age group, and the expenditure in 2011-12, 2012-13, 2013-14 and 2014-15(estimate);

b) the number of children received pneumococcal and seasonal influenza vaccination, its percentage of population in the age group, and the expenditure in 2011-12, 2012-13, 2013-14 and 2014-15(estimate);

c) the current situation of the Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme (BVP), the expenditure, the numbers of children received PCV13 booster through the Hospital Authority and Department of Health, and the number of children received PCV13 booster from private doctors through the Childhood Vaccination Subsidy Scheme (PCV13 booster).

Asked by: Hon. KWOK Ka-ki

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 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;

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

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme, which commenced on 2 December 2013 by phases and will be completed on 30 June 2014. The programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary.

The statistics on vaccinations under these 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.

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**	**2011-12**			**2012-13**			**2013-14 (as at 16.3.2014)**		
		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	2 700	Not applicable	9.7%	2 700	Not applicable	12.5%	2 600	Not applicable	12.7%
	CIVSS	43 700	3.5		60 400	7.9		60 800	7.9	
Elderly aged 65 or above	GVP	176 500	Not applicable	31.7%	180 500	Not applicable	32.8%	171 200	Not applicable	31.9%
	EVSS	120 900	15.7		141 700	18.4		156 600	20.4	
Total:		**343 800**	**19.2**		**385 300**	**26.3**		**391 200**	**28.3**	-

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/scheme	2011-12			2012-13			2013-14 (as at 16.3.2014)		
		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	15 000	Not applicable	38.6%	13 000	Not applicable	40%	12 300	Not applicable	41.4%
	EVSS	14 000	2.7		18 000	3.4		19 400	3.7	
Total:		**29 000**	**2.7**		**31 000**	**3.4**		**31 700**	**3.7**	

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

^ Refers to new recipients only.

△ Based on the accumulated number of recipients

The Department of Health has reserved $28.9 million for CIVSS and $67.9 million for EVSS to meet the subsidy payments for 2014-15. Out of the $67.9 million under EVSS, $3.9 million is reserved for subsidy payments of pneumococcal vaccination.

Childhood PCV13 Booster Vaccination Programme (the Programme) ※

	No. of recipients (as at 17 Mar 2014)	**Percentage of population in the age group**
Eligible paediatric patients receiving vaccination at Hospital Authority institutions	326	
Eligible children receiving vaccination at Maternal and Child Health Centres	1 163	
Eligible children receiving vaccination at enrolled private doctors under Childhood Vaccination Subsidy Scheme (PCV13 booster)	17 855	
Total:	**19 344**	**18.5% ##**

※ The Programme commenced on 2 December 2013 by phases and will be completed on 30 June 2014.

Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster), being part of the Programme, also commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. Free vaccine is provided to the doctor's clinics and an injection fee of $50 for each dose of PCV13 given to eligible children will be reimbursed to the doctors through the e-Health System.

As at 17 March 2014, the cost of all PCV13 used under the Programme amounted to $6.5 million and the subsidies for private doctors amounted to $0.9 million. The expenditures are made under Head 37 – Department of Health.

[##] Some children received the PCV13 supplementary dose in private sector not covered by the scheme. As such, the actual coverage should be higher. It also does not reflect the overall coverage of PCV13 vaccination in the Childhood Immunisation Programme.

Total number of private doctors enrolled under CIVSS, EVSS and Childhood Vaccination Subsidy Scheme (PCV13 booster)

	2012-13 (as at 31 March 2013)	**2013-14 (as at 16 March 2014)**	**2014-15 (Estimate)**
Number of enrolled private doctors	1 620	1 633	1 600

CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)044

(Question Serial No. 2137)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 24):

Regarding the Outreach Dental Care Programme for the Elderly, could the Administration provide the following information:

(a) the details of the Programme, intended places to launch the services, services to be provided, estimated number of target clients to be served; and
(b) the manpower and resources involved in the Programme?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres, including dental check-up, scaling and polishing and any other necessary pain relief and emergency treatments. Having regard to the positive feedback from both the recipients of the free dental service and the participating non-governmental organisations, the pilot project will be converted to a regular programme (i.e. the Programme) in 2014 to continue to provide outreach dental services to about 66 000 elders in these homes and centres. Under the regular Programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the Department of Health (DH).

(b) We have included a provision of $25.1 million and six civil service posts under Head 37 - DH in 2014-15 for launching the Programme.

Reply Serial No.

FHB(H)045

CONTROLLING OFFICER'S REPLY TO

(Question Serial No. 2138)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Mr Richard YUEN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 25):

It is mentioned in the Matters Requiring Special Attention 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. Would the Administration advise on:

(a) the implementation of various initiatives, their effectiveness, the attendances of the services provided, the facilities and staffing establishment involved in the past 3 years; and

(b) the details and anticipated service recipients of various initiatives to be implemented in the coming year, and the expenditure and staffing establishment involved?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2010, we promulgated the "Primary Care Development Strategy" document which sets 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 to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(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. The reference frameworks for diabetes and hypertension have also been available on mobile application since September 2013.

(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. PCO is developing the next sub-directory for optometrists. The Directory has also been made available on mobile applications since August 2013.

(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. Another CHC located within the North Lantau Hospital commenced services in September 2013. A new CHC will be commissioned in Kwun Tong in 2014. We are looking into the feasibility of developing CHC projects in other districts whenever suitable sites are available.

(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. In 2013, a roving drama in primary schools was introduced in the 2013-14 school year to promote the concept of family doctor. A TV series on primary care, including the concept of family doctor, will be broadcast in 2014, together with other publicity and promotion activities throughout the year.

The Government continues to take forward the primary care development strategy and implement, through DH and 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, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected GOPCs and specialist outpatient clinics (SOPCs) 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 60 000 patients are expected to benefit from the programme by 2013-14. An additional 14 000 patients are expected to be enrolled in 2014-15.
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 selected 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 Outpatient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public GOPC 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 end-February 2014, 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 New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at end-February 2014, over 300 patients have enrolled in the programme. The programme will end in March 2014 as originally planned.

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.

Public GOPC services are primarily targeted at serving the elderly, the low-income group and the chronically ill. Patients under the care of GOPCs mainly comprise 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 flu, cold or gastroenteritis). The total attendances of GOPCs under HA from 2011-12 to 2013-14 are as follows:

2011-12 (Actual)	2012-13 (Actual)	2013-14 (Revised Estimate)
5 316 486	5 633 407	5 636 000

Reply Serial No.

FHB(H)046

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2139)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 26):

As mentioned in the Matters Requiring Special Attention, the Health Branch will 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, construction of a new hospital in Tin Shui Wai and the Hong Kong Children's Hospital in Kai Tak, 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 and Queen Mary Hospital. Please advise on:

(a) the commencement dates, present works progress and anticipated completion dates of the above projects, the service capacity and number of beds to be increased upon completion of the projects, and the staffing establishment and resources involved;

(b) whether there are hospital redevelopment/expansion projects other than the above projects. If yes, please provide information on the commencement dates, present works progress and anticipated completion dates of these projects, the service capacity and number of beds to be increased upon completion of these projects, and the staffing establishment and resources involved.

Asked by: Hon. KWOK Ka-ki

Reply:

(a)

Construction works of the redevelopment of Yan Chai Hospital commenced in July 2011 and are progressing on schedule with the target completion date of the whole project in 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 four nurses are required for the additional services after the redevelopment.

Construction works of the redevelopment of Caritas Medical Centre, phase 2 commenced in June 2009 and the target completion date for the whole project is early 2015. 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. The estimated additional manpower for the project is approximately 51 staff including about 16 nurses.

Construction works for Tin Shui Wai Hospital (TSWH) commenced in February 2013 for completion in 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. The estimated additional manpower for TSWH is approximately 1 000 staff including about 70 doctors and 270 nurses.

Construction works for Hong Kong Children's Hospital (HKCH) commenced in August 2013 and are planned for completion in 2017. The new HKCH with a total planned capacity of 468 in-patient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory. HA is currently working on the service re-organisation for the whole paediatric service network, including service model development, training and manpower plan. Following this, HA will work out the estimated caseload and manpower requirement for the service provision of HKCH.

Construction works for the new Specialist Clinic Building (SCB) at Queen Elizabeth Hospital (QEH) to reprovision the Yaumatei Specialist Clinic (YMTSC) commenced in July 2013 for completion in 2016. The new SCB 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 expansion of United Christian Hospital (UCH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works commenced in August 2012 while the main works 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 in UCH 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 redevelopment of Kwong Wah Hospital (KWH) project will be carried out in two phases. The preparatory works commenced in March 2013 while the main works are planned to commence in stages from 2016 for completion in 2022. 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. The total number of beds in KWH will be increased from about 1 200 to around 1 550 after the redevelopment. HA will work out the additional manpower requirement for the redeveloped KWH at a later stage when the detailed design and commissioning plan are finalised.

Subject to funding approval of the Finance Committee, preparatory works for the redevelopment of Queen Mary Hospital (QMH), phase 1 project is planned to start in 2014 for completion in 2017. We plan to start the main works in 2017 for completion of the whole phase 1 redevelopment project by 2023. The redevelopment of QMH, phase 1 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. HA will work out the estimated additional manpower requirement for the redevelopment of QMH, phase 1 project at a later stage.

(b)
In addition to the aforementioned projects in (a), HA plans to refurbish Hong Kong Buddhist Hospital (HKBH), redevelop Kwai Chung Hospital (KCH) and expand the Hong Kong Red Cross Blood Transfusion Service Headquarters (BTS).

Subject to funding approval, the refurbishment of HKBH project is planned to start in 2014 for completion in 2018. This project covers provision of additional convalescent and rehabilitation beds to strengthen longer-term care and rehabilitation services for elderly people suffering from chronic diseases as well as refurbishment of existing in-patient wards, supporting departments, offices and ancillary facilities.

The redevelopment of KCH project is expected to start in 2015-16 for completion in 2023. This project involves phased demolition of all existing buildings except Block J and the construction of a new hospital campus for mental health services, providing in-patients, rehabilitation facilities, ambulatory care, patient resource and social centre with therapeutic and leisure areas.

As for the expansion of BTS project, it is planned to start in 2015 for completion in 2019. The expanded BTS will cater for new and expanded services in order to cope with the projected increase in service levels

since BTS is the only organisation responsible for the collection and supply of fully tested blood and a major provider of plasma products in Hong Kong. The expansion project will also enhance safety of blood products and provide a safer working environment for staff.

HA will work out the estimated additional manpower requirement for the above three projects at a later stage.

Reply Serial No.

FHB(H)047

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2140)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 27):

In Matters Requiring Special Attention, it is mentioned that the Branch will develop the long-term regulatory framework for medical devices. Did the Administration consider imposing legislative control on the importation and sales of medical devices? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

The Administration has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices manufactured, sold and/or used in Hong Kong. To this end, a voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing the long-term statutory control.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services on the proposed regulatory framework for medical devices, which has taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration plans to report back to the LegCo Panel on Health Services in 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

In 2014-15, a provision of $14.8 million has been earmarked for DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The establishment of the Medical Device Control Office of DH as at 1 March 2014 is 16.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2141)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 28):

On organ donation, please advise:

(a) What is the total number of persons who registered their willingness to donate organs in the Centralised Organ Donation Register (CODR) in the past three years and the breakdown by type of organ/tissue to be donated?

(b) What are the respective numbers of patients waiting for organ donation, their average waiting time and the number of patients who successfully received donated organs in the past three years?

(c) What are the details of the publicity efforts previously made by the Administration, the effectiveness of the publicity efforts as well as the manpower and expenditure involved?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The numbers of registrations made in the Centralised Organ Donation Register (CODR) in the past three years with breakdown by type of organ/tissue to be donated are as follows -

	2011 Note 1	2012	2013
Total number of persons registered	22 610	27 518	24 036
Organs they wish to donate (number of persons):			
All organs	20 337	24 924	21 807
Kidney	↑	2 241	1 887
Heart	|	2 207	1 832
Liver	|	2 165	1 838
Lung	NA	2 035	1 720
Cornea	|	1 910	1 608
Bone	|	967	834
Skin	↓	573	527

Note 1: Breakdown on information about individual organs/ tissues under the CODR was not available before upgrading the system in 2012.

(b) The table below sets out the number of patients waiting for transplantation, average waiting time for patients on transplant waiting list, and number of organ / tissue donations in the past three years (2011-2013) in the Hospital Authority (HA):

Year (as at Dec 31)	**Organ / Tissue**	**No. of patients waiting for transplant**	**Average waiting time (months)[2]**	**No. of donations[3]**
2011	Kidney	1 781	46.1	67
	Heart	20	4.1	9
	Lung	17	19.5	1
	Liver	109	35.5	74
	Cornea (piece)	500	24	238
	Bone	NA[4]		0
	Skin			21
2012	Kidney	1 808	45.1	99
	Heart	17	2.8	17
	Lung	15	33	3
	Liver	121	30.1	78
	Cornea (piece)	500	24	259
	Bone	NA		3
	Skin			6
2013	Kidney	1 991	48.5	82
	Heart	17	5.8	11
	Lung	18	29	4
	Liver	120	34.5	72
	Cornea (piece)	500	24	248
	Bone	NA		3
	Skin			4

Note 2: "Average waiting time" is the average of the waiting time for patients on the organ transplant waiting list as at end of that year.

Note 3: HA has not kept statistics on the success or otherwise of the subsequent transplant cases.

Note 4: NA = Not Applicable. Number of 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) The Department of Health (DH), in collaboration with the HA and relevant non-governmental organisations (NGOs), have been making continuous efforts over the years to promote organ donation on various fronts. These include: (1) institution-based networking by inviting Government departments, NGOs and private companies to work in collaboration 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 various channels, e.g. television, radio, newspapers, internet etc.; and (4) E-engagement by making use of social media. A dedicated Facebook fan page entitled "Organ Donation@HK" was launched in August 2011 to further garner support for organ donation among the public especially the younger generation.

The short-term goal of promoting organ donation is to encourage members of the general public to sign up on the CODR and to lessen reluctance and hesitation of individuals and family members to donate organs

after death. In the long term, our goal is to foster a community culture which recognises voluntary organ donation as a commendable act of charity and something that is the norm rather than the exception.

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.

(Question Serial No. 2142)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 29):

With regard to the smoking cessation counselling service 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 in the past three years; and

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

Asked by: Hon. KWOK Ka-ki

Reply:

(a) & (b)

The Hospital Authority (HA) operates 10 full-time and 45 part-time smoking cessation clinics, providing smoking cessation services through counselling and provision of medication. Service throughputs in the past three years are as follows:

	2011	**2012**	**2013**
Number of enquiries on smoking cessation services	10 648	12 596	11 031
Number of telephone counselling sessions (including initial and follow-up telephone counselling)	17 465	34 984	56 500
New patients attending smoking cessation clinics	6 419	13 136	17 689
(i) Age above 65	*76.1%*	*73.2%*	*71.4%*
(ii) Age 65 or below	*23.9%*	*26.8%*	*28.6%*
One-year success quit rate	43.8%	46.0%	51.2%

Notes:

1. A breakdown by age group is not available for those using telephone counselling sessions.

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.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)050

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2143)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 30):

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)
2013-14					
2012-13					
2011-12					
2010-11					
2009-10					

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
2013-14 (revised estimate)	46,180.0	3,293.1 (7.68%)	658 (1.42%)	-
2012-13 (actual)	42,886.9	4,257.7 (11.02%)	588 (1.37%)	-
2011-12 (actual)	38,629.4	4,264.5 (12.41%)	571 (1.48%)	172 (4.03%)
2010-11 (actual)	34,364.9	1,508.7 (4.59%)	379 (1.10%)	2 (0.13%)
2009-10 (actual)	32,856.2	1,086.0 (3.42%)	283 (0.86%)	1 (0.09%)

Note : (1) For meaningful comparison, the financial provision for 2012-13 set out above excludes the one-off injection of $10 billion from the Government into the Samaritan Fund.

(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 2009-10 to 2013-14 are provided in the table below:

	Service Improvement Projects	Clusters	Funds involved Amount/(%) in the additional provision for the financial year ($) Million
2013-14			
(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, particularly in high needs communities like the NTW and KE clusters	HKE, KC, KE, KW, NTE and NTW	over 300 (over 9.1%)
(2)	commence the service of the North Lantau Hospital by phases to meet the medical needs of the local community on Lantau Island	KW	236 (7.2%)

	Service Improvement Projects	Clusters	Funds involved Amount/(%) in the additional provision for the financial year ($) Million
(3)	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	All clusters	76 (2.3%)
(4)	widen the coverage of and expand the use of drugs in the HA Drug Formulary	All clusters	44 (1.3%)
(5)	implement measures to improve patients' access to specialist outpatient service, including specialist outpatient dispensing service	All clusters	57 (1.7%)
(6)	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	All clusters	46 (1.4%)
(7)	attract, motivate and retain healthcare staff through various measures including enhancement of their promotion opportunities and professional training, and recruitment of additional staff	All clusters	321 (9.7%)
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 (1.2%)
(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 (4.5%)
(5)	improve service quality and safety including strengthening of support for clinical service delivery and enhanced response to contingencies	All clusters	370 (8.7%)
(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 (5.4%)

	Service Improvement Projects	Clusters	Funds involved Amount/(%) in the additional provision for the financial year ($) Million
(7)	implement measures to recruit and retain staff for the provision of quality patient care	All clusters	897 (21.1%)
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%)
(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%)

	Service Improvement Projects	Clusters	Funds involved Amount/(%) in the additional provision for the financial year ($) Million
(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%)
(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%)

	Service Improvement Projects	Clusters	Funds involved Amount/(%) in the additional provision for the financial year ($) Million
(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%)

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

Reply Serial No.

FHB(H)051

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2144)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 31):

The provision for the Hospital Authority for 2014-15 is 6.5% higher than the original estimate for 2013-14. 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 2014-15 is 6.5% higher than the original estimate for 2013-14. The additional financial provision in 2014-15 mainly includes the following 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 2014-15 include:

(i) supporting the hospital and service commissioning of the North Lantau Hospital, Caritas Medical Centre Phase II Redevelopment and Yan Chai Hospital Redevelopment;

(ii) coordinating service and capital planning of future hospital redevelopment projects;

(iii) 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 205 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital, Pamela Youde Nethersole Eastern Hospital, United Christian Hospital, Tseung Kwan O Hospital, North Lantau Hospital and Caritas Medical Centre as well as decongesting the overcrowded wards in acute hospitals through redistribution of beds and provision of extra manpower;

(iv) increasing drug supply to meet the growing service demand;

(v) supporting technology advancement and new treatment options for microbiological, gynaecological and surgical services;

(vi) developing safer service models to enhance patient safety including procuring additional single use device and further improving the sterilisation services for operating theatres;

(vii) 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;

(viii) strengthening business support services to provide better back-up for the growing and advancing healthcare services; and

(ix) strengthening the support in managing different aspects of capital works.

(2) **$253 million additional provision** for HA to improve waiting time management by setting up supporting sessions to alleviate the workload at Accident and Emergency Departments, providing additional sessions at specialist out-patient clinics to manage new cases, setting up the third Joint Replacement Centre, opening additional operating theatre and endoscopy sessions, enhancing the lung function laboratory and radiology services as well as extending the service hours of pharmacies in hospitals by phases.

(3) **$310 million additional provision** for HA to implement a number of new/on-going initiatives, including:

(i) enhancing mental health services by improving both community and hospital-based mental health services;

(ii) increasing the general outpatient clinic episodic quota with a total of 32 000 attendances in Kowloon East, Kowloon West and New Territories West Clusters; and

(iii) supporting the operation of the first stage of the Electronic Health Record Sharing System (eHRSS) where HA serves as the technical agency for the Government, subject to the passage of the eHRSS bill by the Legislative Council.

FHB(H)052

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2145)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 32):

Given that the estimate for the Hospital Authority in 2014-15 has increased by 6.5% over the original estimate in 2013-14, will the Administration inform this Committee of the respective amounts of increased resources allocated to different hospital clusters; whether consideration has been given during the allocation process to redress the imbalance of resources among hospital clusters; if yes, what is the basis for the allocation; and if no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

The financial provision for the Hospital Authority (HA) for 2014-15 is 6.5% higher than the original estimate for 2013-14. The additional financial provision in 2014-15 mainly includes the following for implementation of a wide range of initiatives:

(a) **$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 2014-15 include:

(i) supporting the hospital and service commissioning of the North Lantau Hospital, Caritas Medical Centre Phase II Redevelopment and Yan Chai Hospital Redevelopment;

(ii) coordinating service and capital planning of future hospital redevelopment projects;

(iii) 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 205 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital, Pamela Youde Nethersole Eastern Hospital, United Christian Hospital, Tseung Kwan O Hospital, North Lantau Hospital and Caritas Medical Centre as well as decongesting the overcrowded wards in acute hospitals through redistribution of beds and provision of extra manpower;

(iv) increasing drug supply to meet growing service demand;

(v) supporting technology advancement and new treatment options for microbiological, gynaecological and surgical services;

(vi) developing safer service models to enhance patient safety including procuring additional single use device and further improving the sterilisation services for operating theatres;

(vii) 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;

(viii) strengthening business support services to provide better back-up for the growing and advancing healthcare services; and

(ix) strengthening the support in managing different aspects of capital works.

(b) **$253 million additional provision** for HA to improve waiting time management by setting up supporting sessions to alleviate the workload at Accident and Emergency Departments, providing additional sessions at specialist out-patient clinic to manage new cases, setting up the third Joint Replacement Centre, opening additional operating theatres and endoscopy sessions, enhancing the lung function laboratory and radiology services as well as extending the service hours of pharmacies in hospitals by phases.

(c) **$310 million additional provision** for HA to implement a number of new/on-going initiatives, including:

(i) enhancing mental health services by improving both community and hospital-based mental health services;

(ii) increasing the general out-patient clinic episodic quota with a total of 32 000 attendances in Kowloon East, Kowloon West and New Territories West Clusters; and

(iii) supporting the operation of the first stage of the Electronic Health Record Sharing System (eHRSS) where HA serves as the technical agency for the Government, subject to the passage of the eHRSS bill by the Legislative Council.

The budget allocation to individual clusters is part and parcel of HA's budget planning process. As in the past years, additional funding will be allocated to clusters and the HA Head Office on the basis of the Annual Plan for 2014-15, which was drawn up under HA's service planning process. The budget allocation to individual cluster including the additional financial provision for 2014-15 is being worked out and hence is not yet available.

It may be noted that under the patient-centred resource management framework of HA, resource allocation and utilisation among clusters have all along been driven by the planning of patient services guided by the overall direction at the corporate level. There are differences between each cluster in terms of the population of the catchment districts concerned and their needs for public hospital services, given the different and changing demographic characteristics and economic status of the population, cross-cluster use of HA services, as well as patients' varying treatment complexity. In addition, the level and scope of hospital facilities and expertise available in different clusters also varies. This is because the portfolio of hospitals was not originally planned on a cluster basis and not all clusters started at the same level. Against this background, HA has made strenuous efforts over the years to address this mismatch through service planning, ranging from the building of new hospitals and facilities, to the expansion of clinical services and development of new services. This in turn determines how resources are allocated across clusters.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)053

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2146)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 33):

Regarding the provision allocated to the Hospital Authority (HA), would the Administration inform this Committee of:

(a) the resources allocated to various clusters of the HA over the past three years;

(b) the population served by various clusters of the HA over the past three years?

Asked by: Hon. KWOK Ka-ki

Reply:

(a)

The table below sets out the budget allocation for each cluster of the Hospital Authority (HA) in the past three years from 2011-12 to 2013-14:

Year	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
	($ billion)						
2011-12	3.95	4.11	4.98	3.65	8.17	5.89	4.73
2012-13	4.39	4.53	5.47	4.12	9.00	6.49	5.20
2013-14 (full year projection as at 31 December 2013)	4.63	4.82	5.82	4.49	9.71	6.92	5.56

(b)

The tables below set out the population in the districts corresponding to each cluster in 2011, 2012 and 2013.

Population in 2011 (as at mid-2011)

Districts	**Corresponding Hospital Cluster**	**Population***
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	776 500
Central & Western, Southern	HKWC	530 200
Kowloon City, Yau Tsim	KCC	500 200
Kwun Tong, Sai Kung	KEC	1 058 800
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 907 500
Sha Tin, Tai Po, North	NTEC	1 231 300
Tuen Mun, Yuen Long	NTWC	1 066 000
Overall Hong Kong		**7 071 600**

Population in 2012 (as at mid-2012)

Districts	**Corresponding Hospital Cluster**	**Population***
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	780 200
Central & Western, Southern	HKWC	533 600
Kowloon City, Yau Tsim	KCC	508 700
Kwun Tong, Sai Kung	KEC	1 074 900
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 929 300
Sha Tin, Tai Po, North	NTEC	1 246 500
Tuen Mun, Yuen Long	NTWC	1 080 300
Overall Hong Kong		**7 154 600**

Projected Population in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population*
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	779 900
Central & Western, Southern	HKWC	532 300
Kowloon City, Yau Tsim	KCC	510 700
Kwun Tong, Sai Kung	KEC	1 086 100
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 933 500
Sha Tin, Tai Po, North	NTEC	1 256 300
Tuen Mun, Yuen Long	NTWC	1 089 100
Overall Hong Kong		**7 188 700**

* The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures starting from mid-2006 have also been adjusted accordingly.

Note:

The 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.

It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Other relevant factors that have to be taken into account include differences among clusters on needs for public hospital services (given the different and changing demographic characteristics and economic status of the population), cross-cluster use of HA services, as well as varying complexity of treatments of patients in individual clusters. Since the portfolio of hospitals was not originally planned on a cluster basis and not all clusters started at the same stage, the level and scope of hospital facilities and expertise available in different clusters also vary.

Against this background, some degree of mismatch exists between the supply of and demand for hospital facilities. HA has made strenuous efforts over the years to address this mismatch through service planning, ranging from building new hospitals and facilities to expanding clinical services and developing new services. This in turn determines how resources are allocated across clusters.

<u>Abbreviations:</u>

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

FHB(H)054

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2147)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 34):

When compared with 2013-14, the number of general beds will only increase by 205 and there is no increase in the number of infirmary beds and beds for the mentally ill and mentally handicapped in 2014-15. What are the respective numbers of hospital beds and patients as well as the ratio between hospital beds and patients by department in each of the Hospital Authority clusters at present and in the past 3 years? 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 (i) the number of inpatient and day-patient discharges and deaths (IPDP D&D); (ii) number of hospital beds; and (iii) the ratio of IPDP D&D to hospital beds in the Hospital Authority (HA) and its clusters, by general (acute and convalescent) and mentally ill types of services in 2011-12, 2012-13 and 2013-14 (1 January to 31 December 2013).

2011-12

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of IPDP D&D	166 758	177 357	197 924	166 339	344 803	239 048	188 777	1 481 006
Number of hospital beds*	2 002	2 853	3 002	2 135	5 174	3 473	2 115	20 754
Ratio of IPDP D&D to hospital beds	83.3	62.2	65.9	77.9	66.6	68.8	89.3	71.4
Mentally ill								
Number of IPDP D&D	1 806	723	2 626	694	3 709	3 940	2 633	16 131
Number of hospital beds*	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.5	8.8	6.1	8.6	4.0	7.5	2.2	4.4

* Number of hospital beds as at 31 March 2012

2012-13

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of IPDP D&D	170 736	179 628	199 573	166 294	357 951	253 464	194 244	1 521 890
Number of hospital beds#	2 004	2 853	3 004	2 175	5 179	3 474	2 156	20 845
Ratio of IPDP D&D to hospital beds	85.2	63.0	66.4	76.5	69.1	73.0	90.1	73.0
Mentally ill								
Number of IPDP D&D	1 838	765	3 058	670	4 089	4 053	2 826	17 299
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.6	9.3	7.2	8.4	4.4	7.7	2.4	4.8

Number of hospital beds as at 31 March 2013

2013-14 (1 January to 31 December 2013) [Provisional figures]

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of IPDP D&D	171 665	182 763	198 870	164 041	359 818	255 807	198 064	1 531 028
Number of hospital beds^	2 004	2 860	3 005	2 291	5 181	3 477	2 274	21 092
Ratio of IPDP D&D to hospital beds	85.7	63.9	66.2	71.6	69.4	73.6	87.1	72.6
Mentally ill								
Number of IPDP D&D	1 892	813	3 230	633	4 219	4 097	2 942	17 826
Number of hospital beds^	400	82	425	80	920	524	1 176	3 607
Ratio of IPDP D&D to hospital beds	4.7	9.9	7.6	7.9	4.6	7.8	2.5	4.9

^ Number of hospital beds as at 31 December 2013

For infirmary and mentally handicapped service, HA's overall IP D&Ds in the past three years are as follows:

	2011-12	**2012-13**	**2013-14 (Up to 31 December 2013) [Provisional figures]**
Infirmary	3 435	3 364	2 364
Mentally Handicapped	385	568	422

As both infirmary and mentally handicapped services involve long-stay patients and small patient volume, their respective IP D&D is highly variable year by year and across clusters and is not a meaningful indicator to reflect the service utilisation across clusters. The number of patient days is instead a better indicator to reflect the utilisation of the services.

The table below sets out (i) the number of patient days; (ii) number of hospital beds; and (iii) inpatient bed occupancy rate in HA and its clusters, for infirmary and mentally handicapped inpatient services in 2011-12, 2012-13 and 2013-14 (1 January to 31 December 2013). Beds for mentally handicapped are provided in KWC and NTWC only.

2011-12

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary								
Number of patient days	164 869	54 580	32 512	32 336	93 332	99 028	29 708	506 365
Number of hospital beds*	627	200	118	116	328	517	135	2 041
Bed occupancy rate (%)	87	84	82	92	97	83	90	88
Mentally handicapped								
Number of patient days	-	-	-	-	32 917	-	178 696	211 613
Number of hospital beds*	-	-	-	-	160	-	500	660
Bed occupancy rate (%)	-	-	-	-	56	-	98	88

* Number of hospital beds as at 31 March 2012

2012-13

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary								
Number of patient days	165 972	54 396	30 975	31 631	93 449	98 606	29 816	504 845
Number of hospital beds#	627	200	118	116	328	517	135	2 041
Bed occupancy rate (%)	88	82	79	75	97	82	95	86
Mentally handicapped								
Number of patient days	-	-	-	-	31 659	-	176 250	207 909
Number of hospital beds#	-	-	-	-	160	-	500	660
Bed occupancy rate (%)	-	-	-	-	57	-	97	87

Number of hospital beds as at 31 March 2013

2013-14 (1 January to 31 December 2013) [Provisional figures]

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary								
Number of patient days	169 022	52 831	28 470	34 856	93 035	96 423	28 848	503 485
Number of hospital beds^	627	200	118	116	328	517	135	2 041
Bed occupancy rate (%)	89	80	72	82	97	81	99	87
Mentally handicapped								
Number of patient days	-	-	-	-	31 175	-	175 384	206 559
Number of hospital beds^	-	-	-	-	160	-	500	660
Bed occupancy rate (%)	-	-	-	-	57	-	96	87

^ Number of hospital beds as at 31 December 2013

It should be noted that 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 organisation 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.

HA will regularly monitor the utilisation rate and trend of demand for various healthcare services and ensure that the service gaps will be addressed as appropriate through the HA Annual Planning Exercise.

To meet the medical needs of the community, HA has been planning a number of hospital construction/expansion/refurbishment projects to enhance its inpatient and ambulatory capacity, improve the service quality, and renew its building facilities. The Administration plans to spend $55 billion for the construction and redevelopment of several public hospitals. They include the construction of Tin Shui Wai Hospital and Hong Kong Children's Hospital; the preparatory works for the expansion of United Christian Hospital and redevelopment of Kwong Wah Hospital; the redevelopment of Queen Mary Hospital, phase 1 and Kwai Chung Hospital, as well as the expansion of Hong Kong Red Cross Blood Transfusion Service Headquarters. With the grant of $13 billion approved by the Finance Committee in late 2013 for the HA to improve and upgrade its facilities through minor works projects over the next ten years, an additional of around 800 beds will be provided in 11 hospitals among other enhancement works.

<u>Abbreviations</u>

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

CONTROLLING OFFICER'S REPLY

(Question Serial No.2148)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 35):

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 clusters in the past three years, i.e. 2011-12, 2012-13 and 2013-14, 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 longest (90th percentile) waiting time in each hospital cluster for 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

Cluster	Specialty	2011-12				2012-13				2013-14 (Up to 31 December 2013) [Provisional]			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
HKEC	ENT	7 718	1	8	23	8 152	1	8	30	6 261	2	9	38
	MED	11 370	2	6	41	11 348	2	5	45	8 854	2	5	38
	GYN	5 115	2	9	22	5 438	3	12	24	4 466	3	10	22
	OBS	5 374	1	2	7	3 720	1	2	4	2 568	<1	1	3
	OPH	11 592	<1	4	39	11 851	<1	3	29	9 315	<1	4	23
	ORT	8 840	3	8	44	9 242	3	9	50	7 235	3	11	51
	PAE	1 343	2	4	7	1 463	2	5	9	1 002	3	5	13
	PSY	3 405	<1	2	20	3 368	1	5	26	2 650	1	4	26
	SUR	12 109	4	7	50	12 937	4	8	47	10 153	5	8	45
HKWC	ENT	6 323	2	8	28	6 498	2	6	34	4 887	3	8	79
	MED	11 280	3	14	30	12 005	3	13	40	9 210	4	12	49
	GYN	6 818	1	6	18	7 322	1	7	22	5 974	1	7	20
	OBS	5 548	1	3	4	4 255	1	2	3	3 065	1	2	4
	OPH	10 815	1	4	17	10 446	1	5	18	7 730	1	7	19
	ORT	9 687	2	11	37	10 465	2	12	45	8 375	2	10	40
	PAE	3 585	2	7	21	2 359	3	8	20	1 879	2	8	19
	PSY	3 951	1	4	62	3 988	2	5	49	3 159	2	8	64
	SUR	12 759	1	8	62	13 716	1	8	63	11 085	1	9	54
KCC	ENT	14 061	1	2	11	14 605	1	8	14	12 152	2	20	27
	MED	11 766	3	13	41	11 578	3	16	62	9 203	2	20	81
	GYN	4 814	3	7	29	5 262	3	6	26	4 226	4	4	26
	OBS	6 608	3	7	21	6 069	3	7	19	5 017	3	8	18
	OPH	24 661	<1	4	45	24 031	<1	2	64	18 543	<1	2	59
	ORT	7 830	5	19	50	8 282	7	25	65	6 181	11	36	90
	PAE	1 912	1	4	12	2 111	1	6	18	1 689	1	6	20
	PSY	3 105	1	5	25	2 703	1	4	25	2 089	2	7	35
	SUR	16 755	3	15	44	16 931	4	16	60	13 423	4	20	61
KEC	ENT	10 638	5	25	108	10 025	3	12	119	6 693	2	8	70
	MED	18 144	5	8	48	18 536	5	13	58	14 216	5	12	59
	GYN	7 682	3	15	146	8 153	2	15	79	6 731	2	13	82
	OBS	4 692	<1	1	6	2 724	<1	1	5	2 101	<1	1	3
	OPH	17 017	1	8	83	17 825	1	11	71	13 714	1	11	70
	ORT	15 394	1	12	114	15 811	2	9	133	12 238	1	12	148
	PAE	4 357	1	7	31	4 192	1	12	35	3 169	3	14	33
	PSY	7 177	2	8	58	7 157	3	9	67	5 589	4	10	85
	SUR	22 319	7	25	133	25 216	7	20	133	18 936	3	7	146

Cluster	Specialty	2011-12				2012-13				2013-14 (Up to 31 December 2013) [Provisional]			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
KWC	ENT	15 790	2	7	40	16 588	3	8	31	13 093	3	9	40
	MED	29 121	5	19	57	29 518	6	23	66	22 683	6	21	69
	GYN	12 408	4	8	33	12 991	5	11	50	10 813	6	14	45
	OBS	17 995	4	6	13	16 331	4	6	12	12 062	3	6	12
	OPH	19 015	<1	2	32	18 771	<1	4	37	14 532	<1	5	45
	ORT	19 647	2	11	101	19 796	2	10	96	16 868	3	12	93
	PAE	7 310	<1	3	13	7 451	<1	4	14	5 832	<1	6	16
	PSY	12 220	<1	4	32	14 799	1	15	72	10 937	1	15	82
	SUR	35 118	4	9	104	36 608	5	11	109	29 061	4	11	87
NTEC	ENT	13 519	1	8	78	14 805	1	6	60	11 525	1	5	75
	MED	18 541	5	34	65	20 102	4	35	70	16 105	4	45	75
	GYN	10 991	3	26	70	11 401	2	29	112	9 387	1	19	107
	OBS	12 222	5	7	21	11 011	4	7	24	9 101	4	6	21
	OPH	19 761	<1	11	106	20 370	<1	8	141	15 455	<1	8	69
	ORT	20 539	1	20	85	21 578	1	16	105	16 475	1	13	123
	PAE	4 420	2	9	31	4 311	3	11	42	3 128	3	13	45
	PSY	9 401	2	8	75	8 685	2	6	62	6 746	2	8	87
	SUR	22 136	6	20	72	23 666	6	19	81	18 608	6	21	78
NTWC	ENT	11 893	1	12	50	12 573	2	13	30	9 585	2	14	32
	MED	10 686	3	9	48	9 452	3	20	40	7 733	4	19	47
	GYN	6 402	4	13	39	6 728	5	13	41	5 633	5	11	42
	OBS	3 125	<1	1	1	3 272	<1	1	2	2 482	<1	1	1
	OPH	18 217	<1	2	44	20 176	<1	4	53	15 192	<1	5	65
	ORT	12 922	6	39	53	12 852	6	58	75	9 979	4	37	81
	PAE	2 430	5	13	15	2 373	8	14	17	1 667	8	13	14
	PSY	6 313	3	7	25	6 530	1	6	26	5 225	2	8	42
	SUR	20 442	8	25	35	21 074	9	30	45	17 536	9	40	58

Note
1. Statistics for Geriatrics are grouped under Medicine specialty.
2. The Hospital Authority uses 90th percentile to denote the longest waiting time for specialist outpatient service.

Abbreviations

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OBS – Obstetrics
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
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

Reply Serial No.

FHB(H)056

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2149)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 36):

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 2011-12, 2012-13 and 2013-14 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 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

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				
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	19	19	1.41
Breast cancer	Trastuzumab	428	428	69.22
Chronic Myeloid Leukaemia (CML)	Dasatinib	51	51	11.21
	Imatinib	215	215	36.39
	Nilotinib	59	59	14.90
Gastrointestinal Stromal tumour (GIST)	Imatinib	127	127	18.90
Head & Neck Squamous Cell Carcinoma	Cetuximab	18	18	1.32
Lung cancer	Erlotinib	30	30	4.43
	Gefitinib	48	48	6.83
Lymphoma	Rituximab	174	174	14.10
Mesothelioma	Pemetrexed	1	1	0.09
Myeloma	Bortezomib	97	97	21.20
	Total	**1 279**	**1 279**	**202.95**

2013-14 (up to 31 December 2013)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	12	12	2.94
	Dasatinib	6	6	0.94
Brain cancer	Temozolomide	39	39	3.06
Breast cancer	Trastuzumab	330	330	52.53
Chronic Lymphocytic Leukaemia	Rituximab	20	20	1.27
Chronic Myeloid Leukaemia (CML)	Dasatinib	57	57	11.59
	Imatinib	157	157	26.90
	Nilotinib	52	52	12.98
Gastrointestinal Stromal tumour (GIST)	Imatinib	100	100	14.93
Lung cancer	Erlotinib	13	13	2.06
	Gefitinib	21	21	3.05
Lymphoma	Rituximab	165	165	14.34
Myeloma	Bortezomib	64	64	14.10
	Lenalidomide	47	47	7.37
	Total	**1 083**	**1 083**	**168.06**

Note :

(1) Oxaliplatin for colorectal cancer was included in the HA Drug Formulary as Special Drug in 2012-13.

(2) Cetuximab for squamous cell carcinoma of head and neck was included in the HA Drug Formulary as Special Drug in 2013-14.

(3) Pemetrexed for mesothelioma was included in the HA Drug Formulary as Special Drug in 2013-14.

(4) Drugs supported by Community Care Fund Medical Assistance Programme are not included as the Programme is implemented by the Community Care Fund Task Force, set up under the Commission on Poverty.

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**
2011-12	110 393
2012-13	114 418
2013-14 (up to 31 December 2013)	102 544

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)057

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2150)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 37):

Please advise on the numbers of doctors by department in each of the hospitals in the Hospital Authority clusters in the past 3 years; 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 2011-12, 2012-13 and 2013-14 (as at 31 December 2013).

Cluster	Specialty	2011-12 (as at 31 March 2012)				2012-13 (as at 31 March 2013)				2013-14 (as at 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	**Accident & Emergency**	4	16	28	**48**	5	21	28	**54**	5	25	23	**52**
	Anaesthesia	3	13	15	**31**	3	14	16	**33**	4	14	13	**31**
	Family Medicine	1	11	39	**51**	1	11	44	**56**	2	10	45	**56**
	Intensive Care Unit	1	4	8	**13**	1	5	7	**13**	1	5	9	**15**
	Medicine	17	48	82	**147**	19	60	69	**148**	19	60	72	**151**
	Neurosurgery	2	3	7	**12**	3	2	5	**10**	2	3	6	**11**
	Obstetrics & Gynaecology	4	3	14	**21**	4	6	13	**23**	3	5	13	**21**
	Ophthalmology	3	4	12	**19**	4	7	9	**19**	4	7	11	**21**
	Orthopaedics & Traumatology	5	5	22	**32**	5	11	14	**30**	5	11	16	**32**
	Paediatrics	5	6	13	**24**	5	6	11	**22**	6	6	11	**23**
	Pathology	4	8	7	**19**	5	7	7	**19**	6	8	6	**20**
	Psychiatry	4	11	17	**32**	4	12	19	**35**	4	12	20	**36**
	Radiology	9	9	17	**35**	9	10	18	**37**	9	8	19	**36**
	Surgery	8	11	30	**49**	8	12	28	**48**	8	14	25	**47**
	Others	6	3	14	**23**	5	6	14	**25**	4	9	13	**26**
	Total	**76**	**155**	**325**	**555**	**80**	**191**	**302**	**572**	**82**	**197**	**301**	**580**

Cluster	Specialty	2011-12 (as at 31 March 2012)				2012-13 (as at 31 March 2013)				2013-14 (as at 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKWC	**Accident & Emergency**	2	10	18	**30**	3	8	19	**30**	3	11	16	**30**
	Anaesthesia	15	20	23	**58**	14	21	24	**59**	15	23	22	**60**
	Cardio-thoracic Surgery	1	7	1	**9**	2	6	3	**11**	3	5	3	**11**
	Family Medicine	1	7	29	**37**	1	7	32	**40**	2	6	32	**40**
	Intensive Care Unit	2	5	4	**11**	2	5	4	**11**	2	5	5	**12**
	Medicine	19	35	76	**130**	19	35	79	**133**	19	35	81	**135**
	Neurosurgery	2	3	7	**12**	2	3	7	**12**	2	3	7	**12**
	Obstetrics & Gynaecology	7	6	15	**28**	7	4	15	**26**	7	4	16	**27**
	Ophthalmology	1	5	6	**12**	1	5	6	**12**	2	4	7	**13**
	Orthopaedics & Traumatology	5	5	19	**29**	5	7	18	**30**	5	8	18	**31**
	Paediatrics	10	7	25	**42**	10	14	17	**41**	10	15	20	**45**
	Pathology	6	9	11	**26**	7	9	11	**27**	7	7	10	**24**
	Psychiatry	3	7	14	**24**	3	7	14	**24**	2	9	13	**24**
	Radiology	9	10	18	**37**	9	11	18	**38**	9	11	19	**39**
	Surgery	11	18	47	**76**	10	19	48	**78**	10	20	45	**76**
	Others	5	7	15	**27**	5	6	15	**26**	5	6	15	**26**
	Total	**98**	**161**	**329**	**588**	**100**	**168**	**331**	**599**	**103**	**172**	**330**	**605**
KCC	**Accident & Emergency**	3	12	23	**38**	3	14	23	**39**	3	16	22	**41**
	Anaesthesia	10	17	27	**54**	9	18	25	**52**	9	20	25	**54**
	Cardio-thoracic Surgery	3	7	4	**14**	3	7	5	**15**	3	7	6	**16**
	Family Medicine	1	5	43	**49**	1	8	46	**55**	1	8	46	**55**
	Intensive Care Unit	2	5	1	**8**	2	5	1	**8**	2	5	3	**10**
	Medicine	15	43	84	**141**	16	45	83	**143**	16	48	80	**143**
	Neurosurgery	4	7	9	**20**	3	7	10	**20**	4	6	11	**21**
	Obstetrics & Gynaecology	7	7	15	**29**	7	10	14	**30**	7	10	15	**31**
	Ophthalmology	4	9	22	**35**	5	11	20	**36**	6	14	16	**36**
	Orthopaedics & Traumatology	8	15	13	**36**	8	15	10	**33**	8	15	12	**35**
	Paediatrics	8	12	19	**38**	8	17	14	**39**	8	18	16	**43**
	Pathology	7	10	12	**30**	7	11	9	**28**	7	13	10	**30**
	Psychiatry	4	7	23	**34**	5	9	23	**36**	4	9	20	**33**
	Radiology	11	15	17	**43**	11	17	17	**45**	11	16	18	**45**
	Surgery	8	17	24	**49**	9	16	28	**53**	9	15	31	**55**
	Others	9	15	19	**43**	10	15	17	**42**	10	14	20	**44**
	Total	**104**	**204**	**355**	**662**	**106**	**224**	**344**	**674**	**107**	**234**	**351**	**692**
KEC	**Accident & Emergency**	4	23	27	**54**	4	24	27	**55**	4	24	29	**57**
	Anaesthesia	3	17	20	**40**	5	17	20	**41**	6	16	21	**42**
	Family Medicine	1	12	71	**85**	1	11	73	**85**	1	13	72	**86**

Cluster	Specialty	2011-12 (as at 31 March 2012)				2012-13 (as at 31 March 2013)				2013-14 (as at 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Intensive Care Unit	1	4	1	6	1	5	4	10	1	5	4	10
	Medicine	14	43	74	131	15	46	72	132	16	56	72	144
	Obstetrics & Gynaecology	5	7	15	27	5	7	15	27	6	6	16	28
	Ophthalmology	1	6	13	20	1	6	11	18	2	6	10	18
	Orthopaedics & Traumatology	6	8	25	39	6	9	24	39	5	11	24	40
	Paediatrics	5	12	21	38	5	13	20	38	6	12	21	39
	Pathology	6	9	5	20	6	9	4	19	6	9	5	20
	Psychiatry	3	14	19	36	3	15	17	35	3	16	16	35
	Radiology	7	9	8	24	8	10	7	25	9	9	9	27
	Surgery	7	16	35	58	8	14	35	56	9	18	31	57
	Others	5	9	11	25	5	8	14	27	4	10	13	27
	Total	69	189	345	603	72	193	342	607	76	210	344	630
KWC	Accident & Emergency	9	34	63	106	10	36	62	108	11	40	74	125
	Anaesthesia	10	34	36	80	9	38	36	83	10	38	37	85
	Family Medicine	2	19	129	150	3	23	124	150	3	24	133	161
	Intensive Care Unit	3	15	12	30	3	15	15	33	3	15	15	33
	Medicine	31	97	147	275	34	106	147	286	33	111	150	293
	Neurosurgery	3	4	14	21	4	7	12	23	3	8	15	26
	Obstetrics & Gynaecology	9	13	27	49	9	15	27	51	9	15	28	52
	Ophthalmology	3	8	11	22	3	6	13	22	3	9	11	23
	Orthopaedics & Traumatology	12	21	38	71	12	22	41	75	12	23	40	76
	Paediatrics	10	27	39	76	12	29	39	79	12	31	42	84
	Pathology	14	15	18	47	14	16	17	47	14	16	18	48
	Psychiatry	8	24	37	70	8	24	35	68	8	29	34	71
	Radiology	12	21	21	54	13	26	16	55	16	20	21	57
	Surgery	17	31	67	115	17	39	55	111	17	42	60	119
	Others	6	10	27	43	8	10	36	54	7	13	26	46
	Total	149	372	687	1208	158	412	675	1245	161	433	704	1298
NTEC	Accident & Emergency	7	28	33	68	7	28	29	64	7	29	29	65
	Anaesthesia	7	25	24	56	7	26	23	56	7	25	30	62
	Cardio-thoracic Surgery	1	2	1	4	1	2	2	5	1	3	2	6
	Family Medicine	1	14	74	89	2	14	74	90	2	14	69	85
	Intensive Care Unit	2	12	11	25	1	11	14	26	2	12	12	26
	Medicine	22	37	119	178	22	45	115	182	22	51	112	185
	Neurosurgery	1	4	2	7	4	1	3	8	4	1	2	7
	Obstetrics & Gynaecology	6	6	20	32	6	7	18	31	5	7	17	29
	Ophthalmology	2	5	17	24	2	6	19	26	2	6	20	27

Cluster	Specialty	2011-12 (as at 31 March 2012)				2012-13 (as at 31 March 2013)				2013-14 (as at 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Orthopaedics & Traumatology	10	18	32	**60**	10	19	33	**62**	10	22	27	**60**
	Paediatrics	8	15	31	**54**	9	18	30	**57**	9	21	27	**57**
	Pathology	7	15	10	**32**	7	15	10	**32**	7	16	8	**31**
	Psychiatry	4	18	40	**62**	5	18	38	**61**	5	19	37	**61**
	Radiology	11	13	14	**38**	11	12	18	**41**	11	12	19	**42**
	Surgery	13	19	49	**81**	14	19	49	**82**	15	18	50	**84**
	Others	8	14	29	**51**	9	15	28	**52**	10	17	25	**52**
	Total	**110**	**245**	**506**	**861**	**116**	**256**	**502**	**874**	**119**	**273**	**486**	**878**
NTWC	**Accident & Emergency**	4	19	36	**60**	4	21	33	**59**	5	22	37	**63**
	Anaesthesia	6	12	29	**47**	6	12	25	**43**	6	14	24	**44**
	Cardio-thoracic Surgery	0	2	0	**2**	1	1	0	**2**	1	1	0	**2**
	Family Medicine	1	10	57	**68**	1	11	63	**75**	1	12	64	**77**
	Intensive Care Unit	1	7	5	**13**	1	9	8	**18**	1	9	9	**19**
	Medicine	16	25	82	**122**	17	36	70	**124**	18	39	75	**133**
	Neurosurgery	3	3	6	**12**	3	4	8	**15**	3	2	8	**13**
	Obstetrics & Gynaecology	6	7	17	**30**	6	8	18	**32**	6	8	17	**31**
	Ophthalmology	4	7	10	**21**	4	6	9	**19**	4	7	10	**21**
	Orthopaedics & Traumatology	8	14	22	**44**	7	12	22	**41**	7	11	27	**45**
	Paediatrics	5	11	20	**36**	5	12	18	**34**	5	12	21	**37**
	Pathology	5	9	9	**23**	5	9	6	**20**	5	10	7	**22**
	Psychiatry	7	27	44	**78**	8	26	42	**76**	8	26	46	**80**
	Radiology	11	3	19	**33**	11	4	16	**30**	11	5	19	**34**
	Surgery	12	11	33	**56**	12	14	31	**57**	11	15	34	**60**
	Others	4	9	16	**29**	5	8	18	**31**	5	9	18	**32**
	Total	**92**	**177**	**404**	**674**	**96**	**193**	**388**	**676**	**97**	**201**	**415**	**713**

Tables 1 and 2 below set out the doctor-to-patient ratio by cluster and major inpatient specialties in 2011-12, 2012-13 and 2013-14 (as at 31 December 2013).

Table 1: Doctor-to-patient ratio by cluster in 2011-12, 2012-13 and 2013-14 (as at 31 December 2013)

Cluster	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths
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

Cluster	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths
2012-13		
HKEC	572	5.0
HKWC	599	5.4
KCC	674	5.3
KEC	607	5.0
KWC	1 245	4.8
NTEC	874	5.2
NTWC	676	5.3
2013-14 (as at 31 December 2013)		
HKEC	580	5.2
HKWC	605	5.6
KCC	692	5.6
KEC	630	5.3
KWC	1 298	5.0
NTEC	878	5.3
NTWC	713	5.4

Table 2: Doctor-to-patient ratio by major inpatient specialties in 2011-12, 2012-13 and 2013-14 (as at 31 December 2013)

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		
Medicine	1 149	2.6
Surgery (including Neurosurgery and Cardiothoracic Surgery)	605	3.6
Obstetrics & Gynaecology	221	2.3
Paediatrics	309	3.4
Orthopaedics & Traumatology	311	3.7
Psychiatry	335	18.9
2013-14 (as at 31 December 2013)		
Medicine	1 184	2.7
Surgery (including Neurosurgery and Cardiothoracic Surgery)	624	3.7
Obstetrics & Gynaecology	219	2.5
Paediatrics	327	3.7
Orthopaedics & Traumatology	319	3.7
Psychiatry	340	18.7

The table below sets out the median length of service of all ranks of doctors by major specialties in HA in 2011-12, 2012-13 and 2013-14 (as at 31 December 2013).

	2011-12 (as at 31 March 2012)				2012-13 (as at 31 March 2013)				2013-14 (as at 31 December 2013)			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Accident & Emergency	19.9	16.8	6.8	12.8	20.9	17.3	6.3	12.8	21.7	17.5	6.3	12.5
Anaesthesia	18.2	12.8	4.8	8.8	19.2	12.8	5.8	9.8	19.8	12.5	5.5	9.5
Cardio-thoracic Surgery	17.3	12.3	3.8	12.8	18.4	12.8	2.8	12.8	19.1	14.0	3.5	12.5
Family Medicine	16.5	11.5	8.7	8.8	17.0	11.8	8.8	9.8	16.8	12.0	9.5	10.5
Intensive Care Unit	19.7	15.7	5.8	11.8	20.3	15.8	5.8	11.8	21.0	15.5	5.5	11.5
Medicine	19.6	17.5	6.8	9.8	20.3	17.8	6.8	10.8	20.9	18.5	6.5	10.5
Neurosurgery	19.8	15.4	4.8	10.8	19.7	15.8	4.8	8.8	20.4	15.4	3.5	8.5
Obstetrics & Gynaecology	17.8	9.8	4.8	6.8	18.5	9.8	4.8	6.8	19.5	10.5	5.5	7.5
Ophthalmology	17.6	12.8	4.8	7.3	18.0	13.8	4.8	7.8	18.5	11.5	4.5	7.5
Orthopaedics & Traumatology	19.8	16.8	5.8	11.8	20.6	17.8	5.8	11.8	21.0	18.2	5.5	10.6
Paediatrics	18.8	17.5	5.6	9.8	19.5	18.0	5.8	9.8	20.1	18.5	5.5	8.5
Pathology	17.8	16.8	5.8	12.8	18.8	16.6	5.8	13.8	19.5	15.3	5.5	13.5
Psychiatry	18.7	13.8	4.8	9.8	19.5	14.8	5.8	9.1	20.4	14.0	5.5	9.5
Radiology	18.8	10.8	4.8	8.3	18.8	10.0	4.8	8.8	19.3	10.5	5.5	8.5
Surgery	18.6	14.8	5.8	7.8	19.2	14.8	5.8	7.8	19.2	14.0	5.5	8.0
Others	18.8	17.2	6.8	11.4	19.8	17.8	6.8	10.8	20.5	16.5	6.5	10.5
Total	**18.8**	**15.8**	**5.8**	**9.3**	**19.7**	**15.8**	**5.8**	**9.8**	**20.2**	**15.5**	**5.5**	**9.5**

Notes:

1. The 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.

2. The services of the medicine department include services for hospice, rehabilitation and infirmary. The services of the psychiatry department include services for the mentally handicapped.

3. For the ratios of manpower per 1 000 inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2013-14, the manpower status as at 31 December 2013 was drawn); whereas the number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2013-14, the throughput from 1 January 2013 to 31 December 2013 was taken). The number of inpatient discharges and deaths for 2013-14 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.

5. It should be noted that the ratio of doctors staff per 1 000 inpatient discharges and deaths 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 organisation 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.

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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2151)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 38):

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. 2011-12, 2012-13 and 2013-14. What were the respective staff-to-patient ratios?

Asked by: Hon. KWOK Ka-ki

Reply:

Tables 1 and 2 below set out the nurse-to-patient ratios in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013) by clusters and by major specialties respectively in the Hospital Authority (HA).

Table 1: Nurse-to-patient ratios by cluster

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths
2011-12 (as at 31 March 2012)		
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
2012-13 (as at 31 March 2013)		
Hong Kong East	2 348	20.5
Hong Kong West	2 600	23.6
Kowloon Central	3 069	24.2
Kowloon East	2 313	19.2
Kowloon West	5 088	19.7
New Territories East	3 524	21.0
New Territories West	2 834	22.0
2013-14 (as at 31 December 2013)		
Hong Kong East	2 435	21.7
Hong Kong West	2 525	23.3
Kowloon Central	3 138	25.4

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths
Kowloon East	2 461	20.9
Kowloon West	5 306	20.6
New Territories East	3 627	22.0
New Territories West	2 998	22.9

Table 2: Nurse-to-patient ratios by major specialties

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths
2011-12 (as at 31 March 2012)		
Medicine	5 450	12.9
Obstetrics & Gynaecology	1 044	10.8
Orthopaedics & Traumatology	804	10.1
Paediatrics	1 179	13.5
Psychiatry	2 138	130.4
Surgery	1 764	10.9
2012-13 (as at 31 March 2013)		
Medicine	5 597	12.8
Obstetrics & Gynaecology	1 053	11.0
Orthopaedics & Traumatology	898	10.7
Paediatrics	1 229	13.4
Psychiatry	2 239	126.3
Surgery	1 835	10.9
2013-14 (as at 31 December 2013)		
Medicine	5 791	13.3
Obstetrics & Gynaecology	1 091	12.4
Orthopaedics & Traumatology	942	10.9
Paediatrics	1 266	14.3
Psychiatry	2 313	127.3
Surgery	1 895	11.2

Note :

(1) Manpower on full-time equivalent (FTE) 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 2013-14 the manpower status is drawn as at 31 December 2013), whereas number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2013-14 the number refers to the actual number from 1 January 2013 to 31 December 2013). The number of inpatient discharges and deaths for the 2013-14 are provisional figures.

(5) Number of inpatient discharges and deaths for medicine include hospice, rehabilitation and infirmary. Number of inpatient discharges and deaths for psychiatry include mentally handicapped.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)059

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2152)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 39):

Will the Administration advise on the numbers 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 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 2011-12, 2012-13 and 2013-14 by cluster and by major allied health grades in the Hospital Authority (HA).

Cluster	**Grade**	**2011-12**		**2012-13**		**2013-14 (up to 31 December 2013)**	
		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	103	0.9	106	0.9	112	1.0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	110	1.0	112	1.0	118	1.0
	Medical Social Worker	43	0.4	45	0.4	47	0.4
	Occupational Therapist	65	0.6	73	0.6	78	0.7
	Physiotherapist	100	0.9	107	0.9	110	1.0
	Pharmacist	51	0.5	62	0.5	64	0.6
	Dispenser	119	1.1	133	1.2	136	1.2
	Others	70	0.6	78	0.7	82	0.7

Cluster	Grade	2011-12		2012-13		2013-14 (up to 31 December 2013)	
		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	214	2.0	219	2.0	222	2.0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	123	1.1	120	1.1	123	1.1
	Medical Social Worker	36	0.3	41	0.4	43	0.4
	Occupational Therapist	58	0.5	69	0.6	70	0.6
	Physiotherapist	93	0.8	98	0.9	96	0.9
	Pharmacist	54	0.5	59	0.5	58	0.5
	Dispenser	105	1.0	112	1.0	117	1.1
	Others	93	0.9	108	1.0	113	1.0
Kowloon Central	Medical Laboratory Technologist	209	1.7	218	1.7	222	1.8
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	136	1.1	146	1.2	154	1.2
	Medical Social Worker	15	0.1	18	0.1	20	0.2
	Occupational Therapist	87	0.7	99	0.8	102	0.8
	Physiotherapist	139	1.1	152	1.2	155	1.3
	Pharmacist	49	0.4	54	0.4	57	0.5
	Dispenser	124	1.0	132	1.0	140	1.1
	Others	117	0.9	121	1.0	125	1.0
Kowloon East	Medical Laboratory Technologist	115	0.9	122	1.0	125	1.1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	79	0.7	87	0.7	91	0.8
	Medical Social Worker	39	0.3	39	0.3	40	0.3
	Occupational Therapist	63	0.5	65	0.5	70	0.6
	Physiotherapist	101	0.8	105	0.9	108	0.9
	Pharmacist	39	0.3	46	0.4	51	0.4
	Dispenser	113	0.9	114	0.9	124	1.0
	Others	58	0.5	68	0.6	76	0.6
Kowloon West	Medical Laboratory Technologist	258	1.0	267	1.0	272	1.1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	204	0.8	207	0.8	231	0.9
	Medical Social Worker	78	0.3	85	0.3	92	0.4
	Occupational Therapist	136	0.5	146	0.6	157	0.6
	Physiotherapist	153	0.6	158	0.6	168	0.7
	Pharmacist	107	0.4	117	0.5	129	0.5
	Dispenser	239	1.0	250	1.0	282	1.1
	Others	119	0.5	130	0.5	143	0.6

Cluster	Grade	2011-12		2012-13		2013-14 (up to 31 December 2013)	
		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	192	1.2	204	1.2	210	1.3
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	162	1.0	164	1.0	162	1.0
	Medical Social Worker	23	0.1	24	0.1	24	0.1
	Occupational Therapist	108	0.7	111	0.7	111	0.7
	Physiotherapist	146	0.9	140	0.8	142	0.9
	Pharmacist	59	0.4	66	0.4	67	0.4
	Dispenser	167	1.0	172	1.0	180	1.1
	Others	105	0.6	118	0.7	120	0.7
New Territories West	Medical Laboratory Technologist	129	1.0	133	1.0	135	1.0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	110	0.9	110	0.9	121	0.9
	Medical Social Worker	28	0.2	29	0.2	29	0.2
	Occupational Therapist	95	0.8	109	0.8	110	0.8
	Physiotherapist	80	0.6	84	0.7	90	0.7
	Pharmacist	43	0.3	48	0.4	56	0.4
	Dispenser	118	0.9	131	1.0	141	1.1
	Others	101	0.8	108	0.8	109	0.8

Note:

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. For Medical Social Worker (MSW), only MSWs employed by HA are included.

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 discharge and deaths.

CONTROLLING OFFICER'S REPLY

FHB(H)060

(Question Serial No. 2153)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 40):

Please advise on the number of all ranks of health care assistants (including phlebotomists) in various departments of hospitals under the hospital clusters of the Hospital Authority in the past three years. 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) of the Hospital Authority (HA) and the ratio to inpatient discharges and deaths in the past three years:

2011-12

Hospital Cluster	Number of care-related supporting staff	Ratio per 1 000 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 1 000 inpatient discharges and deaths
HKEC	1 220	10.6
HKWC	1 164	10.6
KCC	1 551	12.2
KEC	1 083	9
KWC	2 292	8.9
NTEC	1 935	11.5
NTWC	1 802	14
Total	**11 047**	10.8

2013-14

Hospital Cluster	Number of care-related supporting staff	Ratio per 1 000 inpatient discharges and deaths
HKEC	1 323	11.8
HKWC	1 224	11.3
KCC	1 683	13.6
KEC	1 203	10.2
KWC	2 421	9.4
NTEC	2 081	12.6
NTWC	2 006	15.3
Total	**11 941**	11.8

Note:

(1) The manpower figures are on full-time equivalent (FTE) basis and include permanent, contract and temporary staff in HA's workforce. 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, the manpower position refers to that as at 31 March of the respective years (except for 2013-14, the manpower status was drawn as at 31 December 2013); whereas the number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2013-14, the throughput refers to the actual number from 1 January 2013 to 31 December 2013). The number of inpatient discharges and deaths for 2013-14 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 a 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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)061

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2154)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 41):

Please provide a detailed breakdown of the annual turnover of medical officers in hospitals of the Hospital Authority in 2011-12, 2012-13 and 2013-14 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 full-time doctors by major specialties in the Hospital Authority (HA) in 2011-12, 2012-13 and 2013-14 (rolling 12 months from 1 January 2013 – 31 December 2013).

Cluster	Specialty	2011-12				2012-13				2013-14 (rolling 12 months from 1 January 2013 - 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	0	1	1	0	0	1	1	0	0	1	1
	Anaesthesia	0	1	0	1	0	0	1	1	0	1	3	4
	Family Medicine	0	0	2	2	0	0	0	0	0	0	1	1
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	1	1	1	3	2	0	2	4	0	0	2	2
	Neurosurgery	0	0	0	0	0	0	1	1	0	0	0	0
	Obstetrics & Gynaecology	1	1	0	2	0	0	0	0	1	0	0	1
	Ophthalmology	0	2	0	2	0	1	1	2	0	0	1	1
	Orthopaedics & Traumatology	1	0	1	2	0	1	0	1	0	0	0	0
	Paediatrics	0	1	1	2	0	0	3	3	1	1	0	2
	Pathology	0	0	0	0	0	1	0	1	0	2	0	2
	Psychiatry	0	0	0	0	0	1	0	1	0	0	0	0
	Radiology	1	2	0	3	0	1	0	1	1	4	0	5
	Surgery	0	2	1	3	3	1	0	4	1	3	0	4

Cluster	Specialty	2011-12				2012-13				2013-14 (rolling 12 months from 1 January 2013 - 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Others	1	0	1	2	1	0	1	2	1	0	1	2
	Total	**5**	**10**	**8**	**23**	**6**	**6**	**10**	**22**	**5**	**11**	**9**	**25**
HKWC	Accident & Emergency	0	0	0	0	0	0	0	0	0	0	0	0
	Anaesthesia	2	1	2	5	1	0	1	2	1	1	2	4
	Cardio-thoracic Surgery	1	0	0	1	0	0	0	0	0	0	0	0
	Family Medicine	0	0	1	1	0	0	1	1	0	0	1	1
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	1	2	5	8	2	1	5	8	1	1	1	3
	Neurosurgery	0	0	0	0	0	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	1	0	0	1	1	1	1	3	1	0	1	2
	Ophthalmology	0	0	0	0	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	1	1	1	3	0	0	1	1	0	0	0	0
	Paediatrics	0	1	0	1	0	0	2	2	0	0	1	1
	Pathology	0	0	0	0	0	1	1	2	0	1	3	4
	Psychiatry	0	1	2	3	0	0	3	3	1	0	2	3
	Radiology	0	2	0	2	1	0	0	1	0	0	1	1
	Surgery	2	0	4	6	2	2	1	5	3	3	0	6
	Others	1	0	0	1	0	1	0	1	0	2	0	2
	Total	**9**	**8**	**15**	**32**	**7**	**6**	**16**	**29**	**7**	**9**	**12**	**28**
KCC	Accident & Emergency	0	0	1	1	0	2	2	4	0	0	1	1
	Anaesthesia	0	0	0	0	0	0	0	0	0	0	0	0
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0
	Family Medicine	0	1	2	3	0	0	2	2	0	1	1	2
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	0	2	0	2	0	1	3	4	2	1	0	3
	Neurosurgery	0	0	0	0	1	0	0	1	1	0	0	1
	Obstetrics & Gynaecology	0	0	0	0	0	1	0	1	0	0	0	0
	Ophthalmology	0	1	0	1	1	1	0	2	1	1	2	4
	Orthopaedics & Traumatology	0	0	0	0	1	1	0	2	0	1	0	1
	Paediatrics	2	0	2	4	0	1	0	1	0	0	0	0
	Pathology	0	0	0	0	0	1	1	2	0	0	0	0
	Psychiatry	0	0	2	2	0	0	0	0	0	0	2	2
	Radiology	1	0	0	1	0	0	0	0	1	1	0	2
	Surgery	0	1	2	3	0	1	0	1	1	1	0	2
	Others	0	1	2	3	2	0	1	3	1	1	0	2
	Total	**3**	**6**	**11**	**20**	**5**	**9**	**9**	**23**	**7**	**7**	**6**	**20**
KEC	Accident & Emergency	0	1	5	6	0	0	2	2	0	0	1	1

Cluster	Specialty	2011-12				2012-13				2013-14 (rolling 12 months from 1 January 2013 - 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Anaesthesia	1	1	0	2	0	1	2	3	0	1	0	1
	Family Medicine	0	0	4	4	0	0	3	3	0	0	4	4
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	0	1	1	2	2	1	5	8	1	1	1	3
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	2	0	2	0	0	0	0
	Ophthalmology	0	0	0	0	0	2	1	3	0	0	3	3
	Orthopaedics & Traumatology	0	2	1	3	0	0	1	1	1	0	1	2
	Paediatrics	0	2	3	5	0	0	2	2	0	0	3	3
	Pathology	0	0	0	0	0	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	0	0	0	1	0	1
	Radiology	0	0	1	1	1	1	0	2	0	1	0	1
	Surgery	1	2	0	3	1	1	1	3	0	2	0	2
	Others	0	1	2	3	0	0	0	0	0	0	0	0
	Total	**2**	**11**	**17**	**30**	**4**	**8**	**17**	**29**	**2**	**6**	**13**	**21**
KWC	Accident & Emergency	1	0	3	4	0	1	8	9	0	2	3	5
	Anaesthesia	1	3	1	5	0	3	3	6	1	0	1	2
	Family Medicine	0	1	7	8	0	0	12	12	0	1	1	2
	Intensive Care Unit	0	0	2	2	0	0	0	0	0	0	0	0
	Medicine	3	2	8	13	3	3	3	9	4	3	5	12
	Neurosurgery	2	1	1	4	0	0	1	1	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	0	0	0	0	0	0	0	0
	Ophthalmology	1	1	3	5	0	1	0	1	0	1	0	1
	Orthopaedics & Traumatology	2	1	0	3	0	1	1	2	1	1	0	2
	Paediatrics	1	1	4	6	1	0	3	4	0	1	1	2
	Pathology	0	0	2	2	1	0	1	2	2	0	0	2
	Psychiatry	0	1	0	1	0	4	0	4	0	0	1	1
	Radiology	0	1	1	2	1	2	0	3	2	4	0	6
	Surgery	1	1	0	2	2	5	1	8	1	0	2	3
	Others	0	0	0	0	0	0	1	1	0	0	0	0
	Total	**12**	**13**	**32**	**57**	**8**	**20**	**34**	**62**	**11**	**13**	**14**	**38**
NTEC	Accident & Emergency	0	2	3	5	0	1	1	2	0	2	1	3
	Anaesthesia	0	1	1	2	0	0	1	1	0	1	0	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	0	2	2	0	0	4	4
	Intensive Care Unit	0	0	0	0	0	0	1	1	0	0	0	0
	Medicine	1	3	9	13	1	0	4	5	0	0	5	5

Cluster	Specialty	2011-12				2012-13				2013-14 (rolling 12 months from 1 January 2013 - 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Neurosurgery	0	0	0	0	1	0	0	1	0	0	0	0
	Obstetrics & Gynaecology	0	1	1	2	0	0	0	0	1	1	1	3
	Ophthalmology	1	2	1	4	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	2	2	0	0	2	2	0	0	0	0
	Paediatrics	0	0	2	2	0	0	3	3	0	0	4	4
	Pathology	0	0	0	0	0	0	1	1	0	0	1	1
	Psychiatry	0	0	0	0	0	2	0	2	0	1	1	2
	Radiology	0	0	0	0	0	1	0	1	0	0	0	0
	Surgery	0	2	1	3	0	0	0	0	0	1	2	3
	Others	1	0	1	2	0	1	0	1	0	0	1	1
	Total	**3**	**11**	**23**	**37**	**2**	**5**	**15**	**22**	**1**	**6**	**20**	**27**
NTWC	Accident & Emergency	0	0	1	1	0	2	1	3	0	0	0	0
	Anaesthesia	0	2	1	3	1	0	1	2	2	1	0	3
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0
	Family Medicine	0	0	4	4	0	1	2	3	0	1	4	5
	Intensive Care Unit	0	0	0	0	0	0	1	1	0	1	1	2
	Medicine	1	1	3	5	0	1	6	7	1	2	2	5
	Neurosurgery	0	0	0	0	0	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	1	0	0	1	1	0	0	1	0	0	2	2
	Ophthalmology	0	0	0	0	1	1	0	2	1	0	0	1
	Orthopaedics & Traumatology	1	0	0	1	1	2	1	4	1	1	0	2
	Paediatrics	0	1	1	2	0	0	3	3	0	0	0	0
	Pathology	0	0	0	0	0	0	1	1	1	1	1	3
	Psychiatry	1	0	1	2	1	1	3	5	0	1	1	2
	Radiology	0	1	0	1	0	2	1	3	0	2	1	3
	Surgery	0	0	1	1	1	1	1	3	1	1	0	2
	Others	0	1	2	3	0	0	1	1	0	1	0	1
	Total	**4**	**6**	**14**	**24**	**6**	**11**	**22**	**39**	**7**	**13**	**12**	**32**

On the basis of the above turnover of doctors, the table below sets out the attrition rate and median length of service of all ranks of full-time doctors departing HA by major specialties in HA in 2011-12, 2012-13 and 2013-14 (rolling 12 months from 1 January 2013 - 31 December 2013).

Specialty	Full-time Attrition (wastage) rate				Median length of service of full-time departing doctors (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
2011-12								
Accident & Emergency	3.1%	2.4%	5.8%	**4.5%**	19.92	16.63	5.38	**6.55**
Anaesthesia	7.9%	6.8%	2.9%	**5.0%**	17.77	14.46	7.79	**13.23**

Specialty	Full-time Attrition (wastage) rate				Median length of service of full-time departing doctors (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Cardio-thoracic Surgery	16.9%	-	-	**3.4%**	20.25	-	-	**20.25**
Family Medicine	-	2.8%	5.1%	**4.7%**	-	8.1	4.38	**8.49**
Intensive Care Unit	-	-	4.5%	**1.9%**	-	-	4.38	**4.38**
Medicine	5.8%	4.2%	3.8%	**4.1%**	19.75	18.83	6.67	**13.82**
Neurosurgery	14.1%	4.0%	2.1%	**4.5%**	17.8	18.66	2	**17.01**
Obstetrics & Gynaecology	7.8%	6.6%	0.8%	**3.4%**	19.25	11.35	7.1	**17.65**
Ophthalmology	12.3%	14.3%	4.4%	**8.0%**	10.31	14.75	9.22	**11.95**
Orthopaedics & Traumatology	10.4%	5.3%	2.7%	**4.5%**	19.75	17.91	14.66	**19.25**
Paediatrics	6.7%	7.6%	7.4%	**7.3%**	19.92	16.03	7.87	**15.51**
Pathology	-	-	2.7%	**1.1%**	-	-	4.91	**4.91**
Psychiatry	3.2%	2.0%	2.5%	**2.4%**	19.32	17.86	9.27	**11.22**
Radiology	3.1%	8.1%	1.7%	**3.9%**	18.02	12.44	7	**12.44**
Surgery	5.7%	6.8%	3.1%	**4.4%**	18.91	14.67	12.25	**14.46**
Others	7.3%	4.8%	5.8%	**5.8%**	20.25	20.07	5.45	**14.64**
Total	**5.9%**	**4.7%**	**3.9%**	**4.4%**	**19.52**	**15.76**	**7.78**	**12.81**
2012-13								
Accident & Emergency	-	4.1%	6.8%	**5.3%**	-	17.6	4.58	**8.42**
Anaesthesia	3.9%	2.9%	5.3%	**4.2%**	17.96	11.97	1.56	**5.03**
Cardio-thoracic Surgery	-	-	-	**-**	-	-	-	**-**
Family Medicine	-	1.3%	4.9%	**4.3%**	-	14.43	5.32	**5.38**
Intensive Care Unit	-	-	3.9%	**1.7%**	-	-	5.37	**5.37**
Medicine	7.7%	2.0%	4.4%	**4.0%**	20.5	17.92	7.24	**10.34**
Neurosurgery	13.7%	-	4.3%	**4.7%**	19.16	-	4.04	**11.91**
Obstetrics & Gynaecology	5.1%	7.9%	0.8%	**3.3%**	19.25	10.61	2.55	**11.09**
Ophthalmology	11.0%	13.1%	2.3%	**6.6%**	20.71	13.88	4.46	**13.88**
Orthopaedics & Traumatology	3.8%	5.4%	3.6%	**4.2%**	19.94	16.84	4.25	**14.92**
Paediatrics	2.1%	1.1%	10.5%	**6.1%**	20.75	18.94	7.6	**7.79**
Pathology	2.0%	4.1%	7.3%	**4.7%**	19.41	17.98	6.6	**17.83**
Psychiatry	2.9%	7.5%	3.1%	**4.5%**	19.83	15.88	5.83	**12.84**
Radiology	4.5%	8.4%	0.9%	**4.1%**	20.75	9.66	4.5	**10.66**
Surgery	12.5%	8.5%	1.4%	**4.9%**	20.64	17.1	5	**17.34**
Others	6.9%	2.9%	2.9%	**3.6%**	20.35	14.34	12.18	**14.58**
Total	**5.6%**	**4.2%**	**4.2%**	**4.4%**	**20.3**	**16.33**	**5.46**	**10.38**
2013-14 (Rolling 12 months from 1 January 2013 - 31 December 2013)								
Accident & Emergency	-	2.6%	3.2%	**2.7%**	-	15.78	2.63	**9.5**
Anaesthesia	7.8%	3.5%	3.5%	**4.1%**	18.62	17.9	3.01	**15.34**
Cardio-thoracic Surgery	-	-	-	**-**	-	-	-	**-**
Family Medicine	-	3.7%	3.6%	**3.5%**	-	15.45	2.73	**3**
Intensive Care Unit	-	1.8%	1.8%	**1.6%**	-	19.13	8.58	**13.86**
Medicine	6.8%	2.1%	2.5%	**2.9%**	21.83	18.28	4.95	**13.75**
Neurosurgery	6.1%	8.6%	-	**3.4%**	19.3	18.8	-	**19.3**
Obstetrics & Gynaecology	7.7%	1.9%	3.3%	**3.7%**	18.83	8.92	4.04	**8.42**
Ophthalmology	10.8%	4.2%	7.0%	**6.6%**	20.71	15.01	7.36	**8.95**

Specialty	Full-time Attrition (wastage) rate				Median length of service of full-time departing doctors (Years)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Orthopaedics & Traumatology	5.7%	3.1%	0.6%	**2.2%**	21.58	17.25	4.48	**18.64**
Paediatrics	2.0%	2.0%	5.9%	**3.9%**	21.88	11.39	7.66	**7.96**
Pathology	5.9%	5.4%	7.9%	**6.4%**	19.41	19.4	7.88	**18.96**
Psychiatry	2.9%	2.7%	3.8%	**3.3%**	19.25	12.17	2.72	**5.58**
Radiology	6.0%	13.9%	1.7%	**6.7%**	21.01	11.39	3.63	**12.28**
Surgery	9.6%	8.3%	1.4%	**4.5%**	19.16	15.36	3.86	**15.33**
Others	4.4%	5.4%	1.5%	**3.1%**	21.13	20.31	9.09	**19.28**
Total	**5.8%**	**4.0%**	**3.0%**	**3.7%**	**20.95**	**16.59**	**5.28**	**12.17**

Notes:

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis.

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

3. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

4. The services of the psychiatry departments 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

FHB(H)062

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2155)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 42):

For the estimates in the years 2011-12, 2012-13, 2013-14 and 2014-15, 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:

In the past years, the Hospital Authority (HA) has implemented various measures to enhance training for doctors, nurses, allied health staff and supporting staff. Major measures include enhancing simulation training to build up the competencies of healthcare professionals, sponsoring healthcare professionals for overseas training and expanding student intakes for Registered Nurse and Enrolled Nurse training. HA will continue to implement these measures to retain staff in medical, nursing and allied health grades and enhance quality of services.

The table below sets out the number of recorded training days of doctors, nurses, allied health staff and supporting staff in HA in 2011-12, 2012-13 and 2013-14 (as at 31 December 2013). 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, breakdown of the total time involved in each training programme is not available.

	Recorded Training Days		
Staff Group	**2011-12**	**2012-13**	**2013-14 (as at 31 December 2013)**
Doctors	31 978	35 072	25 765
Nurses	80 771	83 252	55 364
Allied Health staff	27 563	37 023	16 799
Supporting staff	16 499	19 667	24 824
Total	**156 811**	**175 014**	**122 752**

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.

FHB(H)063

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2156)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 43):

Is there any provision for the Hospital Authority to improve the working hours of doctors in the 2014-15 estimates? If yes, what are the resources and manpower (with ranks) earmarked for the improvement of working hours? What are the additional resources and manpower 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 (AH) 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 conditions without compromising the quality of care and patient safety. Despite facing manpower shortage of doctors, the number of doctors has increased since 2011-12 and is estimated to increase in 2013-14 and 2014-15, as set out in the table below.

	2011-12 (as at 31 Mar 2012)	2012-13 (as at 31 Mar 2013)	2013-14 (revised estimate)	2014-15 (estimate)
Number of doctors	5 165	5 260	5 335	5 459

HA will continue to monitor the situation 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 pressurised 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 2013-14, HA earmarked around $321 million for recruitment and retention of healthcare staff. The same level of funding has been earmarked in 2014-15 for the same purpose to continue to implement a series of measures to retain staff in medical, nursing and AH grade.

In view of the manpower shortage, HA plans to recruit about 350 doctors in 2014-15 to further increase its manpower strength. HA will continue to implement existing measures to retain doctors, including to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits and enhance 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. 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. Thus, the average weekly working hours of doctors in 2012-13 are not available for some specialties. The average weekly working hours of doctors in 2013-14 are being collected and are not available at present. 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.
2. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

CONTROLLING OFFICER'S REPLY

FHB(H)064

(Question Serial No.2157)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 44):

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 the past 3 years, i.e. 2011-12, 2012-13 and 2013-14, 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 (50th percentile), and longest (90th percentile) waiting time in each hospital cluster for 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

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 percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
HKEC	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
HKWC	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
KCC	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
KEC	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 percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
KWC	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
NTEC	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
NTWC	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

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 percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
HKEC	ENT	1 385	17%	<1	<1	<1	2 543	31%	1	3	8	4 223	52%	21	24	34
	MED	2 343	21%	<1	1	2	3 473	31%	2	4	7	5 522	49%	6	14	50
	GYN	738	14%	<1	<1	1	876	16%	2	3	6	3 824	70%	11	16	25
	OPH	5 585	47%	<1	<1	1	1 850	16%	5	7	8	4 414	37%	12	24	34
	ORT	1 880	20%	<1	1	1	2 208	24%	3	6	7	5 150	56%	13	32	51
	PAE	236	16%	<1	1	2	984	67%	3	5	7	243	17%	8	10	22
	PSY	581	17%	<1	1	2	656	19%	2	3	7	2 131	63%	4	8	28
	SUR	2 067	16%	<1	1	2	3 897	30%	5	7	8	6 971	54%	10	22	63
HKWC	ENT	737	11%	<1	<1	1	2 212	34%	3	4	8	3 545	55%	4	16	35
	MED	1 509	13%	<1	<1	1	1 696	14%	3	3	7	8 788	73%	10	25	47
	GYN	1 174	16%	<1	<1	2	989	14%	3	5	7	4 411	60%	9	15	27
	OPH	3 782	36%	<1	<1	1	1 642	16%	3	4	7	5 020	48%	13	16	28
	ORT	821	8%	<1	<1	1	1 359	13%	2	3	6	8 268	79%	7	15	50
	PAE	341	14%	<1	<1	1	797	34%	2	5	8	1 216	52%	13	18	21
	PSY	280	7%	<1	1	2	448	11%	2	3	5	3 253	82%	3	8	60
	SUR	2 171	16%	<1	<1	2	2 399	17%	3	5	8	9 122	67%	5	20	81
KCC	ENT	1 271	9%	<1	<1	<1	1 223	8%	<1	<1	2	12 110	83%	3	9	16
	MED	1 736	15%	<1	1	1	1 426	12%	4	5	7	8 328	72%	14	25	67
	GYN	385	7%	<1	<1	1	1 860	35%	3	4	6	2 996	57%	7	11	37
	OPH	8 239	34%	<1	<1	1	4 672	19%	1	2	6	10 405	43%	26	51	69
	ORT	731	9%	<1	<1	1	751	9%	2	3	7	6 799	82%	20	43	67
	PAE	425	20%	<1	<1	1	354	17%	3	5	7	1 331	63%	5	9	21
	PSY	493	18%	<1	<1	1	964	36%	2	4	7	1 244	46%	3	11	94
	SUR	2 224	13%	<1	1	1	2 791	16%	2	4	7	11 916	70%	16	19	73
KEC	ENT	1 727	17%	<1	<1	1	2 456	24%	3	5	7	5 839	58%	23	40	151
	MED	1 833	10%	<1	1	1	4 084	22%	4	7	8	12 601	68%	12	40	68
	GYN	1 804	22%	<1	1	2	1 091	13%	3	6	7	5 253	64%	16	44	88
	OPH	5 157	29%	<1	<1	1	2 160	12%	1	4	7	10 498	59%	11	22	72
	ORT	3 740	24%	<1	<1	1	3 172	20%	5	6	8	8 895	56%	32	107	140
	PAE	1 033	25%	<1	<1	1	691	16%	3	6	7	2 467	59%	15	19	36
	PSY	553	8%	<1	1	2	1 898	27%	2	5	7	4 512	63%	9	28	78
	SUR	1 565	6%	<1	1	1	6 640	26%	6	7	8	17 001	67%	18	91	137

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks) percentile			Number of new cases	% of total new cases	Waiting Time (weeks) percentile			Number of new cases	% of total new cases	Waiting Time (weeks) percentile		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
KWC	ENT	3 697	22%	<1	<1	1	4 362	26%	4	6	8	8 529	51%	14	21	33
	MED	2 824	10%	<1	<1	2	6 376	22%	4	5	7	19 901	67%	22	35	70
	GYN	1 082	8%	<1	<1	2	3 095	24%	3	5	7	8 740	67%	10	14	54
	OPH	6 022	32%	<1	<1	<1	6 154	33%	2	4	6	6 591	35%	6	35	39
	ORT	4 268	22%	<1	<1	1	4 908	25%	3	5	7	10 603	54%	36	51	100
	PAE	2 556	34%	<1	<1	1	948	13%	4	5	7	3 777	51%	5	9	15
	PSY	392	3%	<1	<1	1	943	6%	<1	3	8	13 442	91%	1	17	74
	SUR	4 761	13%	<1	1	2	9 119	25%	4	5	7	22 696	62%	14	31	116
NTEC	ENT	4 129	28%	<1	<1	2	2 926	20%	3	3	7	7 740	52%	18	36	62
	MED	3 175	16%	<1	<1	1	2 468	12%	3	5	8	13 866	69%	24	52	71
	GYN	1 145	10%	<1	<1	2	864	8%	3	6	8	7 869	69%	25	49	125
	OPH	7 290	36%	<1	<1	1	3 017	15%	3	4	8	10 049	49%	17	73	155
	ORT	6 008	28%	<1	<1	1	2 704	13%	4	5	8	12 853	60%	49	90	112
	PAE	630	15%	<1	<1	2	826	19%	3	5	8	2 840	66%	11	23	50
	PSY	1 519	17%	<1	1	2	2 017	23%	2	4	7	4 869	56%	7	24	81
	SUR	2 691	11%	<1	<1	2	3 639	15%	3	5	8	17 149	72%	15	31	100
NTWC	ENT	2 783	22%	<1	<1	1	1 509	12%	3	4	7	8 281	66%	13	20	33
	MED	1 140	12%	1	1	2	1 775	19%	6	6	7	6 535	69%	14	35	42
	GYN	1 017	15%	1	2	3	633	9%	3	5	7	5 077	75%	11	16	42
	OPH	5 940	29%	<1	<1	<1	2 115	10%	1	3	7	12 120	60%	4	32	55
	ORT	1 286	10%	<1	1	1	1 247	10%	2	4	7	10 319	80%	25	63	75
	PAE	76	3%	<1	1	2	455	19%	4	5	8	1 842	78%	14	15	17
	PSY	509	8%	<1	1	1	1 792	27%	1	4	7	4 143	63%	4	13	27
	SUR	1 343	6%	<1	1	6	2 488	12%	3	5	15	17 243	82%	16	37	46

2013-14 (up to 31 December 2013) [Provisional figures]

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	Waiting Time (weeks) 50th percentile	Waiting Time (weeks) 90th percentile	Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	Waiting Time (weeks) 50th percentile	Waiting Time (weeks) 90th percentile	Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	Waiting Time (weeks) 50th percentile	Waiting Time (weeks) 90th percentile
HKEC	ENT	895	14%	<1	<1	<1	2 004	32%	1	3	7	3 362	54%	16	34	45
	MED	1 669	19%	<1	1	2	2 538	29%	2	3	7	4 645	52%	5	13	47
	GYN	590	13%	<1	<1	1	700	16%	3	3	6	3 176	71%	9	14	23
	OPH	4 093	44%	<1	<1	1	1 335	14%	4	7	8	3 887	42%	10	15	37
	ORT	1 378	19%	<1	1	1	1 704	24%	4	6	7	4 153	57%	14	49	51
	PAE	137	14%	<1	1	2	685	68%	3	5	7	180	18%	9	13	29
	PSY	376	14%	<1	1	1	697	26%	2	3	6	1 577	60%	3	9	27
	SUR	1 525	15%	<1	1	2	3 031	30%	4	6	8	5 597	55%	10	15	47
HKWC	ENT	484	10%	<1	<1	1	1 573	32%	3	6	8	2 825	58%	8	23	97
	MED	1 156	13%	<1	<1	1	1 169	13%	3	5	8	6 873	75%	10	30	57
	GYN	920	15%	<1	1	2	672	11%	3	4	7	3 796	64%	8	16	27
	OPH	2 853	37%	<1	<1	1	1 075	14%	4	4	8	3 801	49%	15	17	20
	ORT	751	9%	<1	<1	1	1 133	14%	2	3	7	6 456	77%	6	14	42
	PAE	301	16%	<1	<1	1	622	33%	2	5	8	953	51%	10	17	19
	PSY	143	5%	<1	1	2	406	13%	1	3	7	2 607	83%	3	13	77
	SUR	1 640	15%	<1	1	2	1 837	17%	3	5	8	7 589	68%	6	22	66
KCC	ENT	1 059	9%	<1	<1	<1	650	5%	<1	1	5	10 443	86%	4	21	28
	MED	1 193	13%	<1	<1	1	1 280	14%	3	4	7	6 629	72%	12	38	84
	GYN	359	8%	<1	<1	1	1 342	32%	3	4	5	2 524	60%	4	8	28
	OPH	5 580	30%	<1	<1	<1	4 149	22%	1	2	5	8 655	47%	43	53	60
	ORT	261	4%	<1	<1	1	757	12%	<1	2	6	5 163	84%	29	54	92
	PAE	438	26%	<1	<1	1	328	19%	4	6	7	923	55%	6	15	20
	PSY	183	9%	<1	<1	1	744	36%	2	4	8	1 162	56%	7	16	41
	SUR	1 669	12%	<1	1	1	2 329	17%	3	4	7	9 425	70%	19	24	64
KEC	ENT	1 276	19%	<1	<1	1	1 866	28%	3	6	7	3 543	53%	24	52	80
	MED	1 311	9%	<1	1	1	3 341	24%	5	7	7	9 534	67%	12	41	76
	GYN	1 316	20%	<1	1	1	835	12%	3	6	7	4 577	68%	12	37	94
	OPH	4 335	32%	<1	<1	1	706	5%	3	7	7	8 627	63%	11	23	71
	ORT	2 973	24%	<1	<1	1	2 240	18%	5	7	8	7 025	57%	35	128	149
	PAE	667	21%	<1	<1	1	561	18%	4	7	7	1 941	61%	15	20	35
	PSY	263	5%	<1	1	2	1 663	30%	3	5	8	3 431	61%	12	50	94
	SUR	1 219	6%	<1	1	1	4 384	23%	4	5	7	13 314	70%	4	25	151

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		
KWC	ENT	2 517	19%	<1	<1	1	3 491	27%	4	6	8	7 085	54%	15	24	42
	MED	2 121	9%	<1	<1	2	4 702	21%	4	6	7	15 368	68%	20	42	74
	GYN	730	7%	<1	<1	1	2 006	19%	4	6	7	8 029	74%	12	20	46
	OPH	4 789	33%	<1	<1	<1	4 642	32%	5	6	7	5 099	35%	34	43	48
	ORT	3 202	19%	<1	<1	1	4 344	26%	3	5	8	9 237	55%	45	55	101
	PAE	2 137	37%	<1	<1	1	724	12%	4	6	7	2 864	49%	8	10	17
	PSY	278	3%	<1	1	2	664	6%	1	4	8	9 987	91%	1	18	93
	SUR	4 075	14%	<1	1	2	8 059	28%	4	6	7	16 893	58%	18	37	108
NTEC	ENT	3 240	28%	<1	<1	2	2 409	21%	3	3	7	5 870	51%	23	55	82
	MED	2 108	13%	<1	<1	1	1 957	12%	3	5	8	11 610	72%	19	63	77
	GYN	1 005	11%	<1	<1	2	513	5%	3	6	8	6 115	65%	19	49	124
	OPH	5 458	35%	<1	<1	1	2 303	15%	3	4	8	7 689	50%	16	47	118
	ORT	4 474	27%	<1	<1	1	1 733	11%	4	5	8	10 262	62%	20	111	125
	PAE	422	13%	<1	<1	2	594	19%	3	5	7	2 106	67%	13	27	53
	PSY	1 124	17%	<1	1	2	1 787	26%	3	4	8	3 810	56%	14	37	95
	SUR	1 630	9%	<1	<1	2	2 585	14%	3	5	7	14 268	77%	16	27	80
NTWC	ENT	1 984	21%	<1	<1	1	914	10%	3	3	7	6 687	70%	13	27	33
	MED	869	11%	1	1	2	1 752	23%	5	6	7	5 112	66%	22	36	51
	GYN	823	15%	1	1	4	802	14%	4	6	9	4 008	71%	10	15	43
	OPH	5 218	34%	<1	<1	1	2 591	17%	2	4	6	7 383	49%	23	55	69
	ORT	1 281	13%	<1	1	2	876	9%	2	4	7	7 822	78%	18	69	83
	PAE	28	2%	<1	<1	2	201	12%	5	6	8	1 438	86%	12	13	14
	PSY	437	8%	<1	1	1	1 463	28%	2	5	7	3 250	62%	8	25	46
	SUR	1 046	6%	<1	1	7	2 737	16%	4	7	24	13 753	78%	22	48	59

Note

1. Statistics for Geriatrics are grouped under Medicine specialty.

2. Hospital Authority (HA) uses 90th percentile to denote the longest waiting time for specialist outpatient service.

3. Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

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 longest (90th percentile) waiting time in each hospital cluster for 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

Cluster	2011-12				2012-13				2013-14 (up to 31 December 2013) [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
HKEC	5 374	1	2	7	3 720	1	2	4	2 568	<1	1	3
HKWC	5 548	1	3	4	4 255	1	2	3	3 065	1	2	4
KCC	6 608	3	7	21	6 069	3	7	19	5 017	3	8	18
KEC	4 692	<1	1	6	2 724	<1	1	5	2 101	<1	1	3
KWC	17 995	4	6	13	16 331	4	6	12	12 062	3	6	12
NTEC	12 222	5	7	21	11 011	4	7	24	9 101	4	6	21
NTWC	3 125	<1	1	1	3 272	<1	1	2	2 482	<1	1	1

Note:

1. The HA uses 90th percentile to denote the longest waiting time for specialist outpatient service.

Abbreviations

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

Reply Serial No.

FHB(H)065

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2158)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 45):

Regarding mental health services, please advise on the following:

(a) the estimated number of mentally-ill persons in the territory, the number of mentally-ill persons who seek consultation from the Hospital Authority, and the number of patients diagnosed with severe mental illness in the past three years;

(b) the manpower for psychiatric services (including psychiatrists, nurses, community nurses) in each of the hospitals in the Hospital Authority clusters, and the respective ratios of these staff to patients in the past three years;

(c) 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; and

(d) 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 in the past three years.

Asked by: Hon. KWOK Ka-ki

Reply:

(a) to (c)

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in the Hospital Authority (HA) from 2011-12 to 2012-13 and 2013:

	Total no. of psychiatric patients treated	**No. of patients diagnosed with SMI**
2011-12	186 900	44 600
2012-13	197 600	45 500
2013-14 (provisional figures up to 31 December 2013)	205 400	46 100 (Full year, provisional figure of 2013)

Note: Figures are rounded to the nearest 10

HA does not have statistics on the estimated number of mentally-ill persons in the territory.

The table below sets out the number of psychiatric doctors, psychiatric nurses and community psychiatric nurses (CPNs) in each cluster in HA for 2011-12, 2012-13 and 2013-14 (as at 31 December 2013):

	Number of Staff[1] (calculated on full-time equivalent basis)		
	Psychiatric Doctors[1 & 2]	**Psychiatric Nurses[1 & 3] (including CPNs)**	**Community Psychiatric Nurses[1 & 4] (CPNs)**
2011-12 (as at 31 March 2012)			
HKEC	32	214	11
HKWC	24	96	6
KCC	34	224	11
KEC	36	113	17
KWC	70	568	22
NTEC	62	305	23
NTWC	75	640	36
Overall	**334**	**2 161**	**125**
2012-13 (as at 31 March 2013)			
HKEC	35	219	9
HKWC	24	116	7
KCC	36	247	11
KEC	35	119	18
KWC	68	568	24
NTEC	61	337	17
NTWC	73	691	42
Overall	**332**	**2 296**	**127**
2013-14 (as at 31 December 2013)			
HKEC	36	232	9
HKWC	24	112	7
KCC	33	236	13
KEC	35	135	15
KWC	71	607	24
NTEC	61	349	22
NTWC	77	698	41
Overall	**337**	**2 368**	**131**

Notes:

1. The 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.

2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.

3. Psychiatry nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital & Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all nurses in psychiatric stream.

4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.

Mental health services are provided by multi-disciplinary teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. 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. Population is only one of the factors under consideration. Furthermore, patients may receive treatment in hospitals other than those in their own residential districts. Some specialised services are available only in certain hospitals, and hence certain clusters. The beds in those clusters are providing services for patients throughout the territory. HA does not have ready breakdown on the requested staffing ratios which may not reflect the actual level of service provision due to the above reasons.

(d)

The table below sets out the number of discharges and deaths for inpatient psychiatric service in each cluster in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013):

Number of discharges and deaths for inpatient psychiatric service	**2011-12**	**2012-13**	**2013-14 (up to 31 December 2013)**
HKEC	1 796	1 833	1 467
HKWC	722	758	639
KCC	2 609	3 039	2 460
KEC	688	662	473
KWC	3 681	4 055	3 216
NTEC	3 904	4 007	3 164
NTWC	2 611	2 801	2 216
Overall	**16 011**	**17 155**	**13 635**

The unplanned readmission rates within 28 days for psychiatry specialty were 6.9%, 6.9% and 6.7% in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013) respectively. To register the unplanned readmission rate within 28 days for respective specialty is an established practice in HA. HA does not have the statistics of unplanned readmission rate within three months after discharge.

Reply Serial No.

FHB(H)066

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2159)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432-433 (if applicable)

Question (Member Question No. 46):

Would the Administration inform this Committee whether the Hospital Authority has included improvements to psychiatric services in the 2014-15 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 2014-15, the Hospital Authority (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 three more districts (Yau Tsim Mong, Tai Po and Tsuen Wan (plus North Lantau)). It is estimated that an additional 39 case managers including nurses and allied health professionals will be recruited to provide support for about 1 950 more patients. The additional recurrent expenditure for 2014-15 is estimated at $27.7 million.

To facilitate early discharge and better community re-integration, in 2014-15, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters. It is estimated that 22 nurses, five occupational therapists and three clinical psychiatrists will be required to provide the services. The additional recurrent expenditure is estimated at around $19.2 million.

About $3.8 million has been earmarked to strengthen psychiatric consultation liaison services in 2014-15. It is estimated that three additional experienced psychiatric nurses will be required to offer pro-active assessment and early intervention to patients with symptoms of depression, psychosis, with suicide risk or violence tendency at the Accident and Emergency Department of the North District Hospital to facilitate early identification and management of patients having symptoms of mental disorders.

To meet the rising demand for child and adolescent psychiatric service, HA will further expand its child and adolescent psychiatric services in the Kowloon West Cluster and the New Territories East Cluster in 2014-15. It is estimated that two doctors, four nurses, two occupational therapists and two clinical psychiatrists will be required to enhance the services. The additional recurrent expenditure is estimated at around $12.5 million.

Over the years, HA has taken measures to increase the use of second generation psychiatric drugs with less disabling side effects. In 2014-15, HA will further expand the provision of second generation psychiatric drugs including anti-psychotics and anti-dementia drugs. It is estimated that an additional recurrent

expenditure of about $32 million each year will be incurred to benefit around 10 700 patients under suitable clinical conditions. HA will keep in view the development of new psychiatric drugs and review the use of these drugs through the established mechanism.

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

CONTROLLING OFFICER'S REPLY

FHB(H)067

(Question Serial No. 2160)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432-433 (if applicable)

Question (Member Question No. 47):

In 2011-12, 2012-13 and 2013-14, what was the average annual expenditure on drug purchasing and drug prescribing per patient per day for psychiatric inpatients and outpatients respectively? How many psychiatric patients were prescribed with new psychiatric drugs each year? What percentage of the total number of patients of their kind did these patients account for? How did these patients compare with patients of their kind in terms of re-admission rates and interval between follow-up consultations? What was 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 2011-12 to 2013-14 is set out in the table below. HA does not maintain statistics on readmission rates and interval between follow-up consultations for patients prescribing conventional anti-psychotic drugs versus second generation anti-psychotic drugs.

	2011-12 (actual)	**2012-13 (actual)**	**2013 (Full year, provisional figures)**
Average expenditure on drugs for psychiatric inpatients	$54 per patient day	$ 70 per patient day	$ 75 per patient day
Average expenditure on drugs for psychiatric out-patients	$499 per attendance	$ 465 per attendance	$ 458 per attendance
Number of patients prescribed with second generation anti-psychotic drugs	45 218	52 206	57 488
Estimated percentage of new cases of psychotic patients prescribed with second generation anti-psychotic drugs[#]	62%	78%	78%
Estimated average expenditure on second generation anti-psychotic drugs per patient per year	$3,990	$ 4,075	$ 3,608

[#] Deciding which type of anti-psychotics drugs being prescribed is mainly a clinical judgment based on individual patient's condition. As different anti-psychotics drugs have different potency and side effect profile, the attending doctor will discuss with the individual patient for the most appropriate treatment.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2563)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 48):

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. 2011-12, 2012-13 and 2013-14)?

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 total numbers of psychiatric doctors, psychiatric nurses and community psychiatric nurses (CPNs) in each cluster from 2011-12 to 2013-14 (as at 31 December 2013) are set out in the table below:

	Psychiatric doctors[1 & 2]	**Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)**	**Community Psychiatric Nurses[1 & 4] (CPNs)**
2011-12 (as at 31 March 2012)			
HKEC	32	214	11
HKWC	24	96	6
KCC	34	224	11
KEC	36	113	17
KWC	70	568	22
NTEC	62	305	23
NTWC	75	640	36
Overall	**334**	**2 161**	**125**
2012-13 (as at 31 March 2013)			
HKEC	35	219	9
HKWC	24	116	7
KCC	36	247	11
KEC	35	119	18
KWC	68	568	24
NTEC	61	337	17
NTWC	73	691	42
Overall	**332**	**2 296**	**127**

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1 & 4] (CPNs)
2013-14 (as at 31 December 2013)			
HKEC	36	232	9
HKWC	24	112	7
KCC	33	236	13
KEC	35	135	15
KWC	71	607	24
NTEC	61	349	22
NTWC	77	698	41
Overall	**337**	**2 368**	**131**

Notes:

1. The manpower figures above are calculated on full-time equivalent (FTE) 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.

2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.

3. Psychiatry nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric department of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.

4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.

The table below sets out the number of child and adolescent psychiatric patients (aged below 18) from 2011-12 to 2013-14 (as at 31 December 2013) by clusters. HA does not have the breakdown on the number of child and adolescent psychiatric patients with various learning disabilities.

<table>
<tr><th></th><th>Cluster</th><th>2011-12</th><th>2012-13</th><th>2013
(Jan 2013 – Dec 2013 provisional)</th></tr>
<tr><td rowspan="8">No. of child and adolescent psychiatric patients [Note 1]</td><td>HKEC</td><td rowspan="2">3 350[Note 2]</td><td rowspan="2">3 900[Note 2]</td><td rowspan="2">4 100[Note 2]</td></tr>
<tr><td>HKWC</td></tr>
<tr><td>KCC</td><td rowspan="2">5 470[Note 3]</td><td rowspan="2">6 170[Note 3]</td><td rowspan="2">6 630[Note 3]</td></tr>
<tr><td>KWC</td></tr>
<tr><td>KEC</td><td>2 500</td><td>3 160</td><td>3 390</td></tr>
<tr><td>NTEC</td><td>4 090</td><td>4 820</td><td>5 170</td></tr>
<tr><td>NTWC</td><td>3 560</td><td>3 960</td><td>4 050</td></tr>
<tr><td>Total[Note 4]</td><td>18 860</td><td>21 870</td><td>23 190</td></tr>
</table>

Note 1: Age as at 30 June of each year.

Note 2: The majority of the child and adolescent psychiatric services in HKEC is supported by the child and adolescent psychiatric specialist team of HKWC.

Note 3: The majority of the child and adolescent psychiatric services in KCC is supported by the child and adolescent psychiatric specialist team of KWC.

Note 4: Figures are rounded to the nearest 10. Total number of attendances may not necessarily equal to the summation of the breakdowns due to rounding. Sum of clusters may not add up to total as a patient may be treated in more than one cluster.

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

CONTROLLING OFFICER'S REPLY

FHB(H)069

(Question Serial No. 2853)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 49):

Will the Administration advise on the Hospital Authority's annual total expenditure on psychiatric services in the 2011-12, 2012-13, 2013-14 and 2014-15 Estimates of Expenditure, 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 such expenditure accounts for in the Gross Domestic Product (GDP)?

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the expenditure on mental health services of the Hospital Authority (HA) from 2011-12 to 2014-15 and the respective percentages of increase.

	2011-12	**2012-13**	**2013-14 (Revised estimate)**	**2014-15 (Estimate)**
HA's annual expenditure on mental health services ($ million)	3,358	3,696	3,905	4,049
Year-on-year % growth of HA's expenditure	N/A	10.1%	5.6%	3.7%
Cumulative % growth of HA's expenditure since 2011-12	N/A	10.1%	16.3%	20.6%

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 of the private sector is not available.

Reply Serial No.

FHB(H)070

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2854)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 50):

It is mentioned under Matters Requiring Special Attention that the Hospital Authority (HA) will augment mental health services by further strengthening service provision in hospital, ambulatory and community settings and enhancing the quality of drugs provided to patients with psychosis and dementia. In this connection, will the Administration advise:

(a) the details of such services, including the manpower and expenditure involved in each service and the intended effectiveness;

(b) the number of dementia patients treated by the HA, the number of new cases, the number of patients on the waiting list and the average waiting time in the past three years;

(c) the numbers of patients using ambulatory and community services in the past three years; and

(d) whether the Administration has assessed the number of dementia patients in Hong Kong?

Asked by: Hon. KWOK Ka-ki

Reply:

(a)

In 2014-15, the Hospital Authority (HA) has earmarked a total of around $95.2 million to further enhance its psychiatric services with details as below:

i. In 2014-15, the Hospital Authority (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 three more districts (Yau Tsim Mong, Tai Po and Tsuen Wan (plus North Lantau)). It is estimated that an additional 39 case managers including nurses and allied health professionals will be recruited to provide support for about 1 950 more patients. The additional recurrent expenditure for 2014-15 is estimated at $27.7 million.

ii. To facilitate early discharge and better community re-integration, in 2014-15, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters. It is estimated that 22 nurses, five occupational therapists and three clinical psychiatrists will be required to provide the services. The additional recurrent expenditure is estimated at around $ 19.2 million.

iii. About $3.8 million has been earmarked to strengthen psychiatric consultation liaison services in 2014-15. It is estimated that three additional experienced psychiatric nurses will be required to offer pro-active assessment and early intervention to patients with symptoms of depression, psychosis,

with suicide risk or violence tendency at the Accident and Emergency Department of the North District Hospital to facilitate early identification and management of patients having symptoms of mental disorders.

iv. To meet the rising demand for child and adolescent psychiatric service, HA will further expand its child and adolescent psychiatric services in the Kowloon West Cluster and the New Territories East Cluster in 2014-15. It is estimated that two doctors, four nurses, two occupational therapists and two clinical psychiatrists will be required to enhance the services. The additional recurrent expenditure is estimated at around $ 12.5 million.

v. Over the years, HA has taken measures to increase the use of second generation psychiatric drugs with less disabling side effects. In 2014-15, HA will further expand the provision of second generation psychiatric drugs including anti-psychotics and anti-dementia drugs. It is estimated that an additional recurrent expenditure of about $32 million each year will be incurred to benefit around 10 700 patients under suitable clinical conditions. HA will keep in view the development of new psychiatric drugs and review the use of these drugs through the established mechanism.

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

(b)

The table below sets out the number of dementia patients who have received psychiatric specialist services, the number of first attendances in psychogeriatric specialist out-patient (SOP) clinics and the median waiting time for psychogeriatric services in HA from 2011-12 to 2013-14 (up to 31 December 2013).

	2011-12	**2012-13**	**2013-14 (up to 31 December 2013)**
Number of dementia patients[1, 2]	11 350	11 380	11 740 (2013 full year data)
Number of first attendances in psychogeriatric SOP clinics[2]	5 210	4 990	3 880
Median waiting time for psychogeriatric services(weeks)	6	7	8

Note 1: Referred to patients who have ever been diagnosed as dementia under psychiatric specialty in HA
Note 2: Figures are rounded to the nearest ten

(c)

The table below sets out the total number of psychiatric patients who have received psychiatric day hospital services and adult community psychiatric services from 2011-12 to 2013-14 (up to 31 December 2013).

	2011-12	**2012-13**	**2013** (Full year data)
No. of psychiatric patients received psychiatric day hospital services	6 620	7 230	7 050
No. of psychiatric patients received adult community psychiatric services	23 490	27 650	29 320

Note: Figures are rounded to the nearest ten

(d)

HA does not have statistics on the number of patients with dementia in Hong Kong.

Reply Serial No.

FHB(H)071

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2855)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 51):

Regarding drug treatment services, will the Administration please advise on the following:

1. What is the number of clients who sought assistance and the number of clients who were treated successfully in the centres under the Hospital Authority in the past three years? What is the staffing establishment of each centre and expenditures involved?

2. Are there any additional related services on drug treatment included in the estimate for 2014-15? If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

1. The table below sets out the number of patients treated in the substance abuse clinics (SACs) by cluster in the Hospital Authority (HA) from 2011-12 to 2012-13 and 2013.

Cluster	**2011-12**	**2012-13**	**2013 (provisional, full year data)**
HKEC	391	348	340
HKWC	309	335	351
KCC	291	301	296
KEC	238	274	296
KWC	845	893	926
NTEC	695	778	766
NTWC	794	821	870
Overall	**3 516**	**3 696**	**3 808**

Note: Individual figures may not add up to the total due to rounding.

Mental health services are provided by multi-disciplinary teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. Healthcare professionals supporting the substance abuse service in HA also provide support for other psychiatric services, and hence HA does not have the requested breakdowns on the manpower and expenditure for services provided by the SACs.

2. No additional funding has been earmarked for substance abuse services for 2014-15.

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

CONTROLLING OFFICER'S REPLY

FHB(H)072

(Question Serial No. 2856)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 435):

In the Matters Requiring Special Attention, it is mentioned 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, will the Administration advise on 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 2014-15, the Hospital Authority (HA) has earmarked over $270 million for the opening of 205 beds, of which 185 are acute general and 20 are convalescent/rehabilitation beds. A breakdown of the additional beds by clusters is set out in the following table:

Cluster	**Number of hospital beds to be opened in 2014-15**	
	Acute General	Convalescent/Rehabilitation
HKEC	40	-
KCC	24	-
KEC	4	-
KWC	3	20
NTEC	62	-
NTWC	52	-
Overall HA	**185**	**20**

Apart from the opening of beds, HA will implement the following measures in 2014-15 to meet the growing demand arising from population growth and ageing:

		$million
(a)	Enhance healthcare services to meet the medical needs of the local community on Lantau Island through the phased introduction of services in North Lantau Hospital	65

		$million
(b)	Commission the improved facilities provided under the redevelopment of Yan Chai Hospital and Caritas Medical Centre	69
(c)	Implement the following measures to improve patients' access to service: (i) Provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle the cases; (ii) Increase General Outpatient Clinic episodic quotas in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster; (iii) Increase the number of new case attendance at Specialist Outpatient (SOP) Clinics and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOP waiting lists and enhance SOP service as a whole; (d) Establish a new joint replacement centre in New Territories West Cluster; (e) Increase the number of operating theatre sessions to improve access to elective surgeries; (f) Enhance radiological imaging services including computed tomography and ultrasound scanning services; (g) Augment the lung function laboratory and endoscopy service in HA; and (h) Enhance the pharmacy workforce to meet the increasing demand for SOP pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.	287

With the above measures, HA's service capacity will be increased to alleviate over-crowdedness in clinical areas, ease the workload pressure on frontline staff and improve patients' access to service. HA will deploy existing staff and recruit additional staff to cope with the implementation of the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

Abbreviations

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

Reply Serial No.

FHB(H)073

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3129)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 35):

Does the Administration have any plans to build a public clinic in Tai Wai in the open space at the junction of Hin Keng Street and Fu Kin Street, Shatin to meet the demand of the residents in Shatin South for public clinic service? If so, what are the details and the expenditure involved? If not, what are the reasons?

Asked by: Hon. LAU Wai-hing, Emily

Reply:

General outpatient services provided by the Hospital Authority (HA) are primarily targeted at serving the elderly, the low-income group and the chronically ill. Patients under the care of general outpatient clinics (GOPCs) mainly comprise 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 flu, cold or gastroenteritis). At present, there are four GOPCs managed by HA in Sha Tin district, namely, Shatin (Tai Wai) GOPC, Lek Yuen GOPC, Yuen Chau Kok GOPC and Ma On Shan Family Medicine Centre.

HA has always endeavoured to improve the services of GOPCs in Sha Tin district through renovating clinic premises. The renovation of Lek Yuen GOPC and Yuen Chau Kok GOPC was completed in 2011-12 and that of Ma On Shan Family Medicine Centre was completed in 2013-14. These renovation projects have streamlined the patient flow, improved the clinic environment and updated the clinic facilities to keep pace with the service development of GOPCs. At the same time, HA has been trying to recruit additional staff to increase the service capacity of GOPCs.

In planning for the 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, growth rate of services of individual specialties and possible changes in healthcare service utilisation patterns, etc. To meet the long-term needs for healthcare services, a site in Tai Wai has been reserved for the future development of primary healthcare facilities.

HA will continue to closely monitor the operation and service utilisation of GOPCs, and flexibly deploy manpower and other resources to enhance the efficiency and quality of general outpatient services to meet the demand for public primary care services.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)074

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1403)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 17):
Please provide a breakdown by item of the number of applications approved and the expenditure incurred in 2012-13 and 2013-14 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 2012-13 and 2013-14 (up to 31 December 2013):

Items	**2012-13**		**2013-14 (up to 31 December 2013)**	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Drugs	1 745	241.6	1 545	206.6
Non-drugs:				
Cardiac Pacemakers	547	28.3	374	17.5
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 486	53.9	1 139	44.6
Intraocular Lens	1 220	1.4	1 104	1.6
Home use equipment and appliances	39	0.4	25	0.3
Gamma knife surgeries in private hospital	1	0.1	2	0.2
Harvesting bone marrow in foreign countries	10	1.5	7	1.2

Items	2012-13		2013-14 (up to 31 December 2013)	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Myoelectric prosthesis / custom-made prosthesis/appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	86	1.3	50	1.1
Total	5 134	328.5	4 246	273.1

Examination of Estimates of Expenditure 2014-15

CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)075

(Question Serial No. 1404)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 18):

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 number of new cases triaged respectively as first priority, second priority and routine cases in 2012-13 and 2013-14 and their respective percentages. Among the above cases of different priorities, what are the respective lower quartile, median, upper quartile and the longest (95th percentile) waiting time for consultation appointments at the 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 2012-13 and 2013-14 (up to 31 December 2013).

2012-13

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks) percentile				Number of new cases	% of total new cases	Waiting Time (weeks) percentile				Number of new cases	% of total new cases	Waiting Time (weeks) percentile			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
HKEC	ENT	1 385	17%	<1	<1	<1	<1	2 543	31%	1	3	7	8	4 223	52%	21	24	28	34
	MED	2 343	21%	<1	1	1	2	3 473	31%	2	4	7	7	5 522	49%	6	14	36	50
	GYN	738	14%	<1	<1	<1	1	876	16%	2	3	5	6	3 824	70%	11	16	22	25
	OPH	5 585	47%	<1	<1	<1	1	1 850	16%	5	7	8	8	4 414	37%	12	24	30	34
	ORT	1 880	20%	<1	1	1	1	2 208	24%	3	6	7	7	5 150	56%	13	32	50	51
	PAE	236	16%	<1	1	1	2	984	67%	3	5	6	7	243	17%	8	10	14	22
	PSY	581	17%	<1	1	1	2	656	19%	2	3	5	7	2 131	63%	4	8	19	28
	SUR	2 067	16%	<1	1	1	2	3 897	30%	5	7	7	8	6 971	54%	10	22	41	63
HKWC	ENT	737	11%	<1	<1	1	1	2 212	34%	3	4	6	8	3 545	55%	4	16	31	35
	MED	1 509	13%	<1	<1	1	1	1 696	14%	3	3	5	7	8 788	73%	10	25	31	47
	GYN	1 174	16%	<1	<1	1	2	989	14%	3	5	6	7	4 411	60%	9	15	16	27
	OPH	3 782	36%	<1	<1	1	1	1 642	16%	3	4	6	7	5 020	48%	13	16	18	28
	ORT	821	8%	<1	<1	1	1	1 359	13%	2	3	5	6	8 268	79%	7	15	27	50
	PAE	341	14%	<1	<1	1	1	797	34%	2	5	6	8	1 216	52%	13	18	20	21
	PSY	280	7%	<1	1	1	2	448	11%	2	3	4	5	3 253	82%	3	8	20	60
	SUR	2 171	16%	<1	<1	1	2	2 399	17%	3	5	7	8	9 122	67%	5	20	48	81
KCC	ENT	1 271	9%	<1	<1	<1	<1	1 223	8%	<1	<1	1	2	12 110	83%	3	9	12	16
	MED	1 736	15%	<1	1	1	1	1 426	12%	4	5	5	7	8 328	72%	14	25	32	67
	GYN	385	7%	<1	<1	1	1	1 860	35%	3	4	5	6	2 996	57%	7	11	24	37
	OPH	8 239	34%	<1	<1	<1	1	4 672	19%	1	2	4	6	10 405	43%	26	51	62	69
	ORT	731	9%	<1	<1	1	1	751	9%	2	3	5	7	6 799	82%	20	43	56	67
	PAE	425	20%	<1	<1	1	1	354	17%	3	5	6	7	1 331	63%	5	9	15	21
	PSY	493	18%	<1	<1	1	1	964	36%	2	4	6	7	1 244	46%	3	11	18	94
	SUR	2 224	13%	<1	1	1	1	2 791	16%	2	4	6	7	11 916	70%	16	19	38	73
KEC	ENT	1 727	17%	<1	<1	1	1	2 456	24%	3	5	7	7	5 839	58%	23	40	44	151
	MED	1 833	10%	<1	1	1	1	4 084	22%	4	7	7	8	12 601	68%	12	40	48	68
	GYN	1 804	22%	<1	1	1	2	1 091	13%	3	6	7	7	5 253	64%	16	44	68	88
	OPH	5 157	29%	<1	<1	1	1	2 160	12%	1	4	7	7	10 498	59%	11	22	70	72
	ORT	3 740	24%	<1	<1	1	1	3 172	20%	5	6	7	8	8 895	56%	32	107	121	140
	PAE	1 033	25%	<1	<1	<1	1	691	16%	3	6	7	7	2 467	59%	15	19	34	36
	PSY	553	8%	<1	1	1	2	1 898	27%	2	5	7	7	4 512	63%	9	28	59	78
	SUR	1 565	6%	<1	1	1	1	6 640	26%	6	7	7	8	17 001	67%	18	91	113	137

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			
KWC	ENT	3 697	22%	<1	<1	1	1	4 362	26%	4	6	7	8	8 529	51%	14	21	31	33
	MED	2 824	10%	<1	<1	1	2	6 376	22%	4	5	7	7	19 901	67%	22	35	62	70
	GYN	1 082	8%	<1	<1	1	2	3 095	24%	3	5	6	7	8 740	67%	10	14	40	54
	OPH	6 022	32%	<1	<1	<1	<1	6 154	33%	2	4	5	6	6 591	35%	6	35	38	39
	ORT	4 268	22%	<1	<1	1	1	4 908	25%	3	5	6	7	10 603	54%	36	51	92	100
	PAE	2 556	34%	<1	<1	<1	1	948	13%	4	5	7	7	3 777	51%	5	9	13	15
	PSY	392	3%	<1	<1	1	1	943	6%	<1	3	6	8	13 442	91%	1	17	46	74
	SUR	4 761	13%	<1	1	1	2	9 119	25%	4	5	7	7	22 696	62%	14	31	74	116
NTEC	ENT	4 129	28%	<1	<1	1	2	2 926	20%	3	3	5	7	7 740	52%	18	36	58	62
	MED	3 175	16%	<1	<1	1	1	2 468	12%	3	5	7	8	13 866	69%	24	52	64	71
	GYN	1 145	10%	<1	<1	1	2	864	8%	3	6	8	8	7 869	69%	25	49	77	125
	OPH	7 290	36%	<1	<1	1	1	3 017	15%	3	4	7	8	10 049	49%	17	73	124	155
	ORT	6 008	28%	<1	<1	<1	1	2 704	13%	4	5	7	8	12 853	60%	49	90	100	112
	PAE	630	15%	<1	<1	1	2	826	19%	3	5	7	8	2 840	66%	11	23	37	50
	PSY	1 519	17%	<1	1	1	2	2 017	23%	2	4	7	7	4 869	56%	7	24	49	81
	SUR	2 691	11%	<1	<1	1	2	3 639	15%	3	5	7	8	17 149	72%	15	31	67	100
NTWC	ENT	2 783	22%	<1	<1	<1	1	1 509	12%	3	4	5	7	8 281	66%	13	20	29	33
	MED	1 140	12%	1	1	1	2	1 775	19%	6	6	7	7	6 535	69%	14	35	38	42
	GYN	1 017	15%	1	2	2	3	633	9%	3	5	7	7	5 077	75%	11	16	26	42
	OPH	5 940	29%	<1	<1	<1	<1	2 115	10%	1	3	5	7	12 120	60%	4	32	49	55
	ORT	1 286	10%	<1	1	1	1	1 247	10%	2	4	5	7	10 319	80%	25	63	71	75
	PAE	76	3%	<1	1	2	2	455	19%	4	5	7	8	1 842	78%	14	15	16	17
	PSY	509	8%	<1	1	1	1	1 792	27%	1	4	6	7	4 143	63%	4	13	22	27
	SUR	1 343	6%	<1	1	1	6	2 488	12%	3	5	7	15	17 243	82%	16	37	43	46

2013-14 (up to 31 December 2013) [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 percentile	50th percentile	75th percentile	90th percentile			25th percentile	50th percentile	75th percentile	90th percentile			25th percentile	50th percentile	75th percentile	90th percentile
HKEC	ENT	895	14%	<1	<1	<1	<1	2 004	32%	1	3	6	7	3 362	54%	16	34	37	45
	MED	1 669	19%	<1	1	1	2	2 538	29%	2	3	6	7	4 645	52%	5	13	33	47
	GYN	590	13%	<1	<1	<1	1	700	16%	3	3	5	6	3 176	71%	9	14	19	23
	OPH	4 093	44%	<1	<1	<1	1	1 335	14%	4	7	7	8	3 887	42%	10	15	23	37
	ORT	1 378	19%	<1	1	1	1	1 704	24%	4	6	7	7	4 153	57%	14	49	51	51
	PAE	137	14%	<1	1	1	2	685	68%	3	5	7	7	180	18%	9	13	17	29
	PSY	376	14%	<1	1	1	1	697	26%	2	3	5	6	1 577	60%	3	9	25	27
	SUR	1 525	15%	<1	1	1	2	3 031	30%	4	6	7	8	5 597	55%	10	15	40	47
HKWC	ENT	484	10%	<1	<1	1	1	1 573	32%	3	6	7	8	2 825	58%	8	23	64	97
	MED	1 156	13%	<1	<1	1	1	1 169	13%	3	5	7	8	6 873	75%	10	30	40	57
	GYN	920	15%	<1	1	1	2	672	11%	3	4	5	7	3 796	64%	8	16	19	27
	OPH	2 853	37%	<1	<1	1	1	1 075	14%	4	4	7	8	3 801	49%	15	17	19	20
	ORT	751	9%	<1	<1	1	1	1 133	14%	2	3	5	7	6 456	77%	6	14	28	42
	PAE	301	16%	<1	<1	1	1	622	33%	2	5	7	8	953	51%	10	17	19	19
	PSY	143	5%	<1	1	1	2	406	13%	1	3	5	7	2 607	83%	3	13	34	77
	SUR	1 640	15%	<1	1	1	2	1 837	17%	3	5	6	8	7 589	68%	6	22	49	66
KCC	ENT	1 059	9%	<1	<1	<1	<1	650	5%	<1	1	3	5	10 443	86%	4	21	23	28
	MED	1 193	13%	<1	<1	1	1	1 280	14%	3	4	5	7	6 629	72%	12	38	60	84
	GYN	359	8%	<1	<1	1	1	1 342	32%	3	4	4	5	2 524	60%	4	8	23	28
	OPH	5 580	30%	<1	<1	<1	<1	4 149	22%	1	2	3	5	8 655	47%	43	53	57	60
	ORT	261	4%	<1	<1	1	1	757	12%	<1	2	4	6	5 163	84%	29	54	66	92
	PAE	438	26%	<1	<1	1	1	328	19%	4	6	6	7	923	55%	6	15	20	20
	PSY	183	9%	<1	<1	1	1	744	36%	2	4	7	8	1 162	56%	7	16	32	41
	SUR	1 669	12%	<1	1	1	1	2 329	17%	3	4	6	7	9 425	70%	19	24	31	64
KEC	ENT	1 276	19%	<1	<1	1	1	1 866	28%	3	6	7	7	3 543	53%	24	52	69	80
	MED	1 311	9%	<1	1	1	1	3 341	24%	5	7	7	7	9 534	67%	12	41	54	76
	GYN	1 316	20%	<1	1	1	1	835	12%	3	6	7	7	4 577	68%	12	37	77	94
	OPH	4 335	32%	<1	<1	1	1	706	5%	3	7	7	7	8 627	63%	11	23	64	71
	ORT	2 973	24%	<1	<1	1	1	2 240	18%	5	7	7	8	7 025	57%	35	128	146	149
	PAE	667	21%	<1	<1	<1	1	561	18%	4	7	7	7	1 941	61%	15	20	28	35
	PSY	263	5%	<1	1	1	2	1 663	30%	3	5	7	8	3 431	61%	12	50	75	94
	SUR	1 219	6%	<1	1	1	1	4 384	23%	4	5	7	7	13 314	70%	4	25	131	151

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	50th percentile	75th percentile	90th percentile	Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	50th percentile	75th percentile	90th percentile	Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	50th percentile	75th percentile	90th percentile
KWC	**ENT**	2 517	19%	<1	<1	1	1	3 491	27%	4	6	7	8	7 085	54%	15	24	39	42
	MED	2 121	9%	<1	<1	1	2	4 702	21%	4	6	7	7	15 368	68%	20	42	62	74
	GYN	730	7%	<1	<1	1	1	2 006	19%	4	6	7	7	8 029	74%	12	20	34	46
	OPH	4 789	33%	<1	<1	<1	<1	4 642	32%	5	6	7	7	5 099	35%	34	43	45	48
	ORT	3 202	19%	<1	<1	1	1	4 344	26%	3	5	7	8	9 237	55%	45	55	82	101
	PAE	2 137	37%	<1	<1	<1	1	724	12%	4	6	7	7	2 864	49%	8	10	16	17
	PSY	278	3%	<1	1	1	2	664	6%	1	4	7	8	9 987	91%	1	18	52	93
	SUR	4 075	14%	<1	1	1	2	8 059	28%	4	6	7	7	16 893	58%	18	37	67	108
NTEC	**ENT**	3 240	28%	<1	<1	1	2	2 409	21%	3	3	5	7	5 870	51%	23	55	70	82
	MED	2 108	13%	<1	<1	1	1	1 957	12%	3	5	7	8	11 610	72%	19	63	70	77
	GYN	1 005	11%	<1	<1	1	2	513	5%	3	6	8	8	6 115	65%	19	49	81	124
	OPH	5 458	35%	<1	<1	<1	1	2 303	15%	3	4	7	8	7 689	50%	16	47	69	118
	ORT	4 474	27%	<1	<1	<1	1	1 733	11%	4	5	7	8	10 262	62%	20	111	120	125
	PAE	422	13%	<1	<1	1	2	594	19%	3	5	6	7	2 106	67%	13	27	41	53
	PSY	1 124	17%	<1	1	1	2	1 787	26%	3	4	7	8	3 810	56%	14	37	74	95
	SUR	1 630	9%	<1	<1	1	2	2 585	14%	3	5	6	7	14 268	77%	16	27	69	80
NTWC	**ENT**	1 984	21%	<1	<1	<1	1	914	10%	3	3	4	7	6 687	70%	13	27	30	33
	MED	869	11%	1	1	1	2	1 752	23%	5	6	7	7	5 112	66%	22	36	43	51
	GYN	823	15%	1	1	2	4	802	14%	4	6	7	9	4 008	71%	10	15	23	43
	OPH	5 218	34%	<1	<1	<1	1	2 591	17%	2	4	5	6	7 383	49%	23	55	64	69
	ORT	1 281	13%	<1	1	1	2	876	9%	2	4	5	7	7 822	78%	18	69	78	83
	PAE	28	2%	<1	<1	2	2	201	12%	5	6	7	8	1 438	86%	12	13	14	14
	PSY	437	8%	<1	1	1	1	1 463	28%	2	5	7	7	3 250	62%	8	25	38	46
	SUR	1 046	6%	<1	1	2	7	2 737	16%	4	7	17	24	13 753	78%	22	48	55	59

Note

1. Hospital Authority uses 90th percentile to denote the longest waiting time for specialist outpatient service.
2. Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

Abbreviations

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

CONTROLLING OFFICER'S REPLY

FHB(H)076

(Question Serial No. 1405)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 19):

Please provide information on the number of new cases, as well as the lower quartile, median and upper quartile of the waiting time and the longest waiting time (the 95th percentile) for obstetric services at specialist outpatient clinics under the Hospital Authority in 2012-13 and 2013-14?

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 2012-13 and 2013-14 (up to 31 December 2013).

Cluster	2012-13					2013-14 (up to 31 December 2013) [Provisional figures]				
	Total number of new cases	Waiting Time (weeks)				Total number of new cases	Waiting Time (weeks)			
		25th percentile	50th percentile	75th percentile	90th percentile		25th percentile	50th percentile	75th percentile	90th percentile
HKEC	3 720	1	2	3	4	2 568	<1	1	2	3
HKWC	4 255	1	2	3	3	3 065	1	2	3	4
KCC	6 069	3	7	13	19	5 017	3	8	13	18
KEC	2 724	<1	1	2	5	2 101	<1	1	2	3
KWC	16 331	4	6	9	12	12 062	3	6	9	12
NTEC	11 011	4	7	18	24	9 101	4	6	20	21
NTWC	3 272	<1	1	1	2	2 482	<1	1	1	1

Note

1. The Hospital Authority uses 90th percentile to denote the longest waiting time for specialist outpatient service.

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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)077

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1406)

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

Subhead (No. & title): (000) Operational expenses

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 20):

Please list the average unit costs of outpatient services of different specialties (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in each hospital cluster under the Hospital Authority in 2012-13 and 2013-14.

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 2012-13.

Specialty	Average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Ear, Nose and Throat	790	680	735	865	565	1,050	885	780
Obstetrics & Gynaecology	1,050	1,100	770	770	685	730	810	815
Medicine	1,700	1,890	2,250	1,980	1,580	1,990	1,860	1,840
Ophthalmology	505	410	530	425	475	585	505	500
Orthopaedics & Traumatology	945	990	730	780	810	1,030	950	890
Paediatrics	1,160	1,800	1,160	980	1,240	1,270	1,100	1,260
Psychiatry	1,030	1,310	1,220	1,070	1,090	1,210	1,300	1,160
Surgery	1,300	1,730	1,070	1,330	1,180	1,270	1,400	1,330

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2013-14. The breakdown by different specialties is not yet available.

	Average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,100	1,300	1,050	980	1,060	1,210	1,120	1,110

The SOP service costs include the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and equipment maintenance). The unit cost per SOP attendance of individual hospital cluster represents an average computed with reference to its total costs of the respective SOP service and the corresponding attendances.

It should also be noted that the cost per 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 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. 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

CONTROLLING OFFICER'S REPLY

FHB(H)078

(Question Serial No. 1407)

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

Subhead (No. & title): (000) Operational expenses

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 21):

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 2012-13 and 2013-14.

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 HA as a whole in 2012-13 and 2013-14 (up to December 2013).

2012-13	**Cluster**							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Overall for general specialties								
Bed occupancy rate	83%	73%	88%	87%	85%	88%	96%	85%
Inpatient ALOS (days)	4.9	5.8	7.0	5.0	5.2	6.0	5.2	5.6
Major specialties								
Gynaecology								
Bed occupancy rate	90%	53%	90%	70%	84%	69%	98%	76%
Inpatient ALOS (days)	2.2	2.6	2.6	2.4	1.9	1.9	1.9	2.1
Medicine								
Bed occupancy rate	87%	82%	99%	94%	95%	101%	99%	95%
Inpatient ALOS (days)	4.7	5.5	7.8	5.3	6.0	6.6	6.4	6.0
Obstetrics								
Bed occupancy rate	75%	65%	72%	67%	71%	62%	97%	71%
Inpatient ALOS (days)	2.9	2.9	3.3	2.8	2.8	2.8	3.0	2.9

2012-13	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Orthopaedics & Traumatology								
Bed occupancy rate	85%	68%	91%	91%	86%	90%	94%	87%
Inpatient ALOS (days)	5.4	7.7	10.4	6.2	6.7	8.6	9.0	7.6
Paediatrics								
Bed occupancy rate	87%	69%	70%	76%	63%	81%	89%	73%
Inpatient ALOS (days)	4.7	4.4	4.1	2.5	3.0	3.7	3.3	3.4
Surgery								
Bed occupancy rate	76%	76%	89%	79%	72%	93%	97%	81%
Inpatient ALOS (days)	3.6	5.7	4.9	3.9	3.9	5.5	4.0	4.4

2013-14 (up to December 2013) [Provisional Figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
Bed occupancy rate	85%	73%	88%	88%	85%	89%	97%	86%
Inpatient ALOS (days)	5.2	5.9	7.4	5.3	5.3	6.2	5.4	5.8
Major specialties								
Gynaecology								
Bed occupancy rate	95%	54%	86%	54%	84%	70%	98%	73%
Inpatient ALOS (days)	2.2	2.5	2.4	2.4	2.0	2.0	1.9	2.2
Medicine								
Bed occupancy rate	89%	81%	104%	97%	97%	102%	104%	97%
Inpatient ALOS (days)	5.1	5.6	8.5	5.5	6.1	6.9	6.7	6.3
Obstetrics								
Bed occupancy rate	71%	60%	67%	56%	62%	57%	89%	65%
Inpatient ALOS (days)	3.5	3.0	3.4	2.9	2.8	2.9	2.8	3.0
Orthopaedics & Traumatology								
Bed occupancy rate	91%	68%	97%	91%	89%	91%	90%	88%
Inpatient ALOS (days)	5.4	7.6	10.9	6.4	6.4	8.9	8.6	7.6
Paediatrics								
Bed occupancy rate	86%	70%	68%	77%	63%	86%	90%	74%
Inpatient ALOS (days)	3.6	5.3	4.7	2.7	3.0	3.5	3.3	3.5
Surgery								
Bed occupancy rate	79%	74%	91%	82%	73%	94%	101%	82%
Inpatient ALOS (days)	3.7	5.6	4.9	4.0	3.9	5.5	4.3	4.5

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
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CONTROLLING OFFICER'S REPLY

(Question Serial No. 1408)

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

Subhead (No. & title): (000) Operational expenses

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 22):

Please list the numbers of doctors, nurses and allied health staff serving in the Hospital Authority as a whole and in individual hospital clusters, and their ratios to the overall population and population aged 65 or above in their respective hospital clusters in 2012-13 and 2013-14.

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 population aged 65 or above by cluster in 2012-13 and 2013-14 (as at 31 December 2013):

Cluster	**Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population* of catchment districts**									**Catchment district**
	Doctors	**Ratio to overall population**	**Ratio to population aged 65 or above**	**Nurses**	**Ratio to overall population**	**Ratio to population aged 65 or above**	**Allied Health Staff**	**Ratio to overall population**	**Ratio to population aged 65 or above**	
2012-13 (as at 31 March 2013)										
HKEC	572	0.7	4.5	2 348	3.0	18.7	717	0.9	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	599	1.1	7.8	2 600	4.9	33.8	826	1.5	10.7	Central & Western, Southern
KCC	674	1.3	8.4	3 069	6.0	38.0	940	1.8	11.6	Kowloon City, Yau Tsim
KEC	607	0.6	4.2	2 313	2.2	15.8	645	0.6	4.4	Kwun Tong, Sai Kung
KWC	1 245	0.6	4.2	5 088	2.6	17.1	1 359	0.7	4.6	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	874	0.7	6.1	3 524	2.8	24.4	999	0.8	6.9	Sha Tin, Tai Po, North
NTWC	676	0.6	6.3	2 834	2.6	26.2	752	0.7	7.0	Tuen Mun, Yuen Long
Cluster Total	**5 248**	**0.7**	**5.4**	**21 776**	**3.0**	**22.2**	**6 239**	**0.9**	**6.4**	

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population* of catchment districts									Catchment district
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	Nurses	Ratio to overall population	Ratio to population aged 65 or above	Allied Health Staff	Ratio to overall population	Ratio to population aged 65 or above	
2013-14 (as at 31 December 2013)										
HKEC	580	0.7	4.4	2 435	3.1	18.5	747	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	605	1.1	7.5	2 525	4.7	31.4	841	1.6	10.5	Central & Western, Southern
KCC	692	1.4	8.2	3 138	6.1	37.4	975	1.9	11.6	Kowloon City, Yau Tsim
KEC	630	0.6	4.2	2 461	2.3	16.3	685	0.6	4.6	Kwun Tong, Sai Kung
KWC	1 298	0.7	4.2	5 306	2.7	17.4	1 475	0.8	4.8	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	878	0.7	5.8	3 627	2.9	23.8	1 016	0.8	6.7	Sha Tin, Tai Po, North
NTWC	713	0.7	6.2	2 998	2.8	26.2	791	0.7	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 396**	**0.8**	**5.3**	**22 489**	**3.1**	**22.1**	**6 530**	**0.9**	**6.4**	

* The statistical delineation of the geographical populations for KEC / NTEC and KEC / KWC have been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures starting from mid-2006 have also been adjusted accordingly.

Notes:

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 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 organisation 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 can receive care 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.

Population figures are based on the 2011 Population Census by the Census & Statistics Department and the latest projection by the Planning Department.

The manpower figures 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

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

CONTROLLING OFFICER'S REPLY

FHB(H)080

(Question Serial No. 1409)

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

Subhead (No. & title): (000) Operational expenses

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 23):

(a) Please provide the number of attendances of Accident and Emergency (A&E) departments under the Hospital Authority (HA) arising from industrial accidents and the expenditure incurred in the past three years.

(b) Please provide the number of attendances of A&E departments under the HA arising from traffic accidents and the expenditure incurred in the past three years.

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 or traffic accidents and the corresponding estimated cost incurred for A&E services in the past three years.

	Traffic Accidents		**Industrial Accidents**		**Total of Traffic and Industrial Accidents**	
	Number of A&E attendances	**Cost ($ million)**	**Number of A&E attendances**	**Cost ($ million)**	**Number of A&E attendances**	**Cost ($ million)**
2011-12	24 545	22	71 351	62	95 896	84
2012-13	23 778	22	70 758	66	94 536	88
2013-14 (up to 31 December 2013) [Provisional figures]	18 540	19	54 536	55	73 076	74

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.

Reply Serial No.

FHB(H)081

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1410)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 24):

Please advise this Committee on the details of the measures to be implemented by the Hospital Authority in 2014-15 to improve patients' access to accident and emergency services, general and specialist outpatient services, elective surgeries, radiological services as well as pharmacy services in specialist outpatient clinics.

Asked by: Hon. LEE Cheuk-yan

Reply:

The Hospital Authority (HA) will implement the following measures in 2014-15 to improve patients' access to service:

(a) Provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle cases;

(b) Increase General Outpatient Clinic episodic quota in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster;

(c) Increase the number of new case attendance at Specialist Outpatient (SOP) Clinics and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOP waiting lists and enhance SOP service as a whole;

(d) Establish a new joint replacement centre in New Territories West Cluster;

(e) Increase the number of operating theatre sessions to improve access to elective surgeries;

(f) Enhance radiological imaging services including computed tomography and ultrasound scanning services;

(g) Augment the lung function laboratory and endoscopy service in HA; and

(h) Enhance the pharmacy workforce to meet the increasing demand for specialist outpatient pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0435)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(1) Health
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 1):

$50 billion was earmarked in 2008/09 for launching the **Health Protection Scheme** and consideration will be made to provide tax concession for residents who have purchased regulated insurance products. In this regard, please give details of:

a. the project plan and timetable for using the $50 billion funding
b. the project plan and timetable for providing the tax concession

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government is formulating detailed proposals for the implementation of the Health Protection Scheme (HPS) with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014, including the option of providing tax reliefs as an incentive to encourage more individuals to take up private health insurance to help address the long-term healthcare financing challenges. The Government will ensure proper and judicious use of the $50 billion fiscal reserve such that it contributes to the aim of healthcare reform by enhancing the long-term sustainability of our dual-track healthcare system amid an ageing population and the challenges posed by rising public expectation and advancement in medical technologies.

Subject to the outcome of the consultation, the Government will proceed with the necessary legislative work for the implementation of the HPS.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0436)

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

Subhead(No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 128 Page 47 (if applicable)

Question(Member Question No. 2):

It is proposed that the duty on cigarettes be increased by 20 cents per stick to bring the proportion of tobacco duty to cigarette retail price to about 70 percent, which meets the minimum level recommended by the World Health Organisation. In this regard, has the Administration assessed whether the increase can serve as an effective means to prevent smoking? If yes, what are the details? If no, how will the Administration assess the effectiveness of this measure?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. Over the years, we have strengthened our tobacco control efforts progressively through a multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation. With the gradual strengthening of tobacco control measures (including increasing tobacco duty) since the early 1980s, both the volumes of duty-paid cigarettes and smoking prevalence have been on a general trend of decline, with the former reduced from over 7 billion sticks in 1989 to around 3.1 billion sticks in 2013 and the latter from over 23% in early 1982 to 10.7% in 2012. 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.

Article 6 of the World Health Organization (WHO) Framework Convention on Tobacco Control states that price and tax are effective and important means of reducing tobacco consumption. WHO considers that when prices of tobacco products increase, fewer people use tobacco; those who continue to smoke consume less; those who have quit smoking are less likely to start again; and the young are less likely to start smoking. In this regard, WHO encourages its members to raise taxes on tobacco products periodically, and recommends raising tobacco taxes to accounting for at least 70% of retail prices.

To sustain the effectiveness of tobacco duty tax as a tobacco control measure, the 2014-15 Budget proposes an increase in the duty rates by 11.72%, or an increase in the duty on cigarettes by $0.2 per stick. The Department of Health's integrated smoking cessation hotline received a total number of about 620 calls in the first week after the announcement, which was 1.5 times of the average number of calls received during the same period in 2013. We consider this a positive response to the proposed tobacco duty increase, which is imperative to convey a clear message to the community on the Government's determination and sustainability in tobacco control. We will continue to monitor closely various statistics and indicators relating to tobacco control, such as smoking prevalence and the utilization of smoking cessation services.

Reply Serial No.

FHB(H)084

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0437)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 3):

Regarding the strategic review on healthcare manpower planning and professional development, has the Administration:

a. earmarked resources and manpower for reviewing the regulatory regime of allied health professionals to facilitate their professional development? If so, what are the details? If not, what are the reasons?

b. drawn up manpower ratios for nurses and allied health professionals as well as a long-term plan for solving the problem of manpower shortage? If so, what are the details? If not, what are the reasons?

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's findings and recommendations will shed light on ways to ensure an adequate supply of healthcare professionals for the healthy and sustainable development of our healthcare system.

Reply Serial No.

FHB(H)085

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0438)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 4):

What is the progress on the strategic review on healthcare manpower planning and professional development? Does the Administration have a specific timetable? What are the manpower and resources involved?

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 strategic review is now progressing in full swing. We aim to conclude the review in 2014.

Reply Serial No.

FHB(H)086

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0439)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 5):

What progresses are made in encouraging private hospital development and conducting a review on regulation of private healthcare facilities? Are there any additional resources and manpower earmarked for encouraging private hospital development? If so, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Steering Committee on Review of the Regulation of Private Healthcare Facilities (Steering Committee) was established in October 2012 to review the regulatory regime for private healthcare facilities. The Steering Committee will formulate recommendations on enhancing the regulatory control over private healthcare facilities in order to better safeguard patient safety and consumer rights. Specifically, the Steering Committee is considering measures to improve corporate and clinical governance, price transparency and management of complaints and sentinel events of private hospitals, and as regards ambulatory facilities for high-risk medical procedures, to introduce a regulatory scheme to standardize the optimal standards for clinical practice and premise.

To ensure the sustainable development of the dual-track healthcare system comprising both public and private sectors, we are considering various proposals from different organizations to develop new private hospitals. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

Reply Serial No.

FHB(H)087

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0440)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 6):

With respect to the health assessment programme launched in collaboration with non-governmental organisations (NGOs) for the elderly as a pilot initiative, would the Administration please provide the expenditure, number of service providers and number of service attendances in the past year?

Moreover, what are the expected expenditure, number of service providers and number of service attendances of the above initiative for 2014-15? Does the Administration have any plan to further promote the initiative?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organizations (NGOs) to subsidize about 10 000 elders aged 70 or above to receive health assessment over a two-year pilot period. Under this Pilot Programme, elders can receive health assessment from 19 service centres operated by these NGOs throughout the territory.

The Government has earmarked a sum of $12 million for the Pilot Programme. As at end-December 2013, the expenditure of the Pilot Programme is about $2.3 million.

During the first six months of the pilot, priority was given to elders who lived alone or had not received health assessment before. To this end, the NGOs had conducted reach-out activities through their community network to identify these elders. As at mid-January 2014, 620 elders had received the baseline health assessment.

Starting from mid-January 2014, the NGOs have stepped up its publicity and the Department of Health will distribute publicity materials through various social centers for the elderly such as district elderly community centres and neighbourhood elderly community centres to promote the Pilot Programme.

Reply Serial No.

FHB(H)088

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0441)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(1) Health
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 7):

Regarding the pilot initiative of the elderly health assessment programme launched in collaboration with non-government organisations, has the Administration assessed its impact on the elderly health service of the Department of Health (DH)? Will the programme shorten the waiting time of DH's elderly health service? 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 promote healthy ageing, the Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organizations (NGOs) to provide voluntary, protocol-based, subsidized health assessment to 10 000 elders aged 70 or above over a two-year period. The health assessment seeks to identify elders' risk factors (including lifestyle practices) and diseases so that they 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. The Government will assess its outcome and impact on the service and waiting time for the Elderly Health Centres after the Pilot Programme is completed in two years' time.

Reply Serial No.

FHB(H)089

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0442)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 8):

In respect of taking forward recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong, please provide information on the progress and implementation schedule of the recommendations. What are the expenditure and manpower involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Food and Health Bureau (FHB) and departments concerned have been taking forward the recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong (Review Committee) progressively. Among others, upon the Review Committee's recommendation, the Pharmaceutical Service of the Department of Health (DH) was re-organised in September 2011 into Drug Office headed by the Assistant Director (Drug). Other recommendations that have been implemented include, among others, raising the requirements of microbiological monitoring in the process of drug manufacturing by local drug manufacturers; stepping up inspection on drug manufacturers and traders; shortening the processing time for application for drug registration; enhancing the tracking of import and export of unregistered drugs; implementing enhanced pharmacovigilance measures including regular publication of pharmacovigilance bulletin; adopting a risk-based approach in drug recall and public communication, as well as providing more information on drug safety on the website of the Drug Office. Revision/drafting of various codes of conduct/codes of practice of drug traders (including manufacturers, wholesalers and retailers) are underway.

Among the 75 recommendations put forth by the Review Committee, 16 recommendations require amendments to be made to the Pharmacy and Poisons Ordinance (Cap 138) and its subsidiary legislation. The FHB had already briefed the Legislative Council (LegCo) Panel on Health Services on the relevant legislative amendments to implement, as appropriate, some of the 16 recommendations. Subsequently, the FHB introduced an amendment bill into the LegCo on 26 March 2014.

Between 2011 and 2013, a total of 63 additional posts (an Assistant Director of Health, a Chief Pharmacist, four Senior Pharmacists, 37 Pharmacists, five Scientific Officers (Medical) and 15 general grade posts) were created in the DH to carry out relevant regulatory duties. The full year additional provision amounts to $46.8 million.

Examination of Estimates of Expenditure 2014-15

CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)090

(Question Serial No. 0443)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page

Question (Member Question No. 9):

What is the progress of the legislative regulation of medical devices? What are the resources and manpower involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Administration has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices manufactured, sold and/or used in Hong Kong. To this end, a voluntary Medical Device Administrative Control System (MDACS) has been established by the Department of Health (DH) since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing the long-term statutory control.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services on the proposed regulatory framework for medical devices, which has taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration plans to report back to the LegCo Panel on Health Services in 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

In 2014-15, a provision of $14.8 million has been earmarked for DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The establishment of the Medical Device Control Office of DH as at 1 March 2014 is 16.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)091

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0444)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 10):

Regarding the manpower for the Case Management Programme of mental health services, please provide the following information:

(a) How many case managers are there in Hong Kong and what grade do they belong to?

(b) How many cases had to be handled by each case manager on average in the past 3 years?

(c) Has the Administration set any indicators for the number of cases that needs to be handled by each case manager? If yes, what are the details? If no, what are the reasons?

(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). The Programme has been expanded by phase and in 2014-15 it will cover all 18 districts in Hong Kong.

As at 31 December 2013, HA has recruited a total of 248 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised and intensive community support to about 12 500 patients with SMI under the Programme.

In 2014-15, it is estimated that an additional 39 case managers including nurses and allied health professionals will be recruited to provide support for about 1 950 more patients. The additional recurrent expenditure for 2014-15 is estimated at $27.7 million.

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 risks and needs of patients and the experience of case managers. On average, each case manager will take care of about 40 to 60 patients with SMI at any one time. The workload of each case manager is regularly reviewed, so are the progress and needs of the patients they support. HA will continue to recruit case managers to support the Programme and to review its service capacity.

FHB(H)092

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0445)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 11):

The Administration states that it will attract, motivate and retain staff. In this regard, will the Administration introduce any concrete measures in 2014-15 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 2014-15, HA plans to recruit about 1 680 nurses and 530 allied health staff in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives. Subject to market availability, HA plans to recruit another extra 300 nurses to address winter surge demand.

Major measures to retain nurses include the enhancement of career advancement opportunities for experienced nurses, enhancement of nursing manpower and provision of training to registered nursing students and enrolled nursing students at HA's nursing schools.

Major measures to recruit and retain allied health staff include 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.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0446)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 12):

The objective of the Hospital Authority is to attract, motivate and retain staff. In this regard, please advise on:

(a) the number of nurses who left the Hospital Authority in the past year and their respective years of services;

(b) the number of nurses promoted under the Hospital Authority in the past year and their respective ranks;

(c) the number of experienced nurses recruited who returned to work for the Hospital Authority in the past year and their respective years of service;

(d) the number of new nurse entrants recruited by the Hospital Authority in the past year.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a)

The number of full-time nursing staff who left the Hospital Authority (HA) in the rolling period from 1 January 2013 to 31 December 2013 is 980. Their respective years of service is listed below:

Rank Group	**Attrition number (Full-time Staff) (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	6	12	-	2	21
APN/NS/NO/WM	1	4	-	5	31	47	6	29	123
Registered Nurse	102	265	60	44	98	34	3	8	614
Enrolled Nurse/Others	32	103	1	6	27	45	1	7	222
Total	135	372	61	56	162	138	10	46	980

Note:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
(2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

(b)

The number of nurses promoted in HA in 2013-14 (up to 31 December 2013) is 429, including 23 promoted to SNO and above ranks, and 406 promoted to APN or equivalent ranks.

(c)

The number of experienced nurses recruited returning to work for HA in 2013-14 (up to 31 December 2013) is 571. 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	2
Registered Nurse	301	131	15	36	36	5	524
Enrolled Nurse/ Others	24	16	1	1	1	2	45
Total	325	147	16	37	38	8	571

Note:
Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2013/14 with break of service irrespective of terms of employment/rank.

(d)

The intake number of nurses in HA in 2013-14 (up to 31 December 2013) is 1 187 out of 1 758 total recruits.

Abbreviations:

DOM - Department Operations Manager
SNO - Senior Nursing Officer
APN - Advanced Practice Nurse
NS - Nurse Specialist
NO - Nursing Officer
WM - Ward Manager

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0447)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 13):

The objective of the Hospital Authority is to attract, motivate and retain staff. In this regard, please list by respective allied health grades:

(a) the number of allied health staff who left the Hospital Authority in the past year and their respective years of service;

(b) the number of allied health staff promoted under the Hospital Authority in the past year and their respective ranks;

(c) the number of experienced allied health staff recruited who returned to work for the Hospital Authority in the past year and their respective years of service;

(d) the number of new allied health entrants recruited by the Hospital Authority in the past year.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

(a)

The number of full-time allied health staff who left the Hospital Authority (HA) in the rolling period from 1 January 2013 to 31 December 2013 is 214. Their respective years of service are as follows:

Years of service	Attrition no. (Full-time staff) (1 January 2013 to 31 December 2013)
Less than 1 year	44
1-5 years	72
6-10 years	12
11-15 years	13
16-20 years	39
21-25 years	23
26-30 years	1
31 years of above	10

Note:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis
(2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

(b)

The number of allied health staff promoted in HA in 2013-14 (up to 31 December 2013) is 182. The table below sets out the breakdown by rank:

Rank group	Rank	No. of promotions (1 April 2013 to 31 December 2013)
Clinical Psychologist	Senior Clinical Psychologist	2
Dietitian	Department Manager (Dietetics) I	2
Dispenser	Senior Dispenser	14
Medical Laboratory Technologist	Department Manager (Medical Laboratory Service) I	2
	Senior Medical Technologist	10
	Medical Technologist	36
Medical Social Worker	Social Work Officer	1
Occupational Therapist	Senior Occupational Therapist	7
	Occupational Therapist I	22
Orthoptist	Orthoptist I	1
Pharmacist	Senior Pharmacist	4
Physicist	Department Manager (Medical Physics) I	1
Physiotherapist	Department Manager (Physiotherapy) I	2
	Senior Physiotherapist	4
	Physiotherapist I	35
Podiatrist	Podiatrist I	1
Prosthetist-Orthotist	Senior Prosthetist-Orthotist	1
	Prosthetist-Orthotist I	5
Radiographer	Department Manager (Diagnostic / Radiotherapy) I	2
	Senior Radiographer (Diagnostic / Radiotherapy)	2
	Radiographer I (Diagnostic / Radiotherapy)	28

(c)

The number of allied health staff recruited returning to work for the HA in 2013-14 (up to 31 December 2013) is 123. The years of experience of these re-appointed staff are listed below:

Years of service in previous HA employment	No. of re-appointed staff (1 April 2013 to 31 December 2013)
Less than 1 year	105
1-5 years	14
6-10 years	2
11 years of above	2

Note:
Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2013-14 with break of service irrespective of terms of employment/rank.

(d)

The number of new allied health entrants recruited by the HA in 2013-14 (up to 31 December 2013) is 477.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0448)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 14):

Regarding the nursing manpower of the Hospital Authority, please provide the following information:

(a) The number of nurses who provided hospice care in the previous year. Please provide a breakdown by cluster.

(b) The number of patients who received hospice care in the previous year.

(c) Will the Administration consider allocating more resources to extend the hospice care service 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 2013, 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 2013, 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 2013-14 (up to 31 December 2013) are set out in the table below.

Palliative Care Service	Number of Attendances[Note] 2013-14 (up to 31 December 2013) [Provisional Figures]
Palliative care in-patient service (Total number of in-patient/ day-patient discharge and death)	6 186

Palliative Care Service	**Number of Attendances**[Note] **2013-14 (up to 31 December 2013)** **[Provisional Figures]**
Palliative care specialist out-patient service	6 937
Palliative home visits	25 049
Palliative day care attendances	9 431
Bereavement service	3 044

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.

Reply Serial No.

FHB(H)096

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0449)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 15):

To provide the community with proper treatment through effective deployment of manpower and resources, has the Administration considered allowing optometrists to directly refer persons in need to receive treatment in public hospitals and therefore save them expenses of another visit to private doctors to obtain referral letters for 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 (SOPCs) 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 SOPCs do not accept direct referrals from optometrists.

Reply Serial No.

FHB(H)097

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0450)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 16):

In order to make effective use of manpower and resources 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.

Currently, 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 of HA.

FHB(H)098

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0451)

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

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 17):

Regarding the review of the Hospital Authority, what progress has been made so far? Does the Administration have a specific timetable for the review and what are the manpower and resources involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In view of the ageing population and the changing public needs for healthcare services, the Government set up the Steering Committee on Review of Hospital Authority (HA) in August 2013 to conduct a comprehensive review of the operation of HA. The review covers HA's management and cluster arrangement, resources management, human resources management, service levels and overall cost effectiveness. The aim of the review is to improve the operation of HA so that, as the cornerstone of the public healthcare system and the safety net for the public, it can continue to provide quality services and meet the challenges brought about by social development and ageing population more effectively.

The Steering Committee has so far met three times to go through HA's background, management and organization structure, resource management system, performance management mechanism and staff management system. It will conduct further meetings to discuss these and other aspects of the review. Meanwhile, the Steering Committee has also embarked on a public engagement exercise by meeting various patient groups, HA staff and healthcare professionals through meetings, forums and visits to hospitals. Moreover, the Government has appointed an independent consultant to gauge the views of the public and other stakeholders on the operation of HA through public forums and focus group discussions.

Subject to the views received from the public engagement exercise and the further deliberation by the Steering Committee, we target to complete the review by late 2014 or early 2015.

We will support the work of the Steering Committee with existing resources of the Food and Health Bureau (including making a provision of $1.43 million in 2014-15 for the appointment of the consultant).

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)099

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0452)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 18):

With regard to the implementation of measures to improve patients' access to service, what are the details of the various measures? What are the resources and manpower involved?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Hospital Authority (HA) has earmarked a total of $287 million for 2014-15 to implement the following measures to improve patients' access to service:

(a) Provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle the cases;

(b) Increase General Outpatient Clinic episodic quota in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster;

(c) Increase the number of new case attendance at Specialist Outpatient (SOP) Clinics and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOP waiting lists and enhance SOP service as a whole;

(d) Establish a new joint replacement centre in New Territories West Cluster;

(e) Increase the number of operating theatre sessions to improve access to elective surgeries;

(f) Enhance radiological imaging services including computed tomography and ultrasound scanning services;

(g) Augment the lung function laboratory and endoscopy service in HA; and

(h) Enhance the pharmacy workforce to meet the increasing demand for SOP pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.

HA will deploy existing staff and recruit additional staff to cope with the implementation of the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0453)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 19):

In respect of waiting time for specialist services, the 2013 Policy Address pointed out that the Hospital Authority would pilot a cross-cluster referral service in order to shorten the waiting time. How much resources has been involved since its implementation? Has the Administration assessed the amount of waiting time shortened? If yes, what are the details? If no, what are the reasons?

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 in the clusters where they are residing to facilitate the follow-up of their medical conditions and the provision of community support.

To better manage waiting time, HA has enhanced cross-cluster collaboration since August 2012 by establishing a centrally coordinated mechanism to pair-up clusters so that suitable patients of certain specialties of longer waiting time could be referred to those of shorter waiting time. Under this mechanism, HA provides an option for suitable Ear, Nose and Throat patients in Kowloon East Cluster to be seen in Kowloon Central Cluster, Gynaecology patients in New Territories East Cluster to be seen in Hong Kong East Cluster, and Ophthalmology patients in New Territories East Cluster to be seen in Hong Kong West Cluster.

HA has introduced the referral arrangement by using existing resources. The waiting time for the benefited patients was reduced. The table below sets out the changes in waiting time of patients participated in the cross cluster referral.

Specialty	Program Start Date	Before Transfer		After Transfer		No. of patients benefited (as at 31 December 2013)
		Cluster Involved	Up-to-date waiting time* (weeks) [Provisional]	Cluster Involved	Up-to-date Waiting time* (weeks) [Provisional]	
Ear, Nose & Throat	August 2012	KEC	85	KCC	23	2 696
Gynaecology	April 2013	NTEC	124	HKEC	23	162
Ophthalmology	October 2013	NTEC	69	HKWC	22	195

* Provisional up-to-date 90th percentile waiting time of routine cases since the first complete month following the program start date, i.e. Ear, Nose & Throat : September 2012 – December 2013; Gynaecology : May 2013 – December 2013; and Ophthalmology : November 2013 – December 2013

Abbreviations

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

CONTROLLING OFFICER'S REPLY

FHB(H)101

(Question Serial No. 0454)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page

Question (Member Question No. 20):

With respect to pneumococcal vaccination programmes, the Administration implemented the 13-valent Pneumococcal Conjugate Vaccine (PCV 13) booster dose programme for children last year. So far, how many children have received a booster dose? What are the resources and manpower involved? Is there any mechanism to evaluate the effectiveness of the programme? What are the details?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme (the Programme) commenced on 2 December 2013 by phases and will be completed on 30 June 2014. The Programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary.

Since 2 December 2013, free PCV13 booster doses have been provided by Hospital Authority (HA) for at-risk paediatric patients attending the HA's paediatric specialist clinics during follow-up consultations, and by Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) for eligible children from financially vulnerable families who are recipients of the Comprehensive Social Security Assistance Scheme or holders of valid Certificates for Waiver of Medical Charges from the Social Welfare Department. As of 17 March 2014, a total of 326 eligible paediatric patients received PCV13 vaccination at HA institutions and 1 163 eligible children received PCV13 vaccination at MCHCs.

Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster), being part of the Programme, also commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. Free vaccine is provided to the doctor's clinics and an injection fee of $50 for each dose of PCV13 given to eligible children will be reimbursed to the doctors through the e-Health System. As of 17 March 2014, a total of 17 855 doses were administered under the Scheme.

As at 17 March 2014, the cost of all PCV13 used under the Programme amounted to $6.5 million and the subsidies for private doctors amounted to $0.9 million. The expenditures are made under Head 37 – Department of Health. The manpower requirement of the Programme is absorbed through internal redeployment.

The Centre for Health Protection of DH will continue to monitor the vaccination programme and incidence of invasive pneumococcal diseases in children.

(Question Serial No. 0463)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 29):

The number of outreach attendances for psychiatric services increases from the actual figure of 238 796 in 2012-13 to a revised estimate of 252 600 in 2013-14, and is expected to hit 269 900 in 2014-15. Despite the rising demand for such services over the years, the targeted and planned number of community psychiatric nurses as at 31 March 2015 is only 144, or 13 more than the previous year. Has the Administration assessed whether there are enough community psychiatric nurses to cope with current demand? At present, what is the average number of patients attended by a community psychiatric nurse?

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 (CPNs).

The estimated increase in the number of psychiatric outreach attendances in 2014-15 as compared to 2012-13 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 2013-14, the Programme has been extended to a total of 15 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Wong Tai Sin, Kowloon City, Sai Kung, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, North, Tuen Mun and Yuen Long). A total of 248 case managers (including psychiatric nurses and allied health professionals) were providing intensive community support to about 12 500 patients with SMI under the Programme as at 31 December 2013. In 2014-15, the Programme will be further extended to cover all 18 districts in Hong Kong. It is estimated that an additional 39 case managers will be recruited to provide community support for about 1 950 more patients in 2014-15.

The main job duty of a CPN is to provide short-term community support for discharged patients to facilitate their community reintegration. The number of cases handled by each CPN varies and the caseload is determined by a number of factors, including the supported need for the patient and the experience of the CPN concerned. The workload of each CPN is regularly reviewed, so are the progress and needs of the patients they support. As the number of discharged patients has remained steady in the past few years, the demand for CPNs to provide short-term community support for these patients has also remained steady.

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

FHB(H)103

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0464)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 30):

The number of outreach attendances for geriatric services increases from the actual figure of 620 068 in 2012-13 to a revised estimate of 623 800 in 2013-14, and is expected to hit 627 300 in 2014-15. Despite the rising demand for such services over the years, the targeted and planned number of community nurses as at 31 March 2015 is only 450, or 3 more than the previous year. Has the Administration assessed whether there are enough community nurses to cope with current demand? At present, what is the average number of patients attended by a community nurse?

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 2013, around 650 RCHEs (about 90%) were covered by CGATs. The estimated number of outreach attendances of geriatric services for 2014-15 is 627 300.

Due to manpower shortage in other medical departments, HA currently has no plan to allocate additional resources in enhancing community geriatric assessment service in 2014-15. 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 individualised 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 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 nurses are responsible for performing Community Nursing Services which have adopted a case management model of care for elders with chronic diseases to better address their problems and promote self-care at home. To this end, HA plans to increase the number of community nurses from 447 to 450 to cater for increase in home visits from 843 000 to 845 000 from 2013-14 to 2014-15. At present, each community nurse attends to about 180 patients on average per year.

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.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0473)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 31):

In view of the fact that the number of hospital beds under the inpatient services of the Hospital Authority is 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 number of 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. HA will make reference to the model when planning for new services.

In 2014-15, HA plans to recruit about 1 680 nurses. Subject to market availability, HA plans to recruit another extra 300 nurses to address winter surge demand. The nursing manpower in HA has been increasing in the past few years. The number of nurses has increased from 20 901 as at 31 March 2012 to 21 816 as at 31 March 2013, and further to 22 533 as at 31 December 2013.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0474)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 32):

The median waiting time at specialist clinics of first priority and second priority patients increases respectively from less than 1 week and 5 weeks in the actual figures as at 31 March 2013 to 2 weeks and 8 weeks in the revised estimate as at 31 March 2014 and target and plan as at 31 March 2015. What are the reasons? Will the Administration allocate more resources to shorten the waiting time? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

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 2012-13, HA's actual performance on the said median waiting time was less than one week for priority 1 patients and five weeks for priority 2 patients, indicating that HA's actual performance was better than the target.

To better manage waiting time, HA has enhanced cross-cluster collaboration since August 2012 by establishing a centrally coordinated mechanism to pair-up clusters so that suitable patients of certain specialties of longer waiting time could be referred to those of shorter waiting time. Under this mechanism, HA provides an option for suitable Ear, Nose and Throat patients in Kowloon East Cluster to be seen in Kowloon Central Cluster, Gynaecology patients in New Territories East Cluster to be seen in Hong Kong East Cluster, and Ophthalmology patients in New Territories East Cluster to be seen in Hong Kong West Cluster.

HA has also commenced publishing waiting time information of its specialist services by phases in its website since April 2013.

In 2014-15, HA will increase the number of new case attendances at SOPCs by 2 000 and the total number of attendances at Family Medicine specialist clinics by 7 100 with an estimated additional expenditure of over $51 million. In addition, HA will identify pressure areas in different specialties and clusters and develop further measures to manage the waiting time.

Reply Serial No.

FHB(H)106

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2320)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 48):

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 year. Will the Administration allocate additional resources to further develop primary care services and promote public health?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(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. The reference frameworks for diabetes and hypertension have also been available on mobile application since September 2013.

(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. PCO is developing the next sub-directory for optometrists. The Directory has also been made available on mobile applications since August 2013.

(c) Community Health Centres (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. Another CHC located within the North Lantau Hospital commenced services in September 2013. A new CHC will be commissioned in Kwun Tong in 2014. We are looking into the feasibility of developing CHC projects in other districts whenever suitable sites are available.

(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. In 2013, a roving drama in primary schools was introduced in the 2013-14 school year to promote the concept of family doctor. A TV series on primary care, including the concept of family doctor, will be broadcast in 2014, together with other publicity and promotion activities throughout the year.

The Government continues to take forward the primary care development strategy and implement, through DH and 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, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient 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 60 000 patients are expected to benefit from the programme by 2013-14. An additional 14 000 patients are expected to be enrolled in 2014-15.
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 selected 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 Outpatient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public GOPC 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 end-February 2014, 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 New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at end-February 2014, over 300 patients have enrolled in the programme. The programme will end in March 2014 as originally planned.

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.

Reply Serial No.

FHB(H)107

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3049)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 34):

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 information of 2011, 2012 and 2013 in 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 patients treated within pledged waiting time	Number of attendances	Percentage of patients treated within pledged waiting time	Number of attendances	Percentage of patients treated within pledged waiting time	Number of attendances	Percentage of patients treated within pledged 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 2011-12, 2012-13 and 2013-14 (up to December 2013).

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

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	2 203	100	3 773	97	52 936	94	180 955
HKWC	915	100	2 137	100	33 626	90	91 913
KCC	3 902	100	4 334	96	93 607	71	92 425
KEC	2 587	100	5 635	100	94 976	89	203 594
KWC	5 867	100	8 702	95	192 237	89	351 135
NTEC	2 662	100	7 639	96	96 842	79	300 075
NTWC	1 457	100	6 612	98	95 862	80	244 020
Overall	**19 593**	**100**	**38 832**	**97**	**660 086**	**84**	**1 464 117**

2013-14 (up to 31 December 2013) [Provisional figures]

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	1 606	100	2 987	97	39 476	92	132 026
HKWC	670	100	1 656	99	24 575	90	69 075
KCC	2 436	100	3 364	92	69 298	55	62 988
KEC	2 044	100	4 172	100	71 753	85	157 463
KWC	4 061	100	6 709	96	149 123	79	260 263
NTEC	1 894	100	5 662	96	73 062	72	216 004
NTWC	1 104	100	5 437	95	74 316	65	179 956
Overall	**13 815**	**100**	**29 987**	**96**	**501 603**	**75**	**1 077 775**

Note:
The performance pledge for the treatment of Triage 3 in 2012-13 and 2013-14 (up to December 2013) have not been fully met because of the continuously high demand for A&E services 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 - New Territories West Cluster

CONTROLLING OFFICER'S REPLY

FHB(H)108

(Question Serial No. 1296)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 15):

Regarding the new hospital in Tin Shui Wai, please advise on:

(a) The construction progress; and

(b) Due to shortage of manpower, the North Lantau Hospital failed to provide 24-hour Accident and Emergency Service at its initial commissioning and is still launching its services by stages only. In this connection, does the Administration make plans in advance for the provision of manpower for Tin Shui Wai Hospital to prevent recurrence of the same problem? If yes, what are the relevant expenditure and details?

Asked by: Hon LEUNG Che-cheung

Reply:

(a)

Construction works for Tin Shui Wai Hospital (TSWH) commenced in February 2013 and the progress is in line with the project schedule planned for completion in 2016.

(b)

The New Territories West Cluster is conducting manpower planning for TSWH based on the projected needs of the community and services development. The estimated additional manpower required for TSWH is approximately 1 000 staff including about 70 doctors and 270 nurses.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)109

CONTROLLING OFFICER'S REPLY

(Question Serial No.2426)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 2):

Please provide information on the waiting time for specialist outpatient services provided by different clusters as at 1 March 2014:

(a) number of new cases triaged as Priority 1, Priority 2 and Routine categories (by clusters and specialties); and

(b) median waiting time for new cases triaged as Priority 1, Priority 2 and Routine categories (by clusters and specialties).

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases; their respective median (50th percentile) waiting time in each hospital cluster for 2013-14 (up to 31 December 2013).

2013-14 (up to 31 December 2013) [Provisional figures]

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
HKEC	ENT	895	<1	2 004	3	3 362	34
	MED	1 669	1	2 538	3	4 645	13
	GYN	590	<1	700	3	3 176	14
	OPH	4 093	<1	1 335	7	3 887	15
	ORT	1 378	1	1 704	6	4 153	49
	PAE	137	1	685	5	180	13
	PSY	376	1	697	3	1 577	9
	SUR	1 525	1	3 031	6	5 597	15
HKWC	ENT	484	<1	1 573	6	2 825	23
	MED	1 156	<1	1 169	5	6 873	30
	GYN	920	1	672	4	3 796	16
	OPH	2 853	<1	1 075	4	3 801	17
	ORT	751	<1	1 133	3	6 456	14
	PAE	301	<1	622	5	953	17
	PSY	143	1	406	3	2 607	13
	SUR	1 640	1	1 837	5	7 589	22
KCC	ENT	1 059	<1	650	1	10 443	21
	MED	1 193	<1	1 280	4	6 629	38
	GYN	359	<1	1 342	4	2 524	8
	OPH	5 580	<1	4 149	2	8 655	53
	ORT	261	<1	757	2	5 163	54
	PAE	438	<1	328	6	923	15
	PSY	183	<1	744	4	1 162	16
	SUR	1 669	1	2 329	4	9 425	24
KEC	ENT	1 276	<1	1 866	6	3 543	52
	MED	1 311	1	3 341	7	9 534	41
	GYN	1 316	1	835	6	4 577	37
	OPH	4 335	<1	706	7	8 627	23
	ORT	2 973	<1	2 240	7	7 025	128
	PAE	667	<1	561	7	1 941	20
	PSY	263	1	1 663	5	3 431	50
	SUR	1 219	1	4 384	5	13 314	25

Cluster	Specialty	Priority 1		Priority 2		Routine	
		Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)	Number of new cases	Median waiting time (weeks)
KWC	ENT	2 517	<1	3 491	6	7 085	24
	MED	2 121	<1	4 702	6	15 368	42
	GYN	730	<1	2 006	6	8 029	20
	OPH	4 789	<1	4 642	6	5 099	43
	ORT	3 202	<1	4 344	5	9 237	55
	PAE	2 137	<1	724	6	2 864	10
	PSY	278	1	664	4	9 987	18
	SUR	4 075	1	8 059	6	16 893	37
NTEC	ENT	3 240	<1	2 409	3	5 870	55
	MED	2 108	<1	1 957	5	11 610	63
	GYN	1 005	<1	513	6	6 115	49
	OPH	5 458	<1	2 303	4	7 689	47
	ORT	4 474	<1	1 733	5	10 262	111
	PAE	422	<1	594	5	2 106	27
	PSY	1 124	1	1 787	4	3 810	37
	SUR	1 630	<1	2 585	5	14 268	27
NTWC	ENT	1 984	<1	914	3	6 687	27
	MED	869	1	1 752	6	5 112	36
	GYN	823	1	802	6	4 008	15
	OPH	5 218	<1	2 591	4	7 383	55
	ORT	1 281	1	876	4	7 822	69
	PAE	28	<1	201	6	1 438	13
	PSY	437	1	1 463	5	3 250	25
	SUR	1 046	1	2 737	7	13 753	48

Abbreviations

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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)110

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2427)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 3):

Regarding the doctor manpower of the Hospital Authority as at 1 March 2014,

(a) please list by hospital cluster, specialty and rank the number of doctors in the establishment;

(b) please list by hospital cluster, specialty and rank the numbers of full-time and part-time doctors employed; and

(c) please list by hospital cluster, specialty and rank the numbers of vacancies for full-time and part-time doctors.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) and (b)

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 2014-15, HA plans to recruit around 350 doctors.

As at 31 December 2013, there were 314 part-time doctors working in HA, providing support equivalent to about 122 full-time doctors.

The table below sets out the number of all ranks of doctors (including full-time and part-time) by major specialties in each hospital cluster of the HA in 2013-14 (as at 31 December 2013).

Cluster	Specialty	2013-14 (as at 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total
HKEC	**Accident & Emergency**	5	25	23	**52**
	Anaesthesia	4	14	13	**31**
	Family Medicine	2	10	45	**56**
	Intensive Care Unit	1	5	9	**15**
	Medicine	19	60	72	**151**
	Neurosurgery	2	3	6	**11**
	Obstetrics & Gynaecology	3	5	13	**21**
	Ophthalmology	4	7	11	**21**
	Orthopaedics & Traumatology	5	11	16	**32**
	Paediatrics	6	6	11	**23**
	Pathology	6	8	6	**20**
	Psychiatry	4	12	20	**36**
	Radiology	9	8	19	**36**
	Surgery	8	14	25	**47**
	Others	4	9	13	**26**
	Total	**82**	**197**	**301**	**580**
HKWC	**Accident & Emergency**	3	11	16	**30**
	Anaesthesia	15	23	22	**60**
	Cardio-thoracic Surgery	3	5	3	**11**
	Family Medicine	2	6	32	**40**
	Intensive Care Unit	2	5	5	**12**
	Medicine	19	35	81	**135**
	Neurosurgery	2	3	7	**12**
	Obstetrics & Gynaecology	7	4	16	**27**
	Ophthalmology	2	4	7	**13**
	Orthopaedics & Traumatology	5	8	18	**31**
	Paediatrics	10	15	20	**45**
	Pathology	7	7	10	**24**
	Psychiatry	2	9	13	**24**
	Radiology	9	11	19	**39**
	Surgery	10	20	45	**76**
	Others	5	6	15	**26**
	Total	**103**	**172**	**330**	**605**
KCC	**Accident & Emergency**	3	16	22	**41**
	Anaesthesia	9	20	25	**54**
	Cardio-thoracic Surgery	3	7	6	**16**
	Family Medicine	1	8	46	**55**

Cluster	Specialty	2013-14 (as at 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total
	Intensive Care Unit	2	5	3	**10**
	Medicine	16	48	80	**143**
	Neurosurgery	4	6	11	**21**
	Obstetrics & Gynaecology	7	10	15	**31**
	Ophthalmology	6	14	16	**36**
	Orthopaedics & Traumatology	8	15	12	**35**
	Paediatrics	8	18	16	**43**
	Pathology	7	13	10	**30**
	Psychiatry	4	9	20	**33**
	Radiology	11	16	18	**45**
	Surgery	9	15	31	**55**
	Others	10	14	20	**44**
	Total	**107**	**234**	**351**	**692**
KEC	**Accident & Emergency**	4	24	29	**57**
	Anaesthesia	6	16	21	**42**
	Family Medicine	1	13	72	**86**
	Intensive Care Unit	1	5	4	**10**
	Medicine	16	56	72	**144**
	Obstetrics & Gynaecology	6	6	16	**28**
	Ophthalmology	2	6	10	**18**
	Orthopaedics & Traumatology	5	11	24	**40**
	Paediatrics	6	12	21	**39**
	Pathology	6	9	5	**20**
	Psychiatry	3	16	16	**35**
	Radiology	9	9	9	**27**
	Surgery	9	18	31	**57**
	Others	4	10	13	**27**
	Total	**76**	**210**	**344**	**630**
KWC	**Accident & Emergency**	11	40	74	**125**
	Anaesthesia	10	38	37	**85**
	Family Medicine	3	24	133	**161**
	Intensive Care Unit	3	15	15	**33**
	Medicine	33	111	150	**293**
	Neurosurgery	3	8	15	**26**
	Obstetrics & Gynaecology	9	15	28	**52**
	Ophthalmology	3	9	11	**23**
	Orthopaedics & Traumatology	12	23	40	**76**

Cluster	Specialty	2013-14 (as at 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total
	Paediatrics	12	31	42	**84**
	Pathology	14	16	18	**48**
	Psychiatry	8	29	34	**71**
	Radiology	16	20	21	**57**
	Surgery	17	42	60	**119**
	Others	7	13	26	**46**
	Total	**161**	**433**	**704**	**1298**
NTEC	**Accident & Emergency**	7	29	29	**65**
	Anaesthesia	7	25	30	**62**
	Cardio-thoracic Surgery	1	3	2	**6**
	Family Medicine	2	14	69	**85**
	Intensive Care Unit	2	12	12	**26**
	Medicine	22	51	112	**185**
	Neurosurgery	4	1	2	**7**
	Obstetrics & Gynaecology	5	7	17	**29**
	Ophthalmology	2	6	20	**27**
	Orthopaedics & Traumatology	10	22	27	**60**
	Paediatrics	9	21	27	**57**
	Pathology	7	16	8	**31**
	Psychiatry	5	19	37	**61**
	Radiology	11	12	19	**42**
	Surgery	15	18	50	**84**
	Others	10	17	25	**52**
	Total	**119**	**273**	**486**	**878**
NTWC	**Accident & Emergency**	5	22	37	**63**
	Anaesthesia	6	14	24	**44**
	Cardio-thoracic Surgery	1	1	0	**2**
	Family Medicine	1	12	64	**77**
	Intensive Care Unit	1	9	9	**19**
	Medicine	18	39	75	**133**
	Neurosurgery	3	2	8	**13**
	Obstetrics & Gynaecology	6	8	17	**31**
	Ophthalmology	4	7	10	**21**
	Orthopaedics & Traumatology	7	11	27	**45**
	Paediatrics	5	12	21	**37**
	Pathology	5	10	7	**22**
	Psychiatry	8	26	46	**80**

Cluster	Specialty	2013-14 (as at 31 December 2013)			
		Consultant	SMO/AC	MO/R	Total
	Radiology	11	5	19	**34**
	Surgery	11	15	34	**60**
	Others	5	9	18	**32**
	Total	**97**	**201**	**415**	**713**

(c)

The manpower shortfall of doctors in 2013-14 is around 310. The manpower shortfall of doctors for 2014-15 is not yet available as the annual recruitment exercise for Resident Trainees is underway.

Notes:

1. The 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.

2. The services of the medicine department include services for hospice, rehabilitation and infirmary. The services of the psychiatry department include services for the mentally handicapped.

Reply Serial No.

FHB(H)111

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2429)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 126 Page 46

Question (Member Question No. 113):

In paragraph 126 of the Budget Speech, it is stated that the "Government is considering a voluntary health protection scheme to encourage those who can afford it to make greater use of private healthcare services. I pledged in the 2008-09 Budget to earmark $50 billion to support healthcare reform". The Food and Health Bureau pointed out in its paper in February 2014 that according to the estimation by the consultant, the total cost to the Government for funding the operation of the High Risk Pool (HRP) would be about $4.3 billion. What does the healthcare reform refer to in the context of the $50 billion provision? After deducting the $4.3 billion for the operation of the HRP, how will the balance of the provision be used to support healthcare reform?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Government is formulating detailed proposals for the implementation of the Health Protection Scheme (HPS) with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014. The Government will ensure proper and judicious use of the $50 billion fiscal reserve such that it contributes to the aim of healthcare reform by enhancing the long-term sustainability of our dual-track healthcare system amid an ageing population and the challenges posed by rising public expectation and advancement in medical technologies.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)112

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2430)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 100):

(a) Please tabulate the provisions for various psychiatric centres, as well as the numbers of doctors, nurses, attendances and costs for outpatient services at adult psychiatric clinics, child and adolescent psychiatric clinics, substance abuse assessment units, early psychosis service centres, psychiatric units for learning disabilities, perinatal psychiatric departments and psychogeriatric clinics, and for the related psychiatric consultation-liaison services in Accident and Emergency Department, under the Hospital Authority (HA) from 2009-10 to 2013-14.

(b) Please list the waiting time in the lower quartile (the 25th percentile), median (the 50th percentile), upper quartile (the 75th percentile) and the longest (the 90th percentile) waiting time for new attendances of the above services.

(c) Please provide the number of new and follow-up patients admitted on a referral basis via psychiatric consultation-liaison services in Accident and Emergency Department from 2009-10 to 2013-14.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses, clinical psychologists, and occupational therapists working in psychiatric stream in Hospital Authority (HA) in the past five years (from 2009-10 to 2013-14):

Year	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1 & 4] (CPNs)	Allied Health Professionals[1]		
				Clinical Psychologists	Medical Social Workers	Occupational Therapists
2009-10	310	1 896	146	41	198	142
2010-11	317	1 944	141	44	212	172
2011-12	334	2 161	125	54	243	189
2012-13	332	2 296	127	65	243	218
2013-14 (up to 31 Dec 2013)	337	2 368	131	67	243	230

Notes:
1. The manpower figures above are calculated on full-time equivalent (FTE) 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.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.
3. Psychiatry nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.

The psychiatric teams in HA provide support for psychiatric patients of different age groups and services, therefore HA does not have the requested breakdown on the manpower for supporting individual service.

The table below sets out the total number of attendances of psychiatric specialist out-patient (SOP) clinics in the HA from 2009-10 to 2013-14 (up to 31 December 2013):

	2009-10	2010-11	2011-12	2012-13	2013-14 (up to 31 Dec 2013) [provisional]
Total number of attendances of psychiatric SOP clinics	703 612	739 186	755 745	775 109	594 275

The table below sets out the expenditure for HA's mental health services from 2009-10 to 2013-14.

	Expenditure on mental health services ($ million)				
	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14 (Revised estimate)**
Inpatient	1,801	1,794	1,939	2,103	2,222
Outpatient	665	725	821	920	961
Community Outreach	239	284	372	439	476
Day Hospital	198	203	226	234	246
Total	**2,903**	**3,006**	**3,358**	**3,696**	**3,905**

The mental health service expenditure includes the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for clinical support services (such as pharmacy); and other operating costs (such as utility expenses and equipment maintenance). Breakdown on mental health service expenditure for individual clinic/unit is not available.

(b)

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 (50th percentile), upper quartile (75th percentile) and longest (90th percentile) waiting time for psychiatric specialty from 2009-10 to 2013-14 (up to 31 December 2013).

Year	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			
2009-10	5 073	13%	<1	<1	1	2	9 129	23%	1	3	5	7	25 052	63%	1	8	26	57
2010-11	4 651	11%	<1	<1	1	2	8 819	21%	1	3	5	7	27 498	66%	2	9	22	50
2011-12	4 435	10%	<1	<1	1	2	8 518	19%	2	3	6	7	31 927	70%	2	12	27	55
2012-13	4 327	9%	<1	1	1	2	8 718	18%	2	4	6	7	33 594	71%	3	16	39	70
2013-14 (up to 31 Dec 2013)	2 804	8%	<1	1	1	2	7 424	20%	2	4	7	8	25 824	71%	4	21	51	84

(c)

The table below sets out the number of hospital admissions to psychiatry specialty via Accident & Emergency (A&E) departments in HA from 2009-10 to 2013-14 (up to 31 December 2013):

	Number of hospital admissions to Psychiatry specialty via A&E Department
2009-10	6 847
2010-11	6 705
2011-12	6 972
2012-13	7 437
2013-14 (up to 31 December 2013) [provisional figures]	5 925

CONTROLLING OFFICER'S REPLY

FHB(H)113

(Question Serial No. 2431)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 - 433 (if applicable)

Question (Member Question No. 119):

(a) With regard to the Hospital Authority's Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector, please list the costs and amount of Government subsidies for Computed Tomography scan, Positron Emission Tomography, ultrasound, mammography screening and magnetic resonance imaging services.

(b) Please list the number of patients using Computed Tomography scan, Positron Emission Tomography, ultrasound, mammography screening and magnetic resonance imaging services in 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14, and tabulate the lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The "Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector" has been implemented since May 2012 to provide full subsidy to patients from selected cancer groups (including colorectal cancer, breast cancer, nasopharyngeal cancer and lymphoma) to receive computed tomography (CT) and magnetic resonance imaging (MRI) examinations provided by designated private service providers. Up to December 2013, payment of $14.9 million was made to the private sector, covering a total of 7 194 examinations (6 399 CT and 795 MRI).

(b)

The table below sets out the number of patient attendances for CT, MRI, ultrasound, mammography and positron emission tomography (PET) services in the Hospital Authority (HA) in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013):

Modality	2011-12	2012-13	2013-14 (up to 31 December 2013)
CT	297 052	330 626	267 478
MRI	52 145	61 289	51 583
Ultrasound	217 952	225 935	172 427
Mammography	19 192	20 052	16 273
PET	3 608	5 043	4 031

The tables below set out the 25th, 50th, 75th and 90th percentile waiting time for patients who received CT, MRI, ultrasound and mammography services in each hospital cluster of HA in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013):

2011-12

Cluster	Waiting time (in days) CT				MRI				Ultrasound				Mammography			
	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile
HKEC	<1	<1	15	79	6	73	214	405	2	31	118	187	84	290	392	510
HKWC	<1	<1	76	133	54	101	136	154	3	40	90	126	8	242	335	406
KCC	<1	<1	31	98	22	44	147	253	1	14	93	269	24	153	292	365
KEC	<1	<1	11	63	24	67	273	473	<1	31	206	379	<1	117	513	622
KWC	<1	<1	28	120	7	79	246	314	2	65	149	219	33	190	339	381
NTEC	<1	<1	7	125	3	78	244	500	1	35	150	254	111	274	453	553
NTWC	<1	<1	1	33	2	15	166	511	1	34	109	236	10	192	393	509
Overall	<1	<1	19	108	10	72	177	330	1	35	125	224	22	222	362	465

2012-13

Cluster	Waiting time (in days) CT				MRI				Ultrasound				Mammography			
	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile
HKEC	<1	<1	27	88	7	88	203	416	2	39	124	196	110	329	393	554
HKWC	<1	<1	84	143	75	114	166	203	3	43	96	141	13	312	385	436
KCC	<1	<1	21	100	36	62	123	288	1	15	62	158	11	166	281	375
KEC	<1	<1	12	51	32	88	358	616	<1	38	212	409	<1	64	521	659
KWC	<1	<1	28	133	16	105	208	365	1	71	170	252	59	205	379	501
NTEC	<1	<1	7	113	5	61	219	531	1	36	154	249	134	326	535	594
NTWC	<1	<1	1	17	2	23	272	714	2	18	90	183	7	51	405	593
Overall	<1	<1	20	107	16	85	190	386	1	32	127	220	24	243	389	537

2013-14 (up to 31 December 2013)

Cluster	Waiting time (in days) CT				MRI				Ultrasound				Mammography			
	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile	25th percentile	50th percentile	75th percentile	90th percentile
HKEC	<1	<1	17	88	7	56	201	516	2	36	132	201	179	351	437	722
HKWC	<1	<1	93	155	84	122	229	302	3	42	104	147	9	310	426	435
KCC	<1	<1	30	92	32	93	134	316	2	27	106	186	14	128	249	374
KEC	<1	<1	27	72	28	61	160	316	<1	76	188	416	<1	48	561	678
KWC	<1	<1	18	123	20	83	224	338	1	84	212	353	104	260	421	476
NTEC	<1	<1	3	112	6	69	257	553	2	45	190	345	91	337	581	614
NTWC	<1	<1	1	17	2	11	144	419	2	20	94	179	8	140	480	579
Overall	<1	<1	20	106	15	88	191	364	2	40	146	271	25	259	425	563

At present, PET services are provided in PYNEH and QEH. The table below sets out the 25th, 50th, 75th and 90th percentile waiting time for patients who received PET services in 2013-14 (up to 31 December 2013):

2013-14 (up to 31 December 2013)

Waiting time (in working days)				
Cluster (Hospital)	**PET**			
	25th	**50th**	**75th**	**90th**
	percentile			
HKEC (PYNEH)	4	7	11	21
KCC (QEH)	9	13	17	20

Note:
For CT, MRI, ultrasound and mammography services, HA's information on the number of patient attendances and waiting time for patients is available since 2011-12.

For PET services, HA's information on the number of patient attendances is available since 2011-12, while that on waiting time for patients is available since 2013-14.

Abbreviations

Clusters
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

Hospitals
PYNEH - Pamela Youde Nethersole Eastern Hospital
QEH - Queen Elizabeth Hospital

Reply Serial No.

FHB(H)114

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2435)

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

Subhead(No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 24):

In the "Matters Requiring Special Attention in 2014-15", the Administration states that it 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 provide details on the expenditure of smoking cessation services in 2013-14 and 2014-15 (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 organisations (NGOs), academic institutions and health care professions to promote smoking cessation and provide smoking cessation services to the public.

The expenditures / provisions of tobacco control activities managed by the Tobacco Control Office (TCO) of DH from 2013-14 and 2014-15 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, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified. In addition, HA operates ten full-time and 45 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. These smoking cessation services form an integral part of HA's overall service provision, and therefore such expenditure could not be separately identified.

Annex

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

	2013-14 Revised Estimate ($ million)	**2014-15 Estimate** ($ million)
Enforcement		
Programme 1: Statutory Functions	37.5	39.1
Health Education and Smoking Cessation		
Programme 3: Health Promotion	115.7	117.9
(a) General health education and promotion of smoking cessation		
TCO	*43.8*	*45.9*
Subvention: Council on Smoking and Health (COSH)	*22.0*	*21.2*
Sub-total	***65.8***	***67.1***
(b) Provision for smoking cessation and related services by NGOs		
Subvention to Tung Wah Group of Hospitals	*34.7*	*34.7*
Subvention to Pok Oi Hospital	*7.3*	*7.8*
Subvention to Po Leung Kuk	*2.1*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*1.4*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*1.3*	*2.3*
Sub-total	***49.9***	***50.8***
Total	**153.2**	**157.0**

Reply Serial No.

FHB(H)115

CONTROLLING OFFICER'S REPLY

(Question Serial No.2651)

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

Subhead (No. & title): (-) not specified

Programme: (2) Subvention – Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 25):

Under Matters Requiring Special Attention in 2014-15, the Administration states that it 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 Hong Kong East, New Territories East and New Territories West Clusters. Please provide details of these initiatives, including the expenditure, breakdown of estimated manpower, implementation timetable as well as the types of new services, service capacity and facilities, etc.

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2014-15, the Hospital Authority (HA) has earmarked over $270 million for the opening of 205 beds, of which 185 are acute general and 20 are convalescent/rehabilitation beds. A breakdown of the additional beds by clusters is set out in the following table:

Cluster	**Number of hospital beds to be opened in 2014-15**	
	Acute General	Convalescent/Rehabilitation
HKEC	40	-
KCC	24	-
KEC	4	-
KWC	3	20
NTEC	62	-
NTWC	52	-
Overall HA	**185**	**20**

Apart from the opening of beds, HA will implement the following measures in 2014-15 to meet the growing demand arising from population growth and ageing:

		$million
(a)	Enhance healthcare services to meet the medical needs of the local community on Lantau Island through the phased introduction of services in North Lantau Hospital	65
(b)	Commission the improved facilities provided under the redevelopment of Yan Chai Hospital and Caritas Medical Centre	69
(c)	Implement the following measures to improve patients' access to service: (i) Provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle the cases; (ii) Increase General Outpatient Clinic episodic quotas in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster; (iii) Increase the number of new case attendance at Specialist Outpatient (SOP) Clinics and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOP waiting lists and enhance SOP service as a whole; (iv) Establish a new joint replacement centre in New Territories West Cluster; (v) Increase the number of operating theatre sessions to improve access to elective surgeries; (vi) Enhance radiological imaging services including computed tomography and ultrasound scanning services; (vii) Augment the lung function laboratory and endoscopy service in HA; and (viii) Enhance the pharmacy workforce to meet the increasing demand for SOP pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.	287

HA will deploy existing staff and recruit additional staff to cope with the implementation of the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

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

FHB(H)116

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2652)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead(No. & title):	(-) Not Specified
Programme:	(1) Health
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page (if applicable)

Question(Member Question No. 26):

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	
Applications 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 1 March 2014, the Department of Health (DH) has received a total of 17 914 applications for registration of proprietary Chinese medicines, of which 14 172 applications have also applied for transitional registration. The breakdown is as follows-

Categories of applications	Outcome/Progress of application under the Chinese Medicines Board	Number of cases
(a) Application for transitional registration	Applications received by DH (i + ii + iii)	14 172
	(i) "Notices of confirmation of transitional registration of pCm" (HKP) issued	8 645
	(ii) Applications rejected	5 464
	(iii) Applications which have failed to fulfil the transitional registration requirements and transferred to applications for "Notices of confirmation of non-transitional registration of pCm" (HKNT)	63
	Applications for review (among those in (ii) above) - Review accepted: 435 - Review not accepted: 335 - Review applications withdrawn: 148 - Review cases pending processing: 57	975
(b) Applications for non-transitional registration only	Applications received by DH (i + ii + iii + iv)	3 742
	(i) "Notices of confirmation of non-transitional registration of pCm" (HKNT) issued	719
	(ii) "Certificate of registration of pCm" (HKC) issued	389
	(iii) Applications rejected	1 750
	(iv) Applications pending processing	884
	Applications for review (among those in (iii) above) - Review accepted: 221 - Review not accepted: 243 - Review applications withdrawn: 36 - Review cases pending processing: 98	598

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)117

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2659)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431-432 (if applicable)

Question (Member Question No. 116):

Regarding the waiting time for specialist services:

(a) Please tabulate, by cluster, the number of cataract surgeries carried out by public hospitals, and the number of patients and their waiting time in 2011-12, 2012-13 and 2013-14.

	2011-12	2012-13	2013-14
no. of surgeries			
no. of patients on the waiting list			
Average waiting time by cluster NT East NT West Kln East Kln Central Kln West HK East HK West			
Average costs of surgeries			

(b) In the past three years, how many patients were subsidised by the Hospital Authority to receive cataract surgeries in the private sector? Please tabulate details below.

	2011-12	2012-13	2013-14
no. of surgeries			
no. of patients on the waiting list			
Average waiting time by cluster NT East NT West Kln East Kln Central Kln West HK East HK West			

Average costs of surgeries			
Average amount of money paid by patient per case			

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The table below sets out the number of cataract surgeries provided by the Hospital Authority (HA) and the number of patients and their average waiting time by cluster in 2011-12, 2012-13 and 2013-14

	2011-12	**2012-13**	**2013-14 (up to December 2013)**
Number of surgeries			
HKEC	3 934	3 936	2 926
HKWC	4 523	3 054	3 198
KCC	6 654	6 595	4 947
KEC	4 995	5 038	3 400
KWC	2 293	2 318	1 867
NTEC	3 560	3 757	3 314
NTWC	2 689	2 647	2 177
Number of patients on the waiting list (as at 31 March of financial year end)			
HKEC	5 836	4 213	3 525
HKWC	528	1 740	752
KCC	10 478	9 964	10 502
KEC	6 657	5 644	6 762
KWC	4 132	3 931	3 673
NTEC	5 657	4 711	3 908
NTWC	4 493	4 701	4 881
Estimated average waiting time (months) (as at 31 March of financial year end)			
HKEC	18	13	10
HKWC	1	7	2
KCC	19	18	19
KEC	16	13	18
KWC	22	20	19
NTEC	19	15	12
NTWC	20	21	22

The average cost per cataract operation in 2011-12 and 2012-13 were $12,400 and $13,750 respectively. The projected average cost for 2013-14 is around $14,050. The average cost represents an average computed with reference to the total costs of the respective cataract surgery service and the corresponding activities.

(b)

The table below sets out the number of patients subsidised by HA to receive cataract surgeries in the private sector and the actual / projected waiting time to receive the surgery in the Cataract Surgeries Programme in 2011-12, 2012-13 and 2013-14

	2011-12	**2012-13**	**2013-14 (up to December 2013)**
Number of surgeries under the Cataract Surgeries Programme	2 703	900 [Note]	700
Actual / Projected time for patient to receive surgery in the Cataract Surgeries Programme after they are listed in HA for cataract surgery (months)	24	24	24 (Projected)

Under the Cataract Surgeries Programme, patients who choose to receive the surgeries in the private sector will receive a fixed subsidy of $5,000, subject to a co-payment of no more than $8,000 for each patient. As the co-payment is settled between the patient and the private doctor, HA does not have readily available information on the actual co-payment involved.

[Note]: With the implementation of cross clusters referral and the establishment of the two Cataract Centres in 2009 and 2011, HA's annual throughput for cataract surgeries has increased and the waiting time has been shortened accordingly. Consequently more patients chose to have their surgeries conducted in HA and hence the number of surgeries conducted under the Cataract Surgeries Programme has dropped.

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

FHB(H)118

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2660)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 - 432 (if applicable)

Question (Member Question No. 102):

Please provide the following information:

(a) The number of Hospital Authority's open recruitment advertisements, the number of days they were posted and the expenses involved by quarter and medium in the past five years.

(b) Regarding the open recruitment advertisements above, what was the number of persons to be recruited? What were the ranks involved? What were the forms of employment and registration, and the clusters to which these posts belonged?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The Hospital Authority (HA) adopts an open recruitment system under which the authority for hiring employees in a hospital rests with the Hospital Chief Executive who is the overall manager of the hospital. Any employee or outside candidate who considers that he/she meets the entry requirements of a post advertised may submit an application for appointment. Channels for inviting applications in recruitment exercises normally include a combination of open recruitment advertisement on the HA Internet, the press, journals and other online media.

HA and its hospitals and institutions conducts a large number of recruitment exercises of various grade, ranks, positions every year; and in accordance with prevailing practice, data of completed recruitment exercises are timely destroyed after completion of the processes. Therefore, detailed breakdowns by quarter and medium of recruitment advertisements arranged by HA in the past years are not available.

The table below provides the number of HA's open recruitment advertisements and the number of days posted at the Careers Webpage of HA Internet from 2009-10 to 2013-14 (as at 31 December 2013):

Year	Month	Number of Advertisements	Number of Days Published
2009-10	April - June	378	6 421
	July - September	434	8 216
	October - December	384	7 295
	January - March	324	6 813

Year	Month	Number of Advertisements	Number of Days Published
2010-11	April - June	393	6 007
	July - September	486	11 284
	October - December	508	9 653
	January - March	562	10 441
2011-12	April - June	535	12 418
	July - September	669	12 299
	October - December	662	12 649
	January - March	667	13 825
2012-13	April - June	691	11 907
	July - September	686	14 593
	October - December	619	11 522
	January - March	607	13 632
2013-14 (as at 31 December 2013)	April - June	692	14 013
	July - September	735	14 286
	October - December	605	9 666

The table below provides the expenses involved in recruitment advertisements from 2009-10 to 2013-14 (as at 31 December 2013):

Year	Month	Expenditure on Recruitment Advertisements ($)#
2009-10	April - June	631,300
	July - September	385,500
	October - December	1,313,800
	January - March	656,200
2010-11	April - June	605,580
	July - September	802,800
	October - December	1,131,600
	January - March	570,900
2011-12	April - June	705,500
	July - September	257,000
	October - December	730,600
	January - March	857,100
2012-13	April - June	774,600
	July - September	834,570
	October - December	614,000
	January - March	963,500
2013-14 (as at 31 December 2013)	April - June	513,200
	July - September	731,500
	October - December	1,043,900

Expenditure rounded to the nearest hundred.

(b)

Recruitment exercises are normally initiated and carried out by the hospitals/institutions/head office where the vacancies/posts exist, while there are also situations of central recruitment exercises such as annual graduate intake of doctors, nurses and allied health professionals to entry ranks of the grades.

New hires through open recruitment are mainly employed on contract full-time terms, supplemented by contract part-time terms, temporary full-time terms and temporary part-time terms depending on service needs.

The table below provides the intake* by staff group for the past five years:

Staff Group	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014 (as at 31 December 2013)
Medical	346	348	417	444	359
Nursing	950	1 333	1 741	1 950	1 758
Allied Health	341	353	550	558	477
Others	3 272	3 179	4 587	5 366	4 682

* Intake refers to total number of staff joining HA (i.e. including part-time staff but excluding temporary staff) on headcount basis during the period. Transfer, promotion & staff movement within HA are not regarded as intake.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2661)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 124 Page 45 (if applicable)

Question (Member Question No. 103):

It is stated in paragraph 124 of the Budget Speech that funding approval will be sought from the Legislative Council to provide 1 400 additional hospital beds. Please provide details of the distribution of the 1 400 hospital beds by specialty and cluster and a breakdown of the estimated additional expenditure, manpower and service capacity involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Administration plans to spend $55 billion on the construction and redevelopment of several public hospitals and provide 1 400 additional hospital beds.

Two new hospitals, namely Tin Shui Wai Hospital (TSWH) and Hong Kong Children's Hospital (HKCH) will have a planned capacity of 300 and 468 beds respectively upon completion of construction by 2016 (TSWH) and 2017 (HKCH). For the expansion of United Christian Hospital (UCH), the construction works of which is planned for completion by 2021, the total number of beds will increase from about 1 400 to around 1 700. The total number of beds in Kwong Wah Hospital will increase from about 1 200 to around 1 550 after its redevelopment planned for completion by 2022.

The Hospital Authority will work out the detailed operational arrangements, including distribution of the beds by specialty, as well as the estimated additional manpower requirement at a later stage when the respective detailed design and commissioning plans are finalised.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2662)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430-431 (if applicable)

Question (Member Question No. 4):

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 2012-13, 2013-14 and 2014-15 (Estimate).
(b) Names of drugs to be added to the Formulary in 2014-15, numbers of patients using and expected to use these drugs in 2012-13, 2013-14 and 2014-15, 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 2014-15, numbers of patients using and expected to use these drugs in 2012-13, 2013-14 and 2014-15, 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 2012-13 and 2013-14. Since appraisal of new drugs is an ongoing process driven by evolving medical evidence, latest clinical development and market dynamics, HA is unable to project the number of new drugs to be incorporated into and removed from the HA Drug Formulary in 2014-15 at present.

	2012-13	**2013-14**
Number of new drugs incorporated into the HA Drug Formulary	22	25
Number of drugs removed from the HA Drug Formulary	2	47

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 2012-13 and 2013-14 (projection based on expenditure figure as at 31 December 2013) are $3,753 million and $4,028 million respectively. In 2014-15, HA plans to allocate additional recurrent funding of $37 million to extend the therapeutic applications of Special Drugs for treating pyschosis, dementia and prostate cancer to enhance treatment for the patients concerned. The growth in drug consumption expenditure on General and Special drugs in the HA Drug Formulary is projected at around 4%.

(b)

Since HA is unable to project the number of new drugs to be incorporated into the HA Drug Formulary in 2014-15, HA is unable to provide the name of new drugs, the number of patients using and expected to use these drugs in 2012-13, 2013-14 and 2014-15, the amount paid by patients purchasing such drugs at their own expenses, and the estimated expenditure involved in introducing such drugs which will be prescribed to patients at standard fees and charges.

(c)

HA will extend the therapeutic applications of Special Drugs for treating pyschosis, dementia and prostate cancer in 2014-15. The table below sets out the patient headcount prescribed with atypical anti-psychotic and anti-dementia drugs in 2012-13 and 2013-14 (up to 31 December 2013). HA is unable to project the number of patients expected to use these drugs in 2014-15.

Drug Class	**2012-13**	**2013-14 (Up to 31 December 2013)**
Atypical Anti-psychotic drugs	65 955	66 356
Anti-dementia drugs	15 472	16 184

HA is unable to provide the patient headcount prescribed with drugs for treating prostate cancer in 2012-13 and 2013-14 as drugs in this therapeutic group are used for more than one clinical indication. The current system does not capture patient headcount prescribed for specific indications of drugs in this therapeutic group.

The table below sets out the estimated expenditure involved and the estimated number of patients who will benefit from these three drug classes in 2014-15.

Drug Class	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
Atypical anti-psychotic drugs	20	8 000
Anti-dementia drugs	12	2 700
Drugs for treating adjuvant prostate cancer	5	440

Reply Serial No.

FHB(H)121

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2663)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(2) Subvention: Hospital Authority
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 5):

(a) The 2013-14 revised estimate of the subvention for the Hospital Authority (HA) has increased by $1.13 billion over the original estimate. Please provide details of the additional financial provision allocated to individual clusters and explain the reasons.

(b) The 2014-15 estimate of the subvention for HA has further increased by $1.79 billion over the 2013-14 revised estimate. Please provide details of the additional financial provision to be allocated to individual clusters and explain the reasons.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The increase of $1.13 billion in the 2013-14 revised estimate over the original estimate is mainly due to an increase of $1.16 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2013 pay adjustment, offset by the return of $0.01 billion for the Government's 50% share of the additional income arising from the obstetric package charges for non-eligible persons for 2012-13 and other minor adjustments of $0.02 billion.

(b)

The financial provision for HA for 2014-15 is $1.79 billion higher than the revised estimate for 2013-14. The additional financial provision in 2014-15 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 2014-15 include:

   (i) supporting the hospital and service commissioning of the North Lantau Hospital, Caritas Medical Centre Phase II Redevelopment and Yan Chai Hospital Redevelopment;

   (ii) coordinating service and capital planning of future hospital redevelopment projects;

   (iii) 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 205 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital, Pamela Youde

Nethersole Eastern Hospital, United Christian Hospital, Tseung Kwan O Hospital, North Lantau Hospital and Caritas Medical Centre as well as decongesting the overcrowded wards in acute hospitals through redistribution of beds and provision of extra manpower;

(iv) increasing drug supply to meet growing service demand;

(v) supporting technology advancement and new treatment options for microbiological, gynaecological and surgical services;

(vi) developing safer service models to enhance patient safety including procuring additional single use device and further improving the sterilisation services for operating theatres;

(vii) 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;

(viii) strengthening business support services to provide better back-up for the growing and advancing healthcare services; and

(ix) strengthening the support in managing different aspects of capital works.

(2) **$253 million additional provision** for HA to improve waiting time management by setting up supporting sessions to alleviate the workload at Accident and Emergency Departments, providing additional sessions at specialist out-patient clinics to manage new cases, setting up the third Joint Replacement Centre, opening additional operating theatre and endoscopy sessions, enhancing the lung function laboratory and radiology services as well as extending the service hours of pharmacies in hospitals by phases.

(3) **$310 million additional provision** for HA to implement a number of new/on-going initiatives, including:

(i) enhancing mental health services by improving both community and hospital-based mental health services;

(ii) increasing the general outpatient clinic episodic quota with a total of 32 000 attendances in Kowloon East, Kowloon West and New Territories West Clusters; and

(iii) supporting the operation of the first stage of the Electronic Health Record Sharing System (eHRSS) where HA serves as the technical agency for the Government, subject to the passage of the eHRSS bill by the Legislative Council.

The budget allocation to individual clusters including the additional financial provision for 2014-15 is being worked out and hence not yet available.

Reply Serial No.

FHB(H)122

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2664)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 - 433 (if applicable)

Question (Member Question No. 6):

Please list out by cluster and all clusters as a whole the total population and persons aged 65 or above served/to be served under the Hospital Authority in 2013-14 and 2014-15 (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 2013-14. Budget allocation to the clusters for 2014-15 is not yet available.

Cluster	**2013-14 (as of 31 Dec 2013) ($ billion)**
HKEC	4.63
HKWC	4.82
KCC	5.82
KEC	4.49
KWC	9.71
NTEC	6.92
NTWC	5.56
Total	**41.95**

The tables below set out the population and the population aged 65 or above in respect of each cluster in 2013 and 2014.

Projected Population in 2013 (as at mid-2013)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	779 900	131 500
Central & Western, Southern	HKWC	532 300	80 300
Kowloon City, Yau Tsim	KCC	510 700	84 000
Kwun Tong, Sai Kung	KEC	1 086 100	150 500
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 933 500	305 400
Sha Tin, Tai Po, North	NTEC	1 256 300	152 100
Tuen Mun, Yuen Long	NTWC	1 089 100	114 500
Overall Hong Kong		**7 188 700**	**1 018 400**

Projected Population in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	777 500	137 300
Central & Western, Southern	HKWC	531 300	84 200
Kowloon City, Yau Tsim	KCC	540 300	89 700
Kwun Tong, Sai Kung	KEC	1 094 200	155 500
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 939 800	314 700
Sha Tin, Tai Po, North	NTEC	1 266 900	160 600
Tuen Mun, Yuen Long	NTWC	1 099 700	121 500
Overall Hong Kong		**7 250 400**	**1 063 600**

Note:
(a) The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures in the above table have also been adjusted accordingly.

(b) The 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.

It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Other relevant factors that have to be taken into account include differences among clusters on needs for public hospital services (given the different and changing demographic characteristics and economic status of the population), cross-cluster use of HA services, as well as varying complexity of treatments of patients in individual clusters. Since the portfolio of hospitals was

not originally planned on a cluster basis and not all clusters started at the same stage, the level and scope of hospital facilities and expertise available in different clusters also vary.

Against this background, some degree of mismatch exists between the supply of and demand for hospital facilities. HA has made strenuous efforts over the years to address this mismatch through service planning, ranging from the building of new hospitals and facilities to expansion of clinical services and development of new services. This in turn determines how resources are allocated across clusters.

The table below sets out the number of doctors, nurses and allied health staff in each cluster, their respective percentages of the HA total, as well as their ratio per 1 000 population in 2013-14 (as at 31 December 2013). Relevant information for 2014-15 is not yet available.

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population												Catchment district
	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	580	10.8%	0.7	4.4	2 435	10.8%	3.1	18.5	747	11.4%	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	605	11.2%	1.1	7.5	2 525	11.2%	4.7	31.4	841	12.9%	1.6	10.5	Central & Western, Southern
KCC	692	12.8%	1.4	8.2	3 138	14.0%	6.1	37.4	975	14.9%	1.9	11.6	Kowloon City, Yau Tsim
KEC	630	11.7%	0.6	4.2	2 461	10.9%	2.3	16.3	685	10.5%	0.6	4.6	Kwun Tong, Sai Kung
KWC	1 298	24.1%	0.7	4.2	5 306	23.6%	2.7	17.4	1 475	22.6%	0.8	4.8	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	878	16.3%	0.7	5.8	3627	16.1%	2.9	23.8	1 016	15.6%	0.8	6.7	Sha Tin, Tai Po, North
NTWC	713	13.2%	0.7	6.2	2 998	13.3%	2.8	26.2	791	12.1%	0.7	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 396**	**100.0%**	**0.8**	**5.3**	**22 489**	**100.0%**	**3.1**	**22.1**	**6 530**	**100.0%**	**0.9**	**6.4**	

The table below sets out the number and ratio of general beds in HA per 1 000 population by hospital clusters in 2013-14 and 2014-15.

<u>2013-14</u>

Hospital Cluster	Number of general beds (Revised Estimate)	% of overall HA	Number of general bed per 1 000 geographical population of catchment districts	Number of general bed per 1 000 geographical population aged 65 or above of catchment districts	Catchment district
HKEC	2 004	9.5%	2.6	15.2	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	13.5%	5.4	35.6	Central & Western, Southern
KCC	3 005	14.2%	5.9	35.8	Kowloon City, Yau Tsim
KEC	2 291	10.8%	2.1	15.2	Kwun Tong, Sai Kung

Hospital Cluster	Number of general beds (Revised Estimate)	% of overall HA	Number of general bed per 1 000 geographical population of catchment districts	Number of general bed per 1 000 geographical population aged 65 or above of catchment districts	Catchment district
KWC	5 221	24.7%	2.7	17.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 477	16.5%	2.8	22.9	Sha Tin, Tai Po, North
NTWC	2 274	10.8%	2.1	19.9	Tuen Mun, Yuen Long
Overall HA	**21 132**	**100.0%**	**2.9**	**20.8**	

2014-15

Hospital Cluster	Number of general beds (Estimate)	% of overall HA	Number of general bed per 1 000 geographical population of catchment districts	Number of general bed per 1 000 geographical population aged 65 or above of catchment districts	Catchment district
HKEC	2 044	9.6%	2.6	14.9	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	13.4%	5.4	34.0	Central & Western, Southern
KCC	3 029	14.2%	5.6	33.8	Kowloon City, Yau Tsim
KEC	2 295	10.8%	2.1	14.8	Kwun Tong, Sai Kung
KWC	5 244	24.6%	2.7	16.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 539	16.6%	2.8	22.0	Sha Tin, Tai Po, North
NTWC	2 326	10.9%	2.1	19.1	Tuen Mun, Yuen Long
Overall HA	**21 337**	**100.0%**	**2.9**	**20.1**	

It should be noted that the ratio of doctors, nurses and allied health staff per 1000 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.

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

FHB(H)123

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2665)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 7):

(a) Please list by specialty and cluster (including all clusters as a whole and a breakdown by cluster) the number of general inpatient beds, bed occupancy rate, number of attendances, number of patients (headcounts), number of patient days, average length of stay, cost per inpatient discharged and cost per patient day of services under the Hospital Authority in 2012-13, 2013-14 and 2014-15 (Estimate).

(b) Please explain the computation of bed occupancy rate (e.g. calculating on the basis of occupancy time or number of attendances).

(c) Please list by cluster, hospital, month and specialty the bed occupancy rate in the past year in table form.

Hospital		January	February	……	Annual average
	Medicine				
	Surgery				
	……				
Cluster		January	February	……	Annual average
	Medicine				
	Surgery				
	……				

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) and (c)

The table below sets out (i) the number of general inpatient beds, (ii) bed occupancy rate, (iii) number of inpatient discharges and deaths (IP D&D), (iv) number of patient days and (v) inpatient average length of stay (IP ALOS) by major specialties in each cluster under the Hospital Authority (HA) in 2012-13, 2013-14 (up to 31 December 2013). For 2014-15 (Estimate), the relevant information for all general specialties is also provided below but the figures by specialties are not yet available.

2012-13

	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
Bed occupancy rate	83%	73%	88%	87%	85%	88%	96%	85%
IP D&D	110 819	109 116	123 486	119 798	253 894	163 370	125 435	1 005 918
Patient days	534 857	631 256	871 227	594 698	1 334 340	978 724	660 474	5 605 576
IP ALOS (days)	4.9	5.8	7.0	5.0	5.2	6.0	5.2	5.6
Gynaecology								
Number of hospital beds#	40	78	29	79	139	64	49	478
Bed occupancy rate	90%	53%	90%	70%	84%	69%	98%	76%
IP D&D	3 691	4 007	3 626	5 592	10 751	4 352	5 511	37 530
Patient days	8 193	10 733	9 449	13 708	20 926	8 517	10 395	81 921
IP ALOS (days)	2.2	2.6	2.6	2.4	1.9	1.9	1.9	2.1
Medicine								
Number of hospital beds#	866	950	1 115	1 020	2 239	1 330	968	8 488
Bed occupancy rate	87%	82%	99%	94%	95%	101%	99%	95%
IP D&D	49 259	43 731	43 962	55 330	105 420	68 135	46 673	412 510
Patient days	253 383	243 133	354 322	312 945	670 391	459 447	314 356	2 607 977
IP ALOS (days)	4.7	5.5	7.8	5.3	6.0	6.6	6.4	6.0
Obstetrics								
Number of hospital beds#	67	89	130	82	226	145	70	809
Bed occupancy rate	75%	65%	72%	67%	71%	62%	97%	71%
IP D&D	4 914	5 930	7 596	6 403	15 523	9 341	8 367	58 074
Patient days	14 253	17 356	25 266	18 199	43 821	26 047	24 877	169 819
IP ALOS (days)	2.9	2.9	3.3	2.8	2.8	2.8	3.0	2.9
Orthopaedics & Traumatology								
Number of hospital beds#	181	334	298	256	505	456	280	2 310
Bed occupancy rate	85%	68%	91%	91%	86%	90%	94%	87%
IP D&D	9 006	8 766	8 640	10 999	20 465	16 457	9 323	83 656
Patient days	50 787	70 001	94 300	74 887	142 581	147 215	89 307	669 078
IP ALOS (days)	5.4	7.7	10.4	6.2	6.7	8.6	9.0	7.6
Paediatrics								
Number of hospital beds#	54	177	124	112	361	166	84	1 078
Bed occupancy rate	87%	69%	70%	76%	63%	81%	89%	73%
IP D&D	4 733	5 684	6 122	10 986	19 754	12 157	7 996	67 432
Patient days	15 574	30 983	28 193	28 959	60 371	43 599	27 327	235 006
IP ALOS (days)	4.7	4.4	4.1	2.5	3.0	3.7	3.3	3.4

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Surgery								
Number of hospital beds#	258	596	288	334	726	463	275	2 940
Bed occupancy rate	76%	76%	89%	79%	72%	93%	97%	81%
IP D&D	15 239	19 656	14 884	20 746	40 648	21 793	17 427	150 393
Patient days	59 084	125 736	77 887	86 909	167 967	124 463	75 998	718 044
IP ALOS (days)	3.6	5.7	4.9	3.9	3.9	5.5	4.0	4.4

Number of hospital beds as at 31 March 2013

2013-14 (up to 31 December 2013) [Provisional Figures]

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescence) Specialties								
Number of hospital beds*	2 004	2 860	3 005	2 291	5 221	3 477	2 274	21 132
Bed occupancy rate	85%	73%	88%	88%	85%	89%	97%	86%
IP D&D	80 942	80 808	89 228	88 044	190 540	120 336	96 359	746 257
Patient days	414 994	472 029	659 470	466 817	1 017 385	740 179	522 186	4 293 060
IP ALOS (days)	5.2	5.9	7.4	5.3	5.3	6.2	5.4	5.8
Gynaecology								
Number of hospital beds^	40	78	29	79	139	60	49	474
Bed occupancy rate	95%	54%	86%	54%	84%	70%	98%	73%
IP D&D	2 853	3 121	2 802	4 172	7 791	3 173	4 090	28 002
Patient days	6 558	8 085	6 722	10 107	15 691	6 518	7 802	61 483
IP ALOS (days)	2.2	2.5	2.4	2.4	2.0	2.0	1.9	2.2
Medicine								
Number of hospital beds^	872	950	1 091	1 132	2 223	1 361	987	8 616
Bed occupancy rate	89%	81%	104%	97%	97%	102%	104%	97%
IP D&D	36 622	32 384	31 048	41 442	80 566	48 950	36 363	307 375
Patient days	199 743	183 849	270 885	250 702	515 856	345 895	252 040	2 018 970
IP ALOS (days)	5.1	5.6	8.5	5.5	6.1	6.9	6.7	6.3
Obstetrics								
Number of hospital beds^	65	89	130	81	254	145	70	834
Bed occupancy rate	71%	60%	67%	56%	62%	57%	89%	65%
IP D&D	2 758	3 877	5 261	3 965	10 126	6 322	5 970	38 279
Patient days	9 928	12 015	17 849	11 598	28 855	18 297	17 045	115 587
IP ALOS (days)	3.5	3.0	3.4	2.9	2.8	2.9	2.8	3.0

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Orthopaedics & Traumatology								
Number of hospital beds^	183	334	298	256	507	456	328	2 362
Bed occupancy rate	91%	68%	97%	91%	89%	91%	90%	88%
IP D&D	7 102	6 711	6 651	8 355	16 645	12 508	7 488	65 460
Patient days	39 628	53 229	75 410	61 153	112 679	113 163	69 658	524 920
IP ALOS (days)	5.4	7.6	10.9	6.4	6.4	8.9	8.6	7.6
Paediatrics								
Number of hospital beds^	54	183	124	110	361	183	84	1 099
Bed occupancy rate	86%	70%	68%	77%	63%	86%	90%	74%
IP D&D	3 411	4 198	4 621	7 818	14 381	9 670	5 961	50 060
Patient days	11 626	24 551	20 510	22 139	45 381	34 947	20 836	179 990
IP ALOS (days)	3.6	5.3	4.7	2.7	3.0	3.5	3.3	3.5
Surgery								
Number of hospital beds^	258	596	288	336	726	426	310	2 940
Bed occupancy rate	79%	74%	91%	82%	73%	94%	101%	82%
IP D&D	11 648	15 126	11 378	15 630	31 257	16 108	13 864	115 011
Patient days	46 034	92 372	60 012	67 743	128 086	94 193	64 173	552 613
IP ALOS (days)	3.7	5.6	4.9	4.0	3.9	5.5	4.3	4.5

* Number of hospital beds as at 31 March 2014
^ Number of hospital beds as at 31 December 2013

2014-15 (Estimate)

	Cluster							All clusters
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All General (acute & convalescence) Specialties								
Number of hospital beds$^{\Delta}$	2 044	2 860	3 029	2 295	5 244	3 539	2 326	21 337
Bed occupancy rate	83%	73%	88%	87%	85%	88%	96%	85%
IP D&D	108 130	112 580	127 290	122 290	249 840	162 660	126 310	1 009 100
Patient days	540 800	646 500	886 400	631 800	1 337 400	980 200	646 900	5 670 000
IP ALOS (days)	4.9	5.8	7.0	5.1	5.3	6.2	5.2	5.6

Δ Number of hospital beds as at 31 March 2015

HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, not patient headcount as the latter is unable to reflect in full the services (e.g. admissions/attendances, discharges, transfers etc involving possibly multiple specialties, service units and hospitals) delivered to the patients in their treatment journeys. The requested data on patient headcount are not readily available. HA also organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence information by cluster provides a better picture than that by hospital on service utilisation. On bed occupancy rate, the yearly averages for individual major specialties, which are the usual reference for planning and review of service utilisation, are provided instead of the monthly average figures.

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 2012-13.

Specialty	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
<u>Average cost per general patient day ($)</u>								
Medicine	3,860	4,320	3,680	3,700	3,540	3,780	3,590	3,740
Surgery	6,140	5,630	6,150	5,100	5,440	5,610	5,230	5,580
Obstetrics & Gynaecology	6,210	5,770	5,010	6,300	5,260	5,920	4,760	5,490
Paediatrics	4,840	6,570	5,070	4,930	4,930	5,120	4,650	5,150
Orthopaedics & Traumatology	5,350	4,630	4,650	4,240	5,010	4,680	4,660	4,750
Overall average cost per general patient day	4,420	4,900	3,910	4,240	4,060	4,100	3,940	4,180
<u>Average cost per general inpatient discharged ($)</u>								
Medicine	15,620	18,460	21,290	14,140	17,080	17,440	16,190	17,070
Surgery	18,050	31,620	27,070	19,840	19,180	22,870	17,320	22,100
Obstetrics & Gynaecology	14,360	13,070	11,350	15,360	10,600	11,820	8,100	11,540
Paediatrics	15,080	33,470	24,250	16,130	16,850	21,350	18,380	19,990
Orthopaedics & Traumatology	24,960	31,590	39,140	27,470	28,170	29,850	33,050	30,080
Overall average cost per general inpatient discharged	18,950	25,160	25,180	19,420	19,650	22,280	18,570	21,140

The table below sets out the projected average cost per general patient day and average cost per general inpatient discharged by hospital clusters in 2013-14. The breakdown by different specialties is not yet available.

	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Projected overall average cost per general patient day ($)	4,670	5,170	4,070	4,460	4,340	4,330	4,390	4,440
Projected overall average cost per general inpatient discharged ($)	20,840	26,340	25,800	20,970	21,300	23,580	20,040	22,580

The estimated average cost per general patient day and average cost per general inpatient discharged for 2014-15 are $4,590 and $23,390 respectively. The breakdown of information by hospital clusters and specialties is not yet available.

The inpatient service costs include the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic & operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and equipment maintenance). The average cost per general patient day and average cost per general inpatient discharged of individual hospital cluster represents an average computed with reference to its total costs of the respective inpatient service and the corresponding general patient days and inpatients discharged.

It should also be noted that the cost per general patient day and cost per general inpatient discharged vary among different cases and different specialties owing to the varying complexity of conditions of patients and 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 the population profile and other factors, including specialization 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 different clusters or specialties.

(b) Bed occupancy rate is calculated as the percentage of time a bed is being occupied.

<u>Abbreviations</u>
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

CONTROLLING OFFICER'S REPLY

FHB(H)124

(Question Serial No. 2666)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No.8):

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 in 2012-13, 2013-14 and 2014-15 (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 2012-13, 2013-14 (from April to December 2013) and 2014-15 (Estimate). Breakdown of estimated attendance by specialty in 2014-15 is not yet available.

2012-13

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP 1st attendances	HKEC	6 681	4 229	9 833	3 993	11 394	6 833	1 251	2 591	10 217	**64 766**
	HKWC	5 503	5 658	9 322	8 438	9 471	8 229	2 733	2 646	10 332	**76 043**
	KCC	12 207	4 443	8 843	11 281	21 184	5 474	1 682	2 219	12 208	**95 239**
	KEC	7 337	5 620	12 560	3 455	15 576	10 334	3 168	4 806	16 711	**95 908**
	KWC	13 910	9 668	21 436	17 620	16 498	14 360	6 071	8 537	26 456	**148 483**
	NTEC	12 151	7 212	13 966	13 380	16 282	14 325	3 107	6 591	16 648	**121 191**
	NTWC	10 686	5 027	8 013	3 119	16 407	8 157	1 802	4 899	13 907	**80 425**
	Overall	**68 475**	**41 857**	**83 973**	**61 286**	**106 812**	**67 712**	**19 814**	**32 289**	**106 479**	**682 055**
SOP Follow-up attendances	HKEC	30 353	23 102	234 671	21 972	119 152	51 732	14 646	74 824	65 836	**711 015**
	HKWC	25 653	38 433	215 801	29 349	76 371	55 892	33 699	55 362	116 135	**736 945**
	KCC	51 649	25 344	205 549	52 306	203 735	54 549	31 468	64 382	82 842	**914 333**
	KEC	22 016	32 125	159 451	29 641	113 695	61 847	35 417	87 550	67 445	**650 023**
	KWC	56 929	50 425	532 909	68 567	127 734	111 138	50 232	208 790	154 650	**1 463 347**
	NTEC	36 952	40 036	266 039	28 470	135 772	94 880	34 785	116 462	75 032	**944 314**
	NTWC	30 161	22 686	183 659	44 150	132 824	55 147	24 157	135 450	62 918	**783 423**
	Overall	**253 713**	**232 151**	**1 798 079**	**274 455**	**909 283**	**485 185**	**224 404**	**742 820**	**624 858**	**6 203 400**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP Total attendances	HKEC	37 034	27 331	244 504	25 965	130 546	58 565	15 897	77 415	76 053	**775 781**
	HKWC	31 156	44 091	225 123	37 787	85 842	64 121	36 432	58 008	126 467	**812 988**
	KCC	63 856	29 787	214 392	63 587	224 919	60 023	33 150	66 601	95 050	**1 009 572**
	KEC	29 353	37 745	172 011	33 096	129 271	72 181	38 585	92 356	84 156	**745 931**
	KWC	70 839	60 093	554 345	86 187	144 232	125 498	56 303	217 327	181 106	**1 611 830**
	NTEC	49 103	47 248	280 005	41 850	152 054	109 205	37 892	123 053	91 680	**1 065 505**
	NTWC	40 847	27 713	191 672	47 269	149 231	63 304	25 959	140 349	76 825	**863 848**
	Overall	**322 188**	**274 008**	**1 882 052**	**335 741**	**1 016 095**	**552 897**	**244 218**	**775 109**	**731 337**	**6 885 455**

2013-14 (April to December 2013) [Provisional Figures]

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP 1st attendances	HKEC	5 025	3 682	7 346	2 806	8 544	5 391	882	2 032	8 296	**50 361**
	HKWC	3 713	4 339	6 856	6 141	6 786	6 672	2 414	1 921	8 427	**57 298**
	KCC	8 680	3 529	6 817	9 138	15 873	3 963	1 369	1 448	9 636	**72 693**
	KEC	6 023	5 170	10 250	2 790	13 294	8 877	2 372	3 525	15 112	**81 551**
	KWC	10 186	7 545	16 435	12 489	12 443	11 346	4 594	6 553	20 524	**113 800**
	NTEC	9 785	6 539	11 695	10 555	14 450	11 282	2 314	4 751	13 158	**97 050**
	NTWC	8 013	4 224	6 237	2 288	12 559	6 390	1 422	3 348	10 918	**62 223**
	Overall	**51 425**	**35 028**	**65 636**	**46 207**	**83 949**	**53 921**	**15 367**	**23 578**	**86 071**	**534 976**
SOP Follow-up attendances	HKEC	24 729	17 392	182 470	14 429	90 668	38 749	10 729	58 670	50 339	**545 946**
	HKWC	19 160	30 303	169 176	21 568	63 299	43 135	25 001	43 139	92 440	**581 273**
	KCC	37 482	20 701	153 779	40 564	155 307	39 391	23 461	47 997	64 733	**695 764**
	KEC	17 926	24 815	119 578	21 919	88 543	46 008	25 553	65 222	53 129	**496 544**
	KWC	43 340	39 563	406 414	49 421	97 875	85 598	38 476	161 281	114 465	**1 118 457**
	NTEC	30 536	30 450	201 411	21 830	109 123	71 615	26 174	90 666	56 628	**730 708**
	NTWC	23 839	17 775	140 291	34 418	101 521	43 838	19 280	103 722	50 307	**608 229**
	Overall	**197 012**	**180 999**	**1 373 119**	**204 149**	**706 336**	**368 334**	**168 674**	**570 697**	**482 041**	**4 776 921**
SOP Total attendances	HKEC	29 754	21 074	189 816	17 235	99 212	44 140	11 611	60 702	58 635	**596 307**
	HKWC	22 873	34 642	176 032	27 709	70 085	49 807	27 415	45 060	100 867	**638 571**
	KCC	46 162	24 230	160 596	49 702	171 180	43 354	24 830	49 445	74 369	**768 457**
	KEC	23 949	29 985	129 828	24 709	101 837	54 885	27 925	68 747	68 241	**578 095**
	KWC	53 526	47 108	422 849	61 910	110 318	96 944	43 070	167 834	134 989	**1 232 257**
	NTEC	40 321	36 989	213 106	32 385	123 573	82 897	28 488	95 417	69 786	**827 758**
	NTWC	31 852	21 999	146 528	36 706	114 080	50 228	20 702	107 070	61 225	**670 452**
	Overall	**248 437**	**216 027**	**1 438 755**	**250 356**	**790 285**	**422 255**	**184 041**	**594 275**	**568 112**	**5 311 897**

2014-15 (Estimate)

	Cluster	All specialties
SOP 1st attendances	HKEC	64 600
	HKWC	77 200
	KCC	97 500
	KEC	101 400
	KWC	150 000
	NTEC	120 100
	NTWC	80 200
	Overall	**691 000**
SOP Follow-up attendances	HKEC	703 500
	HKWC	732 300
	KCC	921 100
	KEC	648 400
	KWC	1 467 900
	NTEC	925 100
	NTWC	777 700
	Overall	**6 176 000**
SOP Total attendances	HKEC	768 100
	HKWC	809 500
	KCC	1 018 600
	KEC	749 800
	KWC	1 617 900
	NTEC	1 045 200
	NTWC	857 900
	Overall	**6 867 000**

The table below sets out the average cost per specialist outpatient (SOP) attendance for major specialties by hospital clusters for 2012-13.

Specialty	**Average cost per SOP attendance ($)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
ENT	790	680	735	865	565	1,050	885	780
MED	1,700	1,890	2,250	1,980	1,580	1,990	1,860	1,840
O&G	1,050	1,100	770	770	685	730	810	815
OPH	505	410	530	425	475	585	505	500
ORT	945	990	730	780	810	1,030	950	890
PAE	1,160	1,800	1,160	980	1,240	1,270	1,100	1,260
PSY	1,030	1,310	1,220	1,070	1,090	1,210	1,300	1,160
SUR	1,300	1,730	1,070	1,330	1,180	1,270	1,400	1,330
SOP (overall)	1,040	1,250	1,000	915	1,020	1,120	1,050	1,050

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2013-14. The breakdown by different specialties is not yet available.

2013-14	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Projected overall average cost per SOP attendance	1,110	1,300	1,050	980	1,060	1,210	1,120	1,110

The estimated average cost per SOP attendance is $1,150 for 2014-15. The breakdown by hospital clusters and specialties is not yet available.

The SOP service costs include the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and equipment maintenance). The unit cost per SOP attendance of individual hospital cluster represents an average computed with reference to its total costs of the respective SOP service and the corresponding attendances.

It should also be noted that the cost per 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 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. 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

Specialty:
ENT – Ear, Nose & Throat
GYN – Gynaecology
MED – Medicine
OBS – Obstetrics
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)125

CONTROLLING OFFICER'S REPLY

(Question Serial No.2667)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 - 434 (if applicable)

Question (Member Question No. 9):

Please tabulate in the format below the cross-district attendance rate of the Hospital Authority in 2012-13, 2013-14 and 2014-15 (Estimate):

a) number of specialist outpatient attendance and number of patients

b) number of general outpatient attendance and number of patients

c) number of accident and emergency attendance and number of patients

d) number of patients for general inpatient services and number of patients

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 2012-13 and 2013-14 (up to 31 December 2013) are set out in the following tables. Corresponding figures for 2014-15 are not yet available.

a)

Number of attendances of specialist out-patient service provided by HA in 2012-13 and 2013-14 (up to 31 December 2013).

2012-13

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	658 262	121 453	15 458	5 985	11 945	8 468	2 092	**823 663**
Central & Western, Southern	**HKWC**	38 107	509 170	9 208	2 452	7 359	5 589	1 726	**573 611**
Kowloon City, Yau Tsim	**KCC**	7 318	17 918	332 685	7 964	70 731	12 394	2 544	**451 554**
Kwun Tong, Sai Kung	**KEC**	29 970	38 851	168 043	667 333	64 035	32 536	4 955	**1 005 723**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	23 850	71 319	394 751	43 796	1 367 367	54 515	19 923	**1 975 521**
Sha Tin, Tai Po, North	**NTEC**	10 646	25 183	56 911	13 237	46 427	914 348	11 226	**1 077 978**
Tuen Mun, Yuen Long	**NTWC**	7 396	24 294	29 845	5 042	43 237	34 635	820 619	**965 068**
Others (e.g. Macau, Mainland China, etc.)		232	4 800	2 671	122	729	3 020	763	**12 337**
Overall		**775 781**	**812 988**	**1 009 572**	**745 931**	**1 611 830**	**1 065 505**	**863 848**	**6 885 455**

2013-14 (up to 31 December 2013) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	506 220	95 951	11 276	4 429	8 900	6 004	1 627	**634 407**

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Central & Western, Southern	**HKWC**	28 836	395 222	6 958	1 862	5 756	4 120	1 407	**444 161**
Kowloon City, Yau Tsim	**KCC**	5 662	14 667	253 027	6 370	53 279	9 639	2 041	**344 685**
Kwun Tong, Sai Kung	**KEC**	23 034	30 777	128 360	518 867	48 277	24 641	3 800	**777 756**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	18 441	57 684	300 684	32 722	1 047 102	41 146	15 478	**1 513 257**
Sha Tin, Tai Po, North	**NTEC**	8 040	20 251	42 826	9 997	35 675	713 330	8 910	**839 029**
Tuen Mun, Yuen Long	**NTWC**	5 817	19 986	23 436	3 741	32 632	26 319	636 551	**748 482**
Others (e.g. Macau, Mainland China, etc.)		257	4 033	1 890	107	636	2 559	638	**10 120**
Overall		**596 307**	**638 571**	**768 457**	**578 095**	**1 232 257**	**827 758**	**670 452**	**5 311 897**

b)

Number of attendances of general out-patient service provided by HA in 2012-13 and 2013-14 (up to 31 December 2013).

2012-13

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	491 531	17 306	3 590	4 050	6 915	2 181	1 136	**526 709**
Central & Western, Southern	**HKWC**	36 890	322 014	2 409	1 855	4 323	1 462	1 004	**369 957**
Kowloon City, Yau Tsim	**KCC**	4 639	2 430	314 829	5 609	42 710	3 066	1 422	**374 705**
Kwun Tong, Sai Kung	**KEC**	18 020	7 627	44 207	801 068	59 282	9 203	2 801	**942 208**

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	15 551	10 873	163 981	37 657	1 408 358	15 828	10 548	**1 662 796**
Sha Tin, Tai Po, North	**NTEC**	6 899	4 265	24 487	13 802	36 050	862 691	6 457	**954 651**
Tuen Mun, Yuen Long	**NTWC**	4 262	3 382	7 686	3 158	24 007	12 599	742 257	**797 351**
Others (e.g. Macau, Mainland China, etc.)		369	96	260	149	550	1 156	437	**5 030***
Overall		**578 161**	**367 993**	**561 449**	**867 348**	**1 582 195**	**908 186**	**766 062**	**5 633 407***

2013-14 (up to 31 December 2013) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	369 457	13 545	2 684	3 209	5 023	1 589	852	**396 359**
Central & Western, Southern	**HKWC**	26 758	256 380	1 815	1 348	3 427	1 188	726	**291 642**
Kowloon City, Yau Tsim	**KCC**	3 342	2 083	237 847	4 810	33 166	2 466	1 178	**284 892**
Kwun Tong, Sai Kung	**KEC**	13 357	6 091	33 438	638 831	44 733	7 005	2 170	**745 625**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	11 549	8 673	126 111	30 110	1 068 881	12 040	8 327	**1 265 691**
Sha Tin, Tai Po, North	**NTEC**	5 182	3 200	18 680	10 873	27 354	675 892	4 922	**746 103**
Tuen Mun, Yuen Long	**NTWC**	3 315	2 730	6 028	2 467	18 297	10 091	585 937	**628 865**

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Others (e.g. Macau, Mainland China, etc.)		234	67	289	123	383	1 040	324	**2 815***
Overall		**433 194**	**292 769**	**426 892**	**691 771**	**1 201 264**	**711 311**	**604 436**	**4 361 992***

* The numbers of general out-patient service attendance at the mobile clinics are 2013 and 355 in 2012-13 and 2013-14 (up to 31 December 2013) 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 2012-13 and 2013-14 (up to 31 December 2013).

2012-13

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	199 233	9 731	2 407	2 665	3 766	2 499	1 237	**221 538**
Central & Western, Southern	**HKWC**	19 287	106 357	1 572	1 187	2 589	1 499	881	**133 372**
Kowloon City, Yau Tsim	**KCC**	3 157	1 652	86 585	2 757	31 084	2 881	1 213	**129 329**
Kwun Tong, Sai Kung	**KEC**	9 003	2 992	16 920	278 975	19 391	7 766	2 285	**337 332**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	9 437	6 418	84 141	22 731	487 452	14 717	8 160	**633 056**
Sha Tin, Tai Po, North	**NTEC**	4 262	2 031	7 333	4 559	15 570	364 763	4 674	**403 192**
Tuen Mun, Yuen Long	**NTWC**	3 277	2 212	4 636	2 340	16 776	12 323	340 418	**381 982**
Others (e.g. Macau, Mainland China, etc.)		1 274	1 171	2 620	619	3 498	3 136	1 191	**13 509**
Overall		**248 930**	**132 564**	**206 214**	**315 833**	**580 126**	**409 584**	**360 059**	**2 253 310**

2013-14 (up to 31 December 2013) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	145 763	7 356	1 672	2 016	2 859	1 819	823	**162 308**
Central & Western, Southern	HKWC	14 209	77 858	1 175	810	2 023	1 120	801	**97 996**
Kowloon City, Yau Tsim	KCC	2 408	1 415	62 260	2 535	23 768	2 112	1 026	**95 524**
Kwun Tong, Sai Kung	KEC	6 790	2 387	11 774	214 136	13 744	5 697	1 794	**256 322**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	7 107	5 286	59 995	17 274	368 019	11 082	6 227	**474 990**
Sha Tin, Tai Po, North	NTEC	3 132	1 610	5 338	3 549	11 956	265 852	3 524	**294 961**
Tuen Mun, Yuen Long	NTWC	2 381	1 544	3 517	1 744	12 429	8 922	255 263	**285 800**
Others (e.g. Macau, Mainland China, etc.)		938	1 035	1 738	411	2 509	2 120	805	**9 556**
Overall		**182 728**	**98 491**	**147 469**	**242 475**	**437 307**	**298 724**	**270 263**	**1 677 457**

d)

Number of inpatient discharge episodes including discharges and deaths for all general specialties of inpatient service provided by HA in 2012-13 and 2013-14 (up to 31 December 2013).

2012-13

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	95 688	12 544	995	761	1 217	952	317	**112 474**
Central & Western, Southern	HKWC	6 013	76 396	632	384	881	609	290	**85 205**

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Kowloon City, Yau Tsim	**KCC**	907	1 791	46 036	1 147	13 775	1 324	394	**65 374**
Kwun Tong, Sai Kung	**KEC**	3 132	3 618	15 015	106 931	7 072	3 257	642	**139 667**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	2 583	8 116	53 396	7 826	219 768	5 818	2 446	**299 953**
Sha Tin, Tai Po, North	**NTEC**	1 231	2 440	3 744	1 851	5 062	145 926	1 286	**161 540**
Tuen Mun, Yuen Long	**NTWC**	1 024	3 050	2 835	774	5 131	4 370	119 726	**136 910**
Others (e.g. Macau, Mainland China, etc.)		241	1 161	833	124	988	1 114	334	**4 795**
Overall		**110 819**	**109 116**	**123 486**	**119 798**	**253 894**	**163 370**	**125 435**	**1 005 918**

2013-14 (up to 31 December 2013) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	70 322	9 256	746	495	921	660	252	**82 652**
Central & Western, Southern	**HKWC**	4 341	55 711	553	237	634	446	223	**62 145**
Kowloon City, Yau Tsim	**KCC**	612	1 451	34 089	939	10 490	937	271	**48 789**
Kwun Tong, Sai Kung	**KEC**	2 222	2 808	10 697	78 826	5 078	2 483	539	**102 653**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 788	6 356	37 558	5 550	165 342	4 543	1 837	**222 974**
Sha Tin, Tai Po, North	**NTEC**	771	1 992	2 865	1 342	3 624	107 163	950	**118 707**
Tuen Mun, Yuen Long	**NTWC**	702	2 408	2 194	575	3 785	3 372	92 055	**105 091**
Others (e.g. Macau, Mainland China, etc.)		184	826	526	80	666	732	232	**3 246**
Overall		**80 942**	**80 808**	**89 228**	**88 044**	**190 540**	**120 336**	**96 359**	**746 257**

e)

Number of patient days for all general specialties of inpatient service provided by HA in 2012-13 and 2013-14 (up to 31 December 2013).

2012-13

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	466 326	78 057	6 677	3 730	6 607	6 349	1 514	**569 260**
Central & Western, Southern	**HKWC**	30 693	414 500	5 194	1 795	5 163	4 355	1 322	**463 022**
Kowloon City, Yau Tsim	**KCC**	4 150	14 443	300 244	7 099	81 766	8 156	2 392	**418 250**
Kwun Tong, Sai Kung	**KEC**	12 504	24 819	145 871	528 391	37 367	21 074	4 042	**774 068**
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	10 721	54 678	370 769	39 089	1 146 034	39 532	13 926	**1 674 749**
Sha Tin, Tai Po, North	**NTEC**	5 141	17 352	19 052	9 489	26 340	862 689	6 969	**947 032**
Tuen Mun, Yuen Long	**NTWC**	3 971	19 109	17 896	4 301	25 145	28 167	627 461	**726 050**
Others (e.g. Macau, Mainland China, etc.)		1 351	8 298	5 524	804	5 918	8 402	2 848	**33 145**
Overall		**534 857**	**631 256**	**871 227**	**594 698**	**1 334 340**	**978 724**	**660 474**	**5 605 576**

2013-14 (up to 31 December 2013) [Provisional Figures]

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Eastern, Wan Chai, Islands (excl. Lantau Island)	**HKEC**	365 115	57 564	5 802	2 702	5 549	4 307	1 185	**442 224**
Central & Western, Southern	**HKWC**	21 525	300 828	4 228	1 324	3 395	2 603	1 403	**335 306**
Kowloon City, Yau Tsim	**KCC**	2 738	12 205	233 972	6 460	65 816	6 759	1 487	**329 437**
Kwun Tong, Sai Kung	**KEC**	9 270	19 912	109 822	417 506	25 115	16 199	3 478	**601 302**

Patients' district of residence	Corresponding hospital cluster	Hospital cluster which provided the service							HA Overall
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	8 679	44 479	271 849	28 580	875 185	32 943	10 796	**1 272 511**
Sha Tin, Tai Po, North	**NTEC**	3 066	13 646	16 540	6 221	18 882	649 879	5 465	**713 699**
Tuen Mun, Yuen Long	**NTWC**	3 448	15 752	13 026	3 089	19 020	20 906	495 394	**570 635**
Others (e.g. Macau, Mainland China, etc.)		1 153	7 643	4 231	935	4 423	6 583	2 978	**27 946**
Overall		**414 994**	**472 029**	**659 470**	**466 817**	**1 017 385**	**740 179**	**522 186**	**4 293 060**

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

Reply Serial No.

FHB(H)126

CONTROLLING OFFICER'S REPLY

(Question Serial No.2668)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 10):

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 and 90th percentile waiting time by specialty and hospital cluster for 2013-14.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets 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 (50th percentile), upper quartile (75th percentile) and longest (90th percentile) waiting time in each hospital cluster for 2013-14 (up to 31 December 2013).

2013-14 (up to 31 December 2013) [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 percentile	50th percentile	75th percentile	90th percentile			25th percentile	50th percentile	75th percentile	90th percentile			25th percentile	50th percentile	75th percentile	90th percentile
HKE	ENT	895	14%	<1	<1	<1	<1	2 004	32%	1	3	6	7	3 362	54%	16	34	37	45
	MED	1 669	19%	<1	1	1	2	2 538	29%	2	3	6	7	4 645	52%	5	13	33	47
	GYN	590	13%	<1	<1	<1	1	700	16%	3	3	5	6	3 176	71%	9	14	19	23
	OPH	4 093	44%	<1	<1	<1	1	1 335	14%	4	7	7	8	3 887	42%	10	15	23	37
	ORT	1 378	19%	<1	1	1	1	1 704	24%	4	6	7	7	4 153	57%	14	49	51	51
	PAE	137	14%	<1	1	1	2	685	68%	3	5	7	7	180	18%	9	13	17	29
	PSY	376	14%	<1	1	1	1	697	26%	2	3	5	6	1 577	60%	3	9	25	27
	SUR	1 525	15%	<1	1	1	2	3 031	30%	4	6	7	8	5 597	55%	10	15	40	47
HKW	ENT	484	10%	<1	<1	1	1	1 573	32%	3	6	7	8	2 825	58%	8	23	64	97
	MED	1 156	13%	<1	<1	1	1	1 169	13%	3	5	7	8	6 873	75%	10	30	40	57
	GYN	920	15%	<1	1	1	2	672	11%	3	4	5	7	3 796	64%	8	16	19	27
	OPH	2 853	37%	<1	<1	1	1	1 075	14%	4	4	7	8	3 801	49%	15	17	19	20
	ORT	751	9%	<1	<1	1	1	1 133	14%	2	3	5	7	6 456	77%	6	14	28	42
	PAE	301	16%	<1	<1	1	1	622	33%	2	5	7	8	953	51%	10	17	19	19
	PSY	143	5%	<1	1	1	2	406	13%	1	3	5	7	2 607	83%	3	13	34	77
	SUR	1 640	15%	<1	1	1	2	1 837	17%	3	5	6	8	7 589	68%	6	22	49	66
KC	ENT	1 059	9%	<1	<1	<1	<1	650	5%	<1	1	3	5	10 443	86%	4	21	23	28
	MED	1 193	13%	<1	<1	1	1	1 280	14%	3	4	5	7	6 629	72%	12	38	60	84
	GYN	359	8%	<1	<1	1	1	1 342	32%	3	4	4	5	2 524	60%	4	8	23	28
	OPH	5 580	30%	<1	<1	<1	<1	4 149	22%	1	2	3	5	8 655	47%	43	53	57	60
	ORT	261	4%	<1	<1	1	1	757	12%	<1	2	4	6	5 163	84%	29	54	66	92
	PAE	438	26%	<1	<1	1	1	328	19%	4	6	6	7	923	55%	6	15	20	20
	PSY	183	9%	<1	<1	1	1	744	36%	2	4	7	8	1 162	56%	7	16	32	41
	SUR	1 669	12%	<1	1	1	1	2 329	17%	3	4	6	7	9 425	70%	19	24	31	64
KE	ENT	1 276	19%	<1	<1	1	1	1 866	28%	3	6	7	7	3 543	53%	24	52	69	80
	MED	1 311	9%	<1	1	1	1	3 341	24%	5	7	7	7	9 534	67%	12	41	54	76
	GYN	1 316	20%	<1	1	1	1	835	12%	3	6	7	7	4 577	68%	12	37	77	94
	OPH	4 335	32%	<1	<1	1	1	706	5%	3	7	7	7	8 627	63%	11	23	64	71
	ORT	2 973	24%	<1	<1	1	1	2 240	18%	5	7	7	8	7 025	57%	35	128	146	149
	PAE	667	21%	<1	<1	<1	1	561	18%	4	7	7	7	1 941	61%	15	20	28	35
	PSY	263	5%	<1	1	1	2	1 663	30%	3	5	7	8	3 431	61%	12	50	75	94
	SUR	1 219	6%	<1	1	1	1	4 384	23%	4	5	7	7	13 314	70%	4	25	131	151

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	2 517	19%	<1	<1	1	1	3 491	27%	4	6	7	8	7 085	54%	15	24	39	42
	MED	2 121	9%	<1	<1	1	2	4 702	21%	4	6	7	7	15 368	68%	20	42	62	74
	GYN	730	7%	<1	<1	1	1	2 006	19%	4	6	7	7	8 029	74%	12	20	34	46
	OPH	4 789	33%	<1	<1	<1	<1	4 642	32%	5	6	7	7	5 099	35%	34	43	45	48
	ORT	3 202	19%	<1	<1	1	1	4 344	26%	3	5	7	8	9 237	55%	45	55	82	101
	PAE	2 137	37%	<1	<1	<1	1	724	12%	4	6	7	7	2 864	49%	8	10	16	17
	PSY	278	3%	<1	1	1	2	664	6%	1	4	7	8	9 987	91%	1	18	52	93
	SUR	4 075	14%	<1	1	1	2	8 059	28%	4	6	7	7	16 893	58%	18	37	67	108
NTE	ENT	3 240	28%	<1	<1	1	2	2 409	21%	3	3	5	7	5 870	51%	23	55	70	82
	MED	2 108	13%	<1	<1	1	1	1 957	12%	3	5	7	8	11 610	72%	19	63	70	77
	GYN	1 005	11%	<1	<1	1	2	513	5%	3	6	8	8	6 115	65%	19	49	81	124
	OPH	5 458	35%	<1	<1	<1	1	2 303	15%	3	4	7	8	7 689	50%	16	47	69	118
	ORT	4 474	27%	<1	<1	<1	1	1 733	11%	4	5	7	8	10 262	62%	20	111	120	125
	PAE	422	13%	<1	<1	1	2	594	19%	3	5	6	7	2 106	67%	13	27	41	53
	PSY	1 124	17%	<1	1	1	2	1 787	26%	3	4	7	8	3 810	56%	14	37	74	95
	SUR	1 630	9%	<1	<1	1	2	2 585	14%	3	5	6	7	14 268	77%	16	27	69	80
NTW	ENT	1 984	21%	<1	<1	<1	1	914	10%	3	3	4	7	6 687	70%	13	27	30	33
	MED	869	11%	1	1	1	2	1 752	23%	5	6	7	7	5 112	66%	22	36	43	51
	GYN	823	15%	1	1	2	4	802	14%	4	6	7	9	4 008	71%	10	15	23	43
	OPH	5 218	34%	<1	<1	<1	1	2 591	17%	2	4	5	6	7 383	49%	23	55	64	69
	ORT	1 281	13%	<1	1	1	2	876	9%	2	4	5	7	7 822	78%	18	69	78	83
	PAE	28	2%	<1	<1	2	2	201	12%	5	6	7	8	1 438	86%	12	13	14	14
	PSY	437	8%	<1	1	1	1	1 463	28%	2	5	7	7	3 250	62%	8	25	38	46
	SUR	1 046	6%	<1	1	2	7	2 737	16%	4	7	17	24	13 753	78%	22	48	55	59
Overall HA	ENT	11 455	18%	<1	<1	1	1	12 907	20%	3	4	7	8	39 815	62%	13	24	38	59
	MED	10 427	12%	<1	<1	1	2	16 739	19%	3	6	7	7	59 771	68%	13	39	58	74
	GYN	5 743	12%	<1	1	1	2	6 870	15%	3	4	6	7	32 225	68%	10	19	41	70
	OPH	32 326	34%	<1	<1	<1	1	16 801	18%	3	4	6	7	45 141	48%	13	41	59	69
	ORT	14 320	19%	<1	<1	1	1	12 787	17%	3	5	7	7	50 118	65%	16	53	97	124
	PAE	4 130	22%	<1	<1	1	1	3 715	20%	3	6	7	8	10 405	57%	9	14	20	33
	PSY	2 804	8%	<1	1	1	2	7 424	20%	2	4	7	8	25 824	71%	4	21	51	84
	SUR	12 804	11%	<1	1	1	2	24 962	21%	4	5	7	8	80 839	68%	13	30	56	103

Note

Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

Abbreviations

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
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
HA – Hospital Authority

Reply Serial No.

FHB(H)127

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2669)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 11):

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 2012-13 and 2013-14.

Asked by: Hon. LEUNG Ka-lau

Reply:

The table below sets out the number and remunerations (including salaries, allowances, provident fund and other benefits) of the Chief Executive, Directors, Deputy Directors, Division Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for 2012-13. The actual expenditure for 2013-14 will only be available after the close of the current financial year.

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

(Question Serial No. 2670)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 12):

Please provide a detailed breakdown of the annual turnover of medical officers in hospitals of the Hospital Authority in 2012-13 and 2013-14 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, attrition rates and years of service of doctors by major departments and by ranks in each hospital cluster of the Hospital Authority (HA) in 2012-13 and 2013-14 (rolling 12 months from 1 January 2013 to 31 December 2013).

In general, HA fills 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 2012-13 and 2013-14, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2013, there were 5 407 doctors working in HA, representing an increase of 2.8% from 5 260 in 2012-13, and 4.7% from 5 165 in 2011-12. The total additional expenditure incurred in the recruitment and promotion of doctors exceeds the savings from staff wastage by around $331 million and $358 million for 2012-13 and 2013-14 respectively.

Table 1: Attrition figures of full-time doctors by department and by rank in each hospital cluster in 2012-13 and 2013-14

Cluster	Department	2012-13				2013-14 (rolling 12 months from 1 Jan 2013 to 31 Dec 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	0	1	1	0	0	1	1
	Anaesthesia	0	0	1	1	0	1	3	4
	Family Medicine	0	0	0	0	0	0	1	1
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	2	0	2	4	0	0	2	2
	Neurosurgery	0	0	1	1	0	0	0	0

Cluster	Department	2012-13				2013-14 (rolling 12 months from 1 Jan 2013 to 31 Dec 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Obstetrics & Gynaecology	0	0	0	0	1	0	0	1
	Ophthalmology	0	1	1	2	0	0	1	1
	Orthopaedics & Traumatology	0	1	0	1	0	0	0	0
	Paediatrics	0	0	3	3	1	1	0	2
	Pathology	0	1	0	1	0	2	0	2
	Psychiatry	0	1	0	1	0	0	0	0
	Radiology	0	1	0	1	1	4	0	5
	Surgery	3	1	0	4	1	3	0	4
	Others	1	0	1	2	1	0	1	2
	Total	**6**	**6**	**10**	**22**	**5**	**11**	**9**	**25**
HKWC	Accident & Emergency	0	0	0	0	0	0	0	0
	Anaesthesia	1	0	1	2	1	1	2	4
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	0	1	1	0	0	1	1
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	2	1	5	8	1	1	1	3
	Neurosurgery	0	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	1	1	1	3	1	0	1	2
	Ophthalmology	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	1	1	0	0	0	0
	Paediatrics	0	0	2	2	0	0	1	1
	Pathology	0	1	1	2	0	1	3	4
	Psychiatry	0	0	3	3	1	0	2	3
	Radiology	1	0	0	1	0	0	1	1
	Surgery	2	2	1	5	3	3	0	6
	Others	0	1	0	1	0	2	0	2
	Total	**7**	**6**	**16**	**29**	**7**	**9**	**12**	**28**
KCC	Accident & Emergency	0	2	2	4	0	0	1	1
	Anaesthesia	0	0	0	0	0	0	0	0
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	1	1	2
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	0	1	3	4	2	1	0	3
	Neurosurgery	1	0	0	1	1	0	0	1
	Obstetrics & Gynaecology	0	1	0	1	0	0	0	0
	Ophthalmology	1	1	0	2	1	1	2	4
	Orthopaedics & Traumatology	1	1	0	2	0	1	0	1
	Paediatrics	0	1	0	1	0	0	0	0
	Pathology	0	1	1	2	0	0	0	0
	Psychiatry	0	0	0	0	0	0	2	2
	Radiology	0	0	0	0	1	1	0	2
	Surgery	0	1	0	1	1	1	0	2
	Others	2	0	1	3	1	1	0	2
	Total	**5**	**9**	**9**	**23**	**7**	**7**	**6**	**20**
KEC	Accident & Emergency	0	0	2	2	0	0	1	1
	Anaesthesia	0	1	2	3	0	1	0	1
	Family Medicine	0	0	3	3	0	0	4	4
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	2	1	5	8	1	1	1	3
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	2	0	2	0	0	0	0
	Ophthalmology	0	2	1	3	0	0	3	3
	Orthopaedics & Traumatology	0	0	1	1	1	0	1	2
	Paediatrics	0	0	2	2	0	0	3	3
	Pathology	0	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	1	0	1

Cluster	Department	2012-13				2013-14 (rolling 12 months from 1 Jan 2013 to 31 Dec 2013)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Radiology	1	1	0	2	0	1	0	1
	Surgery	1	1	1	3	0	2	0	2
	Others	0	0	0	0	0	0	0	0
	Total	**4**	**8**	**17**	**29**	**2**	**6**	**13**	**21**
KWC	Accident & Emergency	0	1	8	9	0	2	3	5
	Anaesthesia	0	3	3	6	1	0	1	2
	Family Medicine	0	0	12	12	0	1	1	2
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	3	3	3	9	4	3	5	12
	Neurosurgery	0	0	1	1	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	0	0	0	0
	Ophthalmology	0	1	0	1	0	1	0	1
	Orthopaedics & Traumatology	0	1	1	2	1	1	0	2
	Paediatrics	1	0	3	4	0	1	1	2
	Pathology	1	0	1	2	2	0	0	2
	Psychiatry	0	4	0	4	0	0	1	1
	Radiology	1	2	0	3	2	4	0	6
	Surgery	2	5	1	8	1	0	2	3
	Others	0	0	1	1	0	0	0	0
	Total	**8**	**20**	**34**	**62**	**11**	**13**	**14**	**38**
NTEC	Accident & Emergency	0	1	1	2	0	2	1	3
	Anaesthesia	0	0	1	1	0	1	0	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	0	4	4
	Intensive Care Unit	0	0	1	1	0	0	0	0
	Medicine	1	0	4	5	0	0	5	5
	Neurosurgery	1	0	0	1	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	1	1	1	3
	Ophthalmology	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	2	2	0	0	0	0
	Paediatrics	0	0	3	3	0	0	4	4
	Pathology	0	0	1	1	0	0	1	1
	Psychiatry	0	2	0	2	0	1	1	2
	Radiology	0	1	0	1	0	0	0	0
	Surgery	0	0	0	0	0	1	2	3
	Others	0	1	0	1	0	0	1	1
	Total	**2**	**5**	**15**	**22**	**1**	**6**	**20**	**27**
NTWC	Accident & Emergency	0	2	1	3	0	0	0	0
	Anaesthesia	1	0	1	2	2	1	0	3
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	1	2	3	0	1	4	5
	Intensive Care Unit	0	0	1	1	0	1	1	2
	Medicine	0	1	6	7	1	2	2	5
	Neurosurgery	0	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	1	0	0	1	0	0	2	2
	Ophthalmology	1	1	0	2	1	0	0	1
	Orthopaedics & Traumatology	1	2	1	4	1	1	0	2
	Paediatrics	0	0	3	3	0	0	0	0
	Pathology	0	0	1	1	1	1	1	3
	Psychiatry	1	1	3	5	0	1	1	2
	Radiology	0	2	1	3	0	2	1	3
	Surgery	1	1	1	3	1	1	0	2
	Others	0	0	1	1	0	1	0	1
	Total	**6**	**11**	**22**	**39**	**7**	**13**	**12**	**32**

Table 2: Attrition rates of full-time doctors by major department and by rank in 2012-13 and 2013-14

Department	2012-13				2013-14 (rolling 12 months from 1 Jan 2013 to 31 Dec 2013)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	-	4.1%	6.8%	5.3%	-	2.6%	3.2%	2.7%
Anaesthesia	3.9%	2.9%	5.3%	4.2%	7.8%	3.5%	3.5%	4.1%
Cardio-thoracic Surgery	-	-	-	-	-	-	-	-
Family Medicine	-	1.3%	4.9%	4.3%	-	3.7%	3.6%	3.5%
Intensive Care Unit	-	-	3.9%	1.7%	-	1.8%	1.8%	1.6%
Medicine	7.7%	2.0%	4.4%	4.0%	6.8%	2.1%	2.5%	2.9%
Neurosurgery	13.7%	-	4.3%	4.7%	6.1%	8.6%	-	3.4%
Obstetrics & Gynaecology	5.1%	7.9%	0.8%	3.3%	7.7%	1.9%	3.3%	3.7%
Ophthalmology	11.0%	13.1%	2.3%	6.6%	10.8%	4.2%	7.0%	6.6%
Orthopaedics & Traumatology	3.8%	5.4%	3.6%	4.2%	5.7%	3.1%	0.6%	2.2%
Paediatrics	2.1%	1.1%	10.5%	6.1%	2.0%	2.0%	5.9%	3.9%
Pathology	2.0%	4.1%	7.3%	4.7%	5.9%	5.4%	7.9%	6.4%
Psychiatry	2.9%	7.5%	3.1%	4.5%	2.9%	2.7%	3.8%	3.3%
Radiology	4.5%	8.4%	0.9%	4.1%	6.0%	13.9%	1.7%	6.7%
Surgery	12.5%	8.5%	1.4%	4.9%	9.6%	8.3%	1.4%	4.5%
Others	6.9%	2.9%	2.9%	3.6%	4.4%	5.4%	1.5%	3.1%
Overall	**5.6%**	**4.2%**	**4.2%**	**4.4%**	**5.8%**	**4.0%**	**3.0%**	**3.7%**

Table 3: Years of service in HA of departed full-time doctors by department in each hospital cluster in 2012-13 and 2013-14

2012-13

Cluster	Department	2012-13						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	0	0	0	1	0	1
	Medicine	0	0	2	0	2	0	4
	Neurosurgery	0	1	0	0	0	0	1
	Ophthalmology	0	0	1	0	1	0	2
	Orthopaedics & Traumatology	0	0	0	0	1	0	1
	Paediatrics	0	0	2	1	0	0	3
	Pathology	0	0	0	0	1	0	1
	Psychiatry	0	0	0	1	0	0	1
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	0	1	3	0	4
	Others	0	0	1	0	1	0	2
	Total	**0**	**2**	**7**	**3**	**10**	**0**	**22**
HKWC	Anaesthesia	0	1	0	0	1	0	2
	Family Medicine	0	0	1	0	0	0	1
	Medicine	0	2	3	1	2	0	8
	Obstetrics & Gynaecology	0	2	0	0	1	0	3
	Orthopaedics & Traumatology	0	1	0	0	0	0	1
	Paediatrics	0	0	2	0	0	0	2
	Pathology	0	1	0	0	1	0	2
	Psychiatry	0	1	0	1	0	1	3
	Radiology	0	0	0	0	1	0	1
	Surgery	0	0	1	2	2	0	5
	Others	0	0	0	1	0	0	1
	Total	**0**	**8**	**7**	**5**	**8**	**1**	**29**
KCC	Accident & Emergency	0	1	1	0	2	0	4
	Family Medicine	0	2	0	0	0	0	2
	Medicine	0	1	0	2	1	0	4
	Neurosurgery	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	0	0	1	0	0	1
	Ophthalmology	0	0	0	0	2	0	2
	Orthopaedics & Traumatology	0	0	0	0	2	0	2

Cluster	Department	2012-13						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Paediatrics	0	0	0	0	1	0	1
	Pathology	0	1	0	0	1	0	2
	Surgery	0	0	0	0	1	0	1
	Others	0	0	0	1	2	0	3
	Total	**0**	**5**	**1**	**4**	**13**	**0**	**23**
KEC	Accident & Emergency	1	1	0	0	0	0	2
	Anaesthesia	1	1	0	1	0	0	3
	Family Medicine	0	0	2	0	1	0	3
	Medicine	0	3	1	0	2	2	8
	Obstetrics & Gynaecology	0	0	1	1	0	0	2
	Ophthalmology	0	1	1	1	0	0	3
	Orthopaedics & Traumatology	0	1	0	0	0	0	1
	Paediatrics	0	1	1	0	0	0	2
	Radiology	0	0	1	0	1	0	2
	Surgery	0	1	0	1	0	1	3
	Total	**2**	**9**	**7**	**4**	**4**	**3**	**29**
KWC	Accident & Emergency	0	3	3	1	1	1	9
	Anaesthesia	0	3	2	0	1	0	6
	Family Medicine	0	9	3	0	0	0	12
	Medicine	1	1	1	0	5	1	9
	Neurosurgery	0	1	0	0	0	0	1
	Ophthalmology	0	0	1	0	0	0	1
	Orthopaedics & Traumatology	1	0	0	1	0	0	2
	Paediatrics	0	1	1	1	1	0	4
	Pathology	0	0	1	0	1	0	2
	Psychiatry	0	0	2	0	2	0	4
	Radiology	0	0	1	0	2	0	3
	Surgery	0	0	1	1	4	2	8
	Others	0	0	0	1	0	0	1
	Total	**2**	**18**	**16**	**5**	**17**	**4**	**62**
NTEC	Accident & Emergency	0	0	1	0	1	0	2
	Anaesthesia	1	0	0	0	0	0	1
	Family Medicine	0	1	0	0	1	0	2
	Intensive Care Unit	0	1	0	0	0	0	1
	Medicine	0	3	1	1	0	0	5
	Neurosurgery	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	1	0	1	0	0	2
	Paediatrics	1	1	1	0	0	0	3
	Pathology	0	0	1	0	0	0	1
	Psychiatry	0	0	0	1	0	1	2
	Radiology	0	0	0	0	1	0	1
	Others	0	0	0	1	0	0	1
	Total	**2**	**7**	**4**	**4**	**4**	**1**	**22**
NTWC	Accident & Emergency	0	1	0	1	1	0	3
	Anaesthesia	1	0	0	0	1	0	2
	Family Medicine	1	0	0	1	1	0	3
	Intensive Care Unit	0	0	1	0	0	0	1
	Medicine	0	1	5	0	1	0	7
	Obstetrics & Gynaecology	0	0	0	0	1	0	1
	Ophthalmology	0	0	0	1	0	1	2
	Orthopaedics & Traumatology	0	0	0	2	2	0	4
	Paediatrics	0	1	2	0	0	0	3
	Pathology	0	0	0	0	0	1	1
	Psychiatry	1	1	1	0	2	0	5
	Radiology	0	1	2	0	0	0	3
	Surgery	0	1	0	0	2	0	3
	Others	0	0	0	0	1	0	1
	Total	**3**	**6**	**11**	**5**	**12**	**2**	**39**

2013-14

Cluster	Department	2013-14 (Rolling 12 months from 1 Jan 2013 to 31 Dec 2013)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	2	0	1	1	0	4
	Family Medicine	1	0	0	0	0	0	1
	Medicine	1	1	0	0	0	0	2
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	0	1	1
	Ophthalmology	0	0	1	0	0	0	1
	Paediatrics	0	1	0	0	0	1	2
	Pathology	0	0	0	0	2	0	2
	Radiology	0	0	3	0	0	2	5
	Surgery	0	0	1	2	1	0	4
	Others	0	0	1	0	0	1	2
	Total	**2**	**5**	**6**	**3**	**4**	**5**	**25**
HKWC	Anaesthesia	1	0	1	2	0	0	4
	Family Medicine	0	0	1	0	0	0	1
	Medicine	0	0	1	0	1	1	3
	Neurosurgery	0	0	0	0	0	1	1
	Obstetrics & Gynaecology	0	1	0	0	1	0	2
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	1	1	1	1	0	4
	Psychiatry	0	1	0	0	1	1	3
	Radiology	0	1	0	0	0	0	1
	Surgery	0	0	1	3	1	1	6
	Others	0	0	0	1	0	1	2
	Total	**1**	**4**	**6**	**7**	**5**	**5**	**28**
KCC	Accident & Emergency	0	0	1	0	0	0	1
	Family Medicine	0	1	1	0	0	0	2
	Medicine	0	0	0	1	0	2	3
	Neurosurgery	0	0	0	0	1	0	1
	Ophthalmology	0	0	2	0	2	0	4
	Orthopaedics & Traumatology	0	0	0	0	1	0	1
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	0	0	0	0	0	0
	Psychiatry	1	1	0	0	0	0	2
	Radiology	0	0	0	1	1	0	2
	Surgery	0	0	0	0	1	1	2
	Others	0	0	0	0	1	1	2
	Total	**1**	**2**	**4**	**2**	**7**	**4**	**20**
KEC	Accident & Emergency	1	0	0	0	0	0	1
	Anaesthesia	0	0	0	0	1	0	1
	Family Medicine	1	1	1	1	0	0	4
	Medicine	0	1	0	0	0	2	3
	Obstetrics & Gynaecology	0	0	0	0	0	0	0
	Ophthalmology	0	2	1	0	0	0	3
	Orthopaedics & Traumatology	0	1	0	0	0	1	2
	Paediatrics	0	0	3	0	0	0	3
	Psychiatry	0	0	0	1	0	0	1
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	0	0	1	1	2
	Total	**2**	**5**	**6**	**2**	**2**	**4**	**21**
KWC	Accident & Emergency	0	2	1	1	0	1	5
	Anaesthesia	0	1	0	0	1	0	2
	Family Medicine	0	1	0	0	1	0	2
	Medicine	1	2	1	1	4	3	12
	Obstetrics & Gynaecology	0	0	0	0	0	0	0
	Ophthalmology	0	0	1	0	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	1	1	2
	Paediatrics	0	0	1	0	1	0	2
	Pathology	0	0	0	0	2	0	2

Cluster	Department	2013-14 (Rolling 12 months from 1 Jan 2013 to 31 Dec 2013)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Psychiatry	0	1	0	0	0	0	1
	Radiology	0	0	1	1	2	2	6
	Surgery	0	0	2	0	0	1	3
	Total	**1**	**7**	**7**	**3**	**12**	**8**	**38**
NTEC	Accident & Emergency	0	1	0	1	1	0	3
	Anaesthesia	0	0	0	0	1	0	1
	Family Medicine	1	3	0	0	0	0	4
	Medicine	0	3	2	0	0	0	5
	Obstetrics & Gynaecology	0	0	2	0	1	0	3
	Paediatrics	1	0	3	0	0	0	4
	Pathology	0	0	1	0	0	0	1
	Psychiatry	0	1	0	1	0	0	2
	Surgery	1	1	0	0	1	0	3
	Others	0	0	1	0	0	0	1
	Total	**3**	**9**	**9**	**2**	**4**	**0**	**27**
NTWC	Accident & Emergency	0	0	0	0	0	0	0
	Anaesthesia	0	0	0	0	2	1	3
	Family Medicine	2	0	0	2	1	0	5
	Intensive Care Unit	0	0	1	0	1	0	2
	Medicine	0	1	1	0	2	1	5
	Neurosurgery	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	2	0	0	0	0	2
	Ophthalmology	0	0	0	0	0	1	1
	Orthopaedics & Traumatology	0	0	0	0	1	1	2
	Pathology	0	0	0	0	1	2	3
	Psychiatry	0	1	0	1	0	0	2
	Radiology	0	1	1	1	0	0	3
	Surgery	0	0	0	1	1	0	2
	Others	0	0	0	0	1	0	1
	Total	**2**	**5**	**3**	**5**	**11**	**6**	**32**

Notes:

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

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

3. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate.

4. The services of the psychiatry departments 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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2671)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 13):

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 2012-13, 2013-14 and 2014-15 (Estimate);

b) Please advise the number of staff receiving overtime allowance/payment and the amount involved in respect of the above staff categories in 2012-13, 2013-14 and 2014-15 (Estimate);

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 2012-13, 2013-14 and 2014-15 (Estimate);

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 2012-13, 2013-14 and 2014-15 (Estimate).

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 90th, 75th, 25th and 10th percentile monthly salaries in 2012-13 and 2013-14 (full year projection):

2012-13

Cluster	Staff Group	No. of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HO	Medical	12	125	92,093	90,465	113,968	100,625	74,013	69,031
	Nursing	40	129	51,363	48,750	68,735	55,850	39,195	37,860
	AH	63	87	67,888	47,630	94,562	84,290	37,860	34,575
	Care-related Support Staff	1	-[12]	13,225	13,225	13,225	13,225	13,225	13,225
	Management Personnel	32	92	181,488	124,065	173,735	141,980	115,985	112,200
	Professionals/ Administrator	1 113	841	67,888	43,450	84,290	55,850	27,245	23,530
	Other Support Staff	515	158	25,904	16,217	31,525	23,530	15,009	9,869
HKE	Medical	595	955	100,233	90,465	115,450	100,625	59,970	49,870
	Nursing	2 348	1,275	39,893	34,575	49,870	37,860	24,715	14,825
	AH	717	459	56,193	36,205	55,850	54,665	25,965	21,330
	Care-related Support Staff	1 220	212	12,275	12,273	14,825	14,825	10,520	10,157
	Management Personnel	12	26	128,780	98,878	167,960	110,135	86,578	72,955
	Professionals/ Administrator	113	68	50,558	40,568	59,970	54,665	21,330	21,330
	Other Support Staff	2 221	467	32,837	11,975	23,530	16,825	9,628	8,611
HKW	Medical	653	963	92,083	81,360	119,050	100,625	57,315	47,630
	Nursing	2 600	1,417	39,893	37,860	49,870	37,860	24,715	14,825
	AH	826	557	56,193	37,860	59,970	54,665	25,965	21,330
	Care-related Support Staff	1 164	202	13,944	12,580	14,825	14,668	10,573	10,263
	Management Personnel	13	27	131,945	93,760	137,265	132,715	78,010	75,430
	Professionals/ Administrator	95	59	52,203	43,450	62,810	54,665	25,965	21,330
	Other Support Staff	1 998	428	35,584	11,975	23,530	16,825	9,522	8,568
KC	Medical	709	1,130	102,908	90,465	119,050	100,625	59,970	49,870
	Nursing	3 069	1,748	40,640	37,860	50,999	37,860	24,715	12,545
	AH	940	620	56,193	36,205	55,850	54,665	24,715	22,405
	Care-related Support Staff	1 551	252	12,869	12,167	14,825	13,500	10,520	10,157
	Management Personnel	15	29	124,023	90,465	131,985	100,625	82,825	69,331
	Professionals/ Administrator	133	74	49,100	40,568	57,315	54,665	23,530	21,330
	Other Support Staff	2 481	511	35,584	11,975	23,530	16,163	9,628	8,568

Cluster	Staff Group	No. of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KE	Medical	632	991	105,290	84,290	114,475	100,625	59,970	49,870
	Nursing	2 313	1,278	40,640	37,860	47,630	37,860	25,965	23,530
	AH	645	390	52,760	36,205	55,850	54,665	24,715	22,405
	Care-related Support Staff	1 083	193	12,957	12,706	14,825	14,825	10,758	10,263
	Management Personnel	9	22	111,923	88,903	162,996	139,044	75,606	59,558
	Professionals/ Administrator	85	59	49,100	43,450	69,295	54,665	23,530	21,330
	Other Support Staff	1 716	361	31,512	11,975	23,530	15,805	9,628	8,652
KW	Medical	1 307	2,040	100,233	90,465	115,450	100,625	59,970	49,870
	Nursing	5 088	2,985	39,893	37,860	54,665	39,640	31,525	23,530
	AH	1 359	897	56,193	37,033	55,850	54,665	27,245	22,405
	Care-related Support Staff	2 292	413	13,007	12,642	15,130	14,825	10,624	10,263
	Management Personnel	18	44	131,945	90,465	173,735	155,739	85,053	81,439
	Professionals/ Administrator	186	117	54,293	43,450	62,810	54,665	22,405	21,330
	Other Support Staff	3 826	817	35,584	11,975	23,530	16,825	9,524	8,568
NTE	Medical	940	1,400	100,233	81,360	115,450	100,625	57,315	47,630
	Nursing	3 524	2,006	39,893	37,860	49,870	37,860	27,245	23,530
	AH	999	669	56,193	37,860	60,254	54,665	28,261	22,405
	Care-related Support Staff	1 935	337	12,375	12,273	14,825	14,825	10,520	10,263
	Management Personnel	16	34	132,793	90,465	162,440	108,305	81,150	74,785
	Professionals/ Administrator	125	88	55,520	43,450	68,735	54,665	23,826	21,330
	Other Support Staff	2 557	567	35,584	11,975	23,530	16,825	9,628	8,568
NTW	Medical	697	1,106	102,908	87,340	119,050	100,625	59,970	49,870
	Nursing	2 834	1,638	40,640	36,205	52,220	39,640	25,965	23,530
	AH	752	465	33,805	36,205	55,850	54,665	24,715	21,330
	Care-related Support Staff	1 802	310	12,305	12,167	14,825	13,907	10,520	10,263
	Management Personnel	10	19	131,945	97,193	151,362	121,099	77,161	74,476
	Professionals/ Administrator	135	88	49,100	41,495	58,322	54,665	22,405	21,330
	Other Support Staff	2 078	429	34,164	11,975	23,530	16,825	9,628	8,652

2013-14 (Full-year projection)

Cluster	Staff Group	No. of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
HO	Medical	11	143	96,295	83,435	122,100	97,980	75,108	70,490
	Nursing	44	146	55,210	49,495	70,490	57,275	41,195	39,345
	AH	68	95	59,808	50,660	89,353	74,478	39,345	29,299
	Care-related Support Staff	1	-(12)	13,745	13,745	13,745	13,745	13,745	13,745
	Management Personnel	35	101	232,581	123,030	172,280	150,570	120,988	115,050
	Professionals/ Administrator	1 160	979	69,220	47,290	86,440	57,275	29,720	24,450
	Other Support Staff	530	176	26,921	16,425	32,760	24,450	15,613	11,204
HKE	Medical	608	1,001	102,968	89,565	118,400	103,190	61,500	51,825
	Nursing	2 435	1,350	40,988	35,930	51,825	39,345	25,685	16,425
	AH	747	490	57,708	37,625	57,275	56,810	25,685	22,165
	Care-related Support Staff	1 323	241	12,964	12,754	15,410	15,410	10,932	10,665
	Management Personnel	12	28	135,310	101,398	177,751	112,945	89,565	77,978
	Professionals/ Administrator	114	78	52,488	45,155	61,500	56,810	22,165	22,165
	Other Support Staff	2 333	505	35,093	12,445	24,450	16,425	9,895	8,903
HKW	Medical	660	1,007	96,968	86,440	122,100	103,190	58,775	49,495
	Nursing	2 525	1,505	40,988	39,345	56,047	39,345	26,985	24,450
	AH	841	585	57,708	39,345	58,775	56,810	26,985	22,165
	Care-related Support Staff	1 224	228	13,840	13,400	15,410	14,814	10,953	10,665
	Management Personnel	13	28	135,310	89,565	140,765	140,765	80,000	80,000
	Professionals/ Administrator	98	66	54,303	45,155	67,370	56,810	26,985	22,165
	Other Support Staff	2 058	471	36,548	12,445	24,450	17,485	9,895	9,126
KC	Medical	730	1,182	105,693	89,565	118,400	103,190	61,500	51,825
	Nursing	3 138	1,853	41,765	39,345	51,825	39,345	26,985	16,425
	AH	975	656	57,708	37,625	57,275	56,810	26,985	23,285
	Care-related Support Staff	1 683	286	13,597	12,373	15,410	14,029	10,665	10,539
	Management Personnel	14	29	127,185	92,770	138,008	103,190	86,440	70,166
	Professionals/ Administrator	143	84	50,925	43,120	57,182	56,810	24,450	22,165
	Other Support Staff	2 536	543	36,548	12,445	24,450	16,425	9,581	8,903

Cluster	Staff Group	No. of staff	Total Salary ($ million)	Basic Salary ($)					
				Mid-point	Median	90th percentile	75th percentile	25th percentile	10th percentile
KE	Medical	657	1,050	108,145	89,565	118,400	103,190	61,500	51,825
	Nursing	2 461	1,399	40,988	39,345	51,825	39,345	26,985	24,450
	AH	685	428	55,915	37,625	57,275	51,825	25,685	22,165
	Care-related Support Staff	1 203	218	13,690	13,400	15,410	15,410	11,205	10,665
	Management Personnel	13	26	115,528	92,770	170,624	128,139	87,959	65,322
	Professionals/ Administrator	86	58	50,450	45,155	70,490	56,810	24,450	22,165
	Other Support Staff	1 821	392	32,748	12,445	24,450	16,425	10,005	9,126
KW	Medical	1 364	2,151	102,968	92,770	118,400	103,190	61,500	51,825
	Nursing	5 306	3,177	40,988	39,345	56,810	41,195	31,200	24,450
	AH	1 475	969	57,708	37,625	57,275	56,810	26,985	23,285
	Care-related Support Staff	2 421	459	13,743	13,400	15,942	15,410	11,206	10,665
	Management Personnel	18	44	133,793	92,770	184,285	161,555	87,221	73,525
	Professionals/ Administrator	196	132	55,305	43,120	64,410	56,810	23,285	22,165
	Other Support Staff	4 022	879	36,548	12,445	24,450	17,485	9,895	8,903
NTE	Medical	947	1,472	102,968	86,440	122,100	103,190	61,500	50,194
	Nursing	3 627	2,140	40,988	39,345	51,825	39,345	28,315	24,450
	AH	1 016	703	57,708	39,345	58,775	56,810	28,315	23,285
	Care-related Support Staff	2 081	377	13,070	12,754	15,410	15,410	11,205	10,665
	Management Personnel	14	33	118,345	91,168	152,290	103,190	77,518	73,525
	Professionals/ Administrator	130	99	58,825	45,155	70,794	56,810	26,010	22,165
	Other Support Staff	2 630	604	35,093	12,445	24,450	17,485	10,005	9,126
NTW	Medical	736	1,173	105,693	86,440	133,325	103,190	61,500	51,825
	Nursing	2 998	1,764	40,988	37,625	54,265	41,195	26,985	19,675
	AH	791	502	57,708	35,930	57,275	51,825	25,685	22,165
	Care-related Support Staff	2 006	351	12,996	11,457	15,410	14,029	10,932	10,665
	Management Personnel	10	22	135,310	101,398	155,223	124,185	82,391	79,353
	Professionals/ Administrator	142	96	50,450	45,155	61,228	56,810	24,450	22,165
	Other Support Staff	2 191	468	35,093	12,445	24,450	16,425	10,005	9,126

A total of 11 medical, 44 nursing and 68 AH staff work in HA Head Office in 2013-14. 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 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 2012-13 and 2013-14, which include permanent, contract and temporary staff, are based on headcounts as at 31 March 2013 and 31 December 2013 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.

(11) Estimate of 2014-15 is not available as the budget allocation for 2014-15 is under preparation.

(12) Amount is insignificant after rounding to the nearest million.

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 2012-13 and 2013-14:

2012-2013

Staff Group	**No. of Staff**	**Payment for Overtime Work ($ million)**
Medical	1 755	60.1
Nursing	6 092	67.7
AH	1 254	17.1
Care-related Support Staff	1 911	6.9
Management Personnel	1	0[3]
Professional / Administrator	4	0[3]
Other Support Staff	1 303	8.4
Total	12 320	160.2

2013-14 (Full-year projection)

Staff Group	No. of Staff	(Full-year projection) Payment for Overtime Work ($ million)
Medical	1 729	68.8
Nursing	4 998	57.3
AH	1 178	17.3
Care-related Support Staff	5 451	30.4
Management Personnel	3	0.1
Professional / Administrator	1	0[(3)]
Other Support Staff	4 463	29.7
Total	17 823	203.6

Note

(1) The statistics on the number of staff for 2012-13 and 2013-14 are based on headcounts as at 31 March 2013 and 28 February 2014 respectively.
(2) Estimate on the number of HA staff receiving payment for overtime work and the amount involved for 2014-15 is not available as arrangement of overtime work is based on ad hoc service demand.

(3) Amount is insignificant after rounding to the nearest million.

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 2012-13 and 2013-14 (full year projection):

2012-13

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	1	1.2
HAHO Total		**1**	**1.2**
HKE	Accident & Emergency	2	1.4
	Clinical Oncology	0[(1)]	0.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.9
	Medicine	4	1.5
	Neurosuegery	0[(1)]	0.8
	Ophthalmology	5	1.1
	Paediatrics	2	0.1
	Psychiatry	2	0.8
	Surgery	5	0.9
	Hospital Management	1	0.9
HKE Total		**24**	**8.9**
HKW	Accident & Emergency	3	0.3
	Anaesthesia	4	4.0
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.3
	Medicine	4	1.5
	Obstetrics & Gynaecology	6	0.6
	Paediatrics	3	3.3
	Pathology	1	0.1

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Psychiatry	1	0.2
	Radiology	2	1.5
	Surgery	3	0.9
HKW Total		**29**	**12.7**
KC	Accident & Emergency	3	1.3
	Anaesthesia	1	< 0.1
	Ear, Nose, Throat	1	0.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	0.7
	Medicine	9	3.2
	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**	**19.0**
KE	Accident & Emergency	3	0.2
	Anaesthesia	2	1.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.4
	Medicine	11	4.5
	Obstetrics & Gynaecology	1	0.3
	Ophthalmology	2	0.3
	Paediatrics	1	1.4
	Pathology	1	1.0
	Psychiatry	0(1)	0.3
	Radiology	2	1.6
	Surgery	3	1.5
	Hospital Management	1	0.6
KE Total		**29**	**13.2**
KW	Accident & Emergency	10	2.9
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	18	7.3
	Medicine	18	6.2
	Neurosuegery	0(1)	1.2
	Obstetrics & Gynaecology	4	2.4
	Ophthalmology	1	0.5
	Orthopaedics & Traumatology	1	1.0
	Paediatrics	17	5.4
	Pathology	1	1.1
	Psychiatry	5	1.2
	Radiology	2	0.7
	Surgery	7	1.0
KW Total		**85**	**31.1**
NTE	Accident & Emergency	5	4.4
	Anaesthesia	1	0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	2.5
	Medicine	11	5.2
	Neurosuegery	0(1)	0.2

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Ophthalmology	3	1.5
	Orthopaedics & Traumatology	1	0.4
	Paediatrics	2	2.3
	Psychiatry	1	0.4
	Radiology	1	1.5
	Surgery	5	1.9
	Hospital Management	0(1)	0.4
NTE Total		**36**	**20.8**
NTW	Accident & Emergency	3	2.6
	Anaesthesia	3	1.4
	Clinical Oncology	2	0.6
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	8	0.9
	Medicine	8	3.7
	Obstetrics & Gynaecology	2	0.7
	Ophthalmology	2	2.4
	Orthopaedics & Traumatology	2	0.6
	Paediatrics	2	0.5
	Pathology	1	2.1
	Psychiatry	3	1.8
	Radiology	2	1.5
	Surgery	7	5.5
NTW Total		**45**	**24.3**
Grand Total		**292**	**131.2**

<u>2013-14</u> (Full-year projection)

Cluster	Specialty	No. of doctors	(Full-year projection) Total Remuneration ($ million)
HAHO	Hospital Planning	1	1.5
HAHO Total		**1**	**1.5**
HKE	Accident & Emergency	2	1.3
	Anaesthesia	1	0.4
	Ear, Nose, Throat	1	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.6
	Medicine	5	3.9
	Neurosurgery	0	0.8
	Obstetrics & Gynaecology	1	0.3
	Ophthalmology	5	1.6
	Paediatrics	3	0.5
	Psychiatry	2	1.5
	Radiology	1	0.9
	Surgery	3	0.9
	Hospital Management	0	0.4
HKE Total		**29**	**15.4**
HKW	Accident & Emergency	3	0.6
	Anaesthesia	6	4.0
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.4
	Medicine	2	1.8
	Obstetrics & Gynaecology	6	0.5

Cluster	Specialty	No. of doctors	(Full-year projection) Total Remuneration ($ million)
	Paediatrics	3	3.6
	Pathology	1	0.8
	Psychiatry	2	1.0
	Radiology	2	2.1
	Surgery	3	0.7
HKW Total		**30**	**15.5**
KC	Accident & Emergency	2	1.7
	Anaesthesia	1	< 0.1
	Clinical Oncology	0	0.2
	Ear, Nose, Throat	1	1.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	0.9
	Medicine	3	2.9
	Obstetrics & Gynaecology	11	4.6
	Ophthalmology	3	1.5
	Orthopaedics & Traumatology	1	0.3
	Paediatrics	5	4.0
	Pathology	1	0.4
	Psychiatry	3	2.3
	Surgery	2	2.0
KC Total		**37**	**22.2**
KE	Accident & Emergency	2	0.3
	Anaesthesia	2	1.7
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	0.4
	Medicine	11	5.4
	Ophthalmology	2	0.6
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	1	1.0
	Pathology	1	1.7
	Psychiatry	2	0.8
	Radiology	1	1.8
	Surgery	3	2.5
	Hospital Management	0	0.1
KE Total		**29**	**16.5**
KW	Accident & Emergency	11	4.2
	Anaesthesia	1	0.5
	Clinical Oncology	1	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	22	7.5
	Medicine	18	8.2
	Neurosurgery	0	1.2
	Obstetrics & Gynaecology	3	1.4
	Ophthalmology	1	0.5
	Orthopaedics & Traumatology	2	1.3
	Paediatrics	17	5.5
	Pathology	1	1.1
	Psychiatry	4	2.4
	Radiology	5	2.0
	Surgery	8	1.9
KW Total		**94**	**38.0**
NTE	Accident & Emergency	6	4.0

Cluster	Specialty	No. of doctors	(Full-year projection) Total Remuneration ($ million)
	Anaesthesia	3	1.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	3.3
	Medicine	10	5.0
	Neurosurgery	0(1)	1.1
	Ophthalmology	4	1.8
	Orthopaedics & Traumatology	1	0.3
	Paediatrics	3	2.7
	Psychiatry	2	0.7
	Radiology	1	1.6
	Surgery	8	2.2
NTE Total		**44**	**24.5**
NTW	Accident & Emergency	3	2.7
	Anaesthesia	5	3.6
	Clinical Oncology	2	0.7
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	2.0
	Medicine	10	6.8
	Neurosurgery	0(1)	0.2
	Obstetrics & Gynaecology	2	1.2
	Ophthalmology	2	3.3
	Orthopaedics & Traumatology	2	0.6
	Paediatrics	2	1.3
	Pathology	1	2.1
	Psychiatry	3	1.9
	Radiology	2	2.0
	Surgery	9	6.5
NTW Total		**50**	**34.9**
Grand Total		**314**	**168.5**

Note

(1) The statistics on the number of doctors for 2012-13 and 2013-14 are based on headcounts as at 31 March 2013 and 31 December 2013 respectively. For staff who is no longer serving in HA as at these two dates, ‘no. of doctors’ is reflected as 0.

(2) Total remuneration includes basic salary, allowance, gratuity payout, and on cost such as HLISS contribution; but excludes D&D benefits.

(3) Estimate on the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration for 2014-15 is not available as HA will only resort to hiring part-time doctors if there are no full-time doctors available to fill vacancies.

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 2012-13 and 2013-14 (full year projection) and the total amount of remuneration involved.

2012-13

Cluster	Specialty	No. of Honorary Doctor	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	59,194
	Pathology	1	60,000
	Surgery	1	60,000
HKW Total		**10**	**479,194**
KC	Ophthalmology	1	48,000
KC Total		**1**	**48,000**
NTE	Anaesthesia	1	60,000
	Medicine	1	21,000
	Pathology	2	120,000
	Psychiatry	1	36,000
	Radiology	1	60,000
	Surgery	1	60,000
NTE Total		**7**	**357,000**
Grand Total		**18**	**884,194**

2013-14 (Full-year projection)

Cluster	Specialty	No. of Honorary Doctor	(Full-year projection) Total Remuneration ($)
HKW	Anaesthesia	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	2	60,000
	Orthopaedics & Traumatology	1	60,000
	Paediatrics	1	60,000
	Pathology	1	60,000
	Surgery	1	60,000
HKW Total		**8**	**420,000**
KC	Ophthalmology	1	48,000
KC Total		**1**	**48,000**
NTE	Anaesthesia	1	60,000
	Clinical Oncology	1	12,742
	Pathology	2	120,000
	Psychiatry	1	36,000
	Radiology	1	60,000
	Surgery	1	60,000
NTE Total		**7**	**348,742**
Grand Total		**16**	**816,742**

Note

(1) The statistics on the number of honorary doctors for 2012-13 and 2013-14 are based on headcounts as at 31 March 2013 and 28 February 2014 respectively.
(2) Estimate on the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration for 2014-15 is not available as recruitment of non-HA doctors is based on ad hoc service demand.

Abbreviations

HKE – Hong Kong East Cluster
HKW – Hong Kong West Cluster
KC – Kowloon Central Cluster
KE – Kowloon East Cluster
KW – Kowloon West Cluster
NTE – New Territories East Cluster
NTW – New Territories West Cluster
HO - HA Head Office

Reply Serial No.

FHB(H)130

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2672)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 15):

In respect of the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres (Outreach Pilot Project), please provide details of the following for 2011-12, 2012-13 and 2013-14:

(a) the amount of provisions allocated to the Outreach Pilot Project;

(b) the number of non-governmental organisations and outreach dental teams participating in the Outreach Pilot Project (by administrative district of the Social Welfare Department);

(c) the percentage of residential care homes participating in the Pilot Project (by administrative district of the Social Welfare Department);

(d) the number of elderly beneficiaries as well as the number of attendances.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The Government has earmarked $88 million for implementation of the three-year Outreach Pilot Project.

(b) A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) have been set up under the Outreach Pilot Project. The distribution of these outreach dental teams and the respective NGOs by administrative district of the Social Welfare Department (SWD) is at **Annex**.

(c) The 24 outreach dental teams have approached all registered residential care homes (RCHEs) and day care centres (DEs) under the Outreach Pilot Project, including privately run homes. As at end-February 2014, a total of 741 RCHEs and DEs have participated in the Outreach Pilot Project, representing 83% of all the 894 registered RCHEs and DEs. The distribution of these RCHEs and DEs by administrative district of the SWD is as follows:

SWD's Administrative District	No. of Participating RCHEs and DEs (a)	Total No. of RCHEs and DEs (b)	Percentage (a)/(b)
Central, Western, Southern and Islands	86	97	89%
Eastern and Wan Chai	90	107	84%
Kwun Tong	43	58	74%
Wong Tai Sin and Sai Kung	45	63	71%
Kowloon City and Yau Tsim Mong	110	127	87%
Sham Shui Po	60	83	72%
Tsuen Wan and Kwai Tsing	95	103	92%
Tuen Mun	45	54	83%
Yuen Long	54	57	95%
Sha Tin	40	56	71%
Tai Po and North	73	89	82%
Total	**741**	**894**	**83%**

(d) As at end-February 2014, about 62 000 elders residing in RCHEs or receiving services in DEs have been served under the Outreach Pilot Project involving about 100 000 attendances.

Annex

Distribution of Outreach Dental Teams and Respective NGOs by Administrative District of the Social Welfare Department

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)
Central, Western, Southern and Islands	香港聖約翰救護機構 Hong Kong St. John Ambulance	1
	東華三院 Tung Wah Group of Hospitals	2
Eastern and Wan Chai	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service	1
Wong Tai Sin and Sai Kung	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon	1
	東華三院 Tung Wah Group of Hospitals	1
Sham Shui Po	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	仁愛堂 Yan Oi Tong	2
Yuen Long	博愛醫院 Pok Oi Hospital	2
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service	1
	仁愛堂 Yan Oi Tong	1
	Total:	**24**

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)131

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2673)

Head:	(140) Government Secretariat: Food and Health Bureau(Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(1) Health
Controlling Officer:	Permanent Secretary for Food and Health(Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 16):

In the "Matters Requiring Special Attention in 2014–15", the Health Branch states that it will "continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy".

Please provide details of the services in 2013-14 and 2014-15 (estimate) and list by each service item of the above initiatives the estimated number of attendances, the facilities required, and the manpower and expenditure involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

In the "Matters Requiring Special Attention in 2014–15", the Health Branch states that it will "continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy".

Please provide details of the services in 2013-14 and 2014-15 (estimate) and list by each service item of the above initiatives the estimated number of attendances, the facilities required, and the manpower and expenditure involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(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. The reference frameworks for diabetes and hypertension have also been available on mobile application since September 2013.

(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. PCO is developing the next sub-directory for optometrists. The Directory has also been made available on mobile applications since August 2013.

(c) Community Health Centres (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. Another CHC located within the North Lantau Hospital commenced services in September 2013. A new CHC will be commissioned in Kwun Tong in 2014. We are looking into the feasibility of developing CHC projects in other districts whenever suitable sites are available.

(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. In 2013, a roving drama in primary schools was introduced in the 2013-14 school year to promote the concept of family doctor. A TV series on primary care, including the concept of family doctor, will be broadcast in 2014, together with other publicity and promotion activities throughout the year.

The Government continues to take forward the primary care development strategy and implement, through DH and 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, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 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 60 000 patients are expected to benefit from the programme by 2013-14. An additional 14 000 patients are expected to be enrolled in 2014-15.
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 selected 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 Outpatient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public GOPC 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 end-February 2014, 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 New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at end-February 2014, over 300 patients have enrolled in the programme. The programme will end in March 2014 as originally planned.

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.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2674)

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

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 436 (if applicable)

Question (Member Question No. 17):

The Health Branch subvents the Prince Philip Dental Hospital (PPDH) to provide facilities for the training of dentists and dental ancillary personnel. In this regard, please provide details on the following for 2013-2014:

(a) The number of teaching patients received by PPDH;

(b) The number of private fee paying patients received by PPDH; and

(c) The costs of various dental services.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The attendance of teaching patients of PPDH in 2013-14 (as at 28 February 2014) is 112 310.

(b) The attendance of private fee paying patients of PPDH in 2013-14 (as at 28 February 2014) is 2 165.

(c) PPDH is a purpose-built teaching hospital to provide facilities for the training of dentists and other persons in professions supplementary to dentistry. Unlike the general public hospitals, PPDH only provides dental services which are incidental to teaching and for a limited number of private fee paying patients, but does not provide public dental services. The Hospital does not have a breakdown of its subvention/expenditure showing the amount for individual services.

Reply Serial No.

FHB(H)133

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2675)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 18):

It is mentioned in the "Matters Requiring Special Attention in 2014-15" that the Administration will "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 Fund for 2012-13 and 2013-14, including the number of applications accepted, number of research projects funded and the total amount of funding, etc.

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.

Research projects approved under the HMRF in 2013-14 and projects previously funded by the former HHSRF and RFCID in 2012-13 are as follows:

Year	Number of applications received	Number of research projects approved	Total amount of funding ($ million)
2012-13 (former HHSRF and RFCID)	414	120	84.6
2013-14 (HMRF)	679	252	285.6

CONTROLLING OFFICER'S REPLY

FHB(H)134

(Question Serial No. 2676)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 19):

It is mentioned in the "Matters Requiring Special Attention in 2014-15" that the Administration will "continue to oversee the progress of various capital works projects of the Hospital Authority, such as the Hong Kong Children's Hospital in Kai Tak and the redevelopment of Queen Mary Hospital." Please provide details of the above projects, including breakdowns of the estimated expenditures, timeframes, types of newly-added services, service capacity as well as the new facilities and manpower involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

Construction works for Hong Kong Children's Hospital (HKCH) commenced in August 2013 and are planned for completion in 2017. The approved project estimate (APE) in money-of-the-day (MOD) prices is $12,985.5 million with an estimated expenditure of $843.5 million in 2014-15. The new HKCH, with a total planned capacity of 468 beds, will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory. The Hospital Authority (HA) is currently working on the service re-organisation for the whole paediatric service network, including service model development, training and manpower plan. Following this, HA will work out the estimated caseload and manpower requirement for the service provision of HKCH.

Subject to funding approval of the Finance Committee, the preparatory works for the redevelopment of Queen Mary Hospital (QMH), phase 1 project is planned to start in 2014 for completion in 2017, with cost estimate in the order of $1,600 million. HA plans to start the main works in 2017 for completion of the whole phase 1 redevelopment project by 2023. The redevelopment of QMH, phase 1 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. HA will work out the estimated caseload and manpower requirement for the redevelopment of QMH, phase 1 project at a later stage.

(Question Serial No. 2677)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No.20):

It is mentioned in the "Matters Requiring Special Attention in 2014-15" that the Administration will "implement measures to improve patients' access to service, including accident and emergency service, general and specialist outpatient service, elective surgeries, radiological service as well as pharmacy service in specialist outpatient clinics." Please provide details of the various measures, including the number of beneficiaries, number of attendance, and the changes in manpower and expenditure involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Hospital Authority (HA) has earmarked a total of $287 million for 2014-15 to implement the following measures to improve patients' access to service:

(a) Provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle the cases;

(b) Increase General Outpatient Clinic episodic quotas in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster;

(c) Increase the number of new case attendance at Specialist Outpatient (SOP) Clinics and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOP waiting lists and enhance SOP service as a whole;

(d) Establish a new joint replacement centre in New Territories West Cluster;

(e) Increase the number of operating theatre sessions to improve access to elective surgeries;

(f) Enhance radiological imaging services including computed tomography and ultrasound scanning services;

(g) Augment the lung function laboratory and endoscopy service in HA; and

(h) Enhance the pharmacy workforce to meet the increasing demand for SOP pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.

HA will deploy existing staff and recruit additional staff to cope with the implementation of the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

CONTROLLING OFFICER'S REPLY

FHB(H)136

(Question Serial No. 2678)

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

Subhead (No. & title): (-) Not Specified

Programme: (1)Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 104):

It is mentioned in the "Matters Requiring Special Attention in 2014-15" that the Administration will "consult the public on the detailed proposals for the proposed Health Protection Scheme." Please advise on:

(a) The annual expenditure and staff establishment involved in implementing the voluntary Health Protection Scheme by the government from 2008-09 to 2013-14.

(b) The proposed date of consultation, length of consultation period and the time required to compile results.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) Confronted by the challenges brought about by the ageing population and increasing healthcare needs, the Government conducted two stages of public consultation on healthcare reform in 2008 and 2010 to look for ways to maintain the long-term sustainability of our healthcare system. In the First Stage Public Consultation, the Government consulted the public on a number of service reform proposals, including enhancing primary care, promoting public-private partnership in healthcare, developing electronic health record sharing, and strengthening public healthcare safety net. Six possible supplementary financing options were also put forth for public discussion, including increasing user fees for public healthcare services, social health insurance, mandatory medical savings accounts, voluntary private health insurance, mandatory private health insurance, and personal healthcare reserve (mandatory savings cum insurance). As the public expressed reservation about mandatory options as solution to address the long-term sustainability of healthcare financing, the Government put forth the Health Protection Scheme (HPS) proposal in the Second Stage Public Consultation conducted in 2010. Based on the outcome of the consultation, we set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to formulate detailed proposals for implementing the HPS, alongside other healthcare reform initiatives viz. conducting a strategic review on healthcare manpower planning and professional development, and facilitating healthcare service development.

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. Due to increase in workload in the bureau, the HPDO has taken up extra responsibilities including the review of mental health policy and the review of the regulation of private healthcare facilities. The number of civil servants and annual expenditure of the HPDO from 2012-13 to 2013-14 are set out in the table below.

	2012-13	2013-14
Number of civil servants		
Administrative Officer (directorate)	3	3
Administrative Officer (non-directorate)	3	3
Medical and Health Officer	1	1
Executive Officer	6	6
secretarial and clerical staff	5	6
Annual expenditure (including staff costs and other expenses, e.g. consultancy fees)	$17.17 million (actual expenditure)	$27.33 million (revised estimate)

The difference in annual expenditure between 2012-13 and 2013-14 was partly accounted for by the fact that some of the civil service posts were only created in the middle or towards the end of the 2012-13 financial year, hence resulting in a lower staff cost in 2012-13 than in 2013-14; and partly due to the payment of fees in 2013-14 for a consultancy study commissioned by the HPDO to study the HPS.

The staff and expenditure involved in taking forward healthcare financing reform and the HPS from 2008-09 to 2011-12 formed an integral part of the Bureau's services and could not be separately identified.

(b) The Government is formulating detailed proposals for the implementation of the HPS with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to conduct a three-month public consultation on the detailed proposals for the HPS in mid-2014.

Taking into account the outcome of the consultation and the views of the public, the Government will compile a consultation report and proceed with the necessary legislative work for the implementation of the HPS.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)137

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2679)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 105):

It is mentioned in the "Matters Requiring Special Attention in 2014-15" that the Administration will "facilitate healthcare service development, including encouraging private hospital development and conducting a review on regulation of private healthcare facilities." Please provide details of the measures and the expenditure involved.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Steering Committee on Review of the Regulation of Private Healthcare Facilities (Steering Committee) has set up four working groups to review focused areas in the regulation of private healthcare facilities and related matters. The Working Group on Differentiation between Medical Procedures and Beauty Services completed its review in November 2013; the Department of Health has put into practice the recommendations. The other three working groups under the Steering Committee have also formulated a list of recommendations. The Steering Committee is expected to discuss and endorse the three working groups' recommendations within 2014. The Food and Health Bureau and Department of Health provide secretariat and professional support to the review on regulation of private healthcare facilities, and the related expenditure is absorbed within the existing resources of the Bureau and Department.

We are considering various proposals from different organizations to develop or expand private hospitals. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2680)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 106):

It is mentioned in "Matters Requiring Special Attention in 2014-15" that the Bureau will "continue to oversee the implementation of a pilot initiative to promote preventive care for the elderly through launching a health assessment programme in collaboration with NGOs". Please provide details of the programme, manpower and expenditure involved as well as the average amount of provision per person received by participating NGOs for delivering the service. Please also provide by districts a list of participating NGOs, number of elderly beneficiaries and the number (or anticipated number) of recipients.

Asked by: Hon. LEUNG Ka-lau

Reply:

With an aim to facilitate early identification of risk factors as well as promote healthy ageing, the Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organisations (NGOs) to subsidise about 10 000 elders aged 70 or above to receive health assessment over a two-year pilot period. Under this Pilot Programme, elders can receive health assessment from 19 service centres operated by these nine NGOs throughout the territory.

The list of participating NGOs, broken down by region, is provided below:

Region	NGO (service centre location)
Hong Kong	Hong Kong Sheng Kung Hui Welfare Council (Central)
	Chai Wan Baptist Church Community Health Centre (Chai Wan)
Kowloon	Evangel Hospital (Kowloon City and Cheung Sha Wan)
	United Christian Nethersole Community Health Service (Jordan, Lam Tin and Kwun Tong)
	Po Leung Kuk (Prince Edward)
	The Lok Sin Tong Benevolent Society, Kowloon (Kowloon City and Mong Kok)
	Hong Kong Sheng Kung Hui Welfare Council (Ngau Tau Kok)
	Tung Wah Group of Hospitals (Yau Ma Tei)
	Sik Sik Yuen (Wong Tai Sin)
New Territories	Haven of Hope Christian Service (Hang Hau, Hau Tak, King Lam and Po Lam)
	United Christian Nethersole Community Health Service (Tai Po and Tin Shui Wai)

The Government has earmarked a sum of $12 million for the Pilot Programme. Under the Pilot Programme, the Government provides a subsidy of $1,200 for each elder receiving the health assessment service. Elders enjoying the service 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.

As at end-December 2013, the expenditure of the Pilot Programme is about $2.3 million. The manpower resources to administer this Pilot Programme is absorbed by the Department of Health.

During the first six months of the pilot, priority was given to elders who lived alone or had not received health assessment before. To this end, NGOs had conducted reach-out activities through their community network to identify these elders. As at mid-January 2014, 620 elders had received the baseline health assessment.

Starting from mid-January 2014, the NGOs have stepped up its publicity and the Department of Health will distribute publicity materials through various social centres for the elderly such as district elderly community centres and neighbourhood elderly community centres to promote the Pilot Programme.

CONTROLLING OFFICER'S REPLY

FHB(H)139

(Question Serial No. 2681)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 107):

It is mentioned under Matters Requiring Special Attention in 2014-15 that the Administration will "continue to oversee the setting up of Chinese medicine clinics in the public sector to develop evidence-based Chinese medicine and provide training opportunities for graduates of local Chinese medicine degree programmes." In this connection, please provide:

(a) a breakdown by 18 districts (including overall figures) of the number of Chinese medicine practitioners employed in Chinese medicine clinics, the expenditure involved, the number of attendances and the cost per attendance;

(b) the details of the specific work of the Administration "to develop evidence-based Chinese medicine" and the expenditure and manpower involved; and

(c) a breakdown by rank of the percentage and number of Chinese medicine practitioners employed in public Chinese medicine clinics who are graduates of local Chinese medicine degree programmes.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The Government has committed to establishing public Chinese medicine clinics (CMCs) in 18 districts 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 organization (NGO) and a local university. The NGOs are responsible for the day-to-day operation of public CMCs. Up to now, we have set up 17 public CMCs. The remaining public CMC in the Islands District will be commissioned later this year.

In 2014-15, the Government has earmarked $94.5 million for the operation of the 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.

Details of the Chinese medicine practitioners (CMPs) engaged by the public CMCs and the respective attendances are at **Annex.** These public CMCs do not have a breakdown of their subvention spent on patient attendances.

(b) The public CMCs serve as an effective platform in facilitating the development of evidence-based Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. In this regard, HA actively collaborates with these CMCs and local universities to conduct systematic research programmes on Chinese medicine herbs and diseases. Various training programmes are also organized for both Chinese Medicine and Western Medicine clinical professionals for establishing evidence-based Chinese medicine practice.

(c) Under the tripartite collaboration model, the NGOs are required to provide training placements for fresh graduates of local Chinese medicine degree programmes. Each public CMC is required to employ at least four full-time equivalent of senior Chinese medicine practitioners (CMPs) /CMPs and 12 junior CMPs/CMP trainees. As at end-January 2014, 333 CMPs were employed at the 17 public CMCs, of whom 224 are local Chinese medicine degree programme graduates.

Annex

Number of Chinese Medicine Practitioners and Attendances of Public Chinese Medicine Clinics

District [Date of opening]	Number of CMPs (as at end-January 2014)	Attendances* (in 2013)
Central and Western [December 2003]	18	46 603
Tsuen Wan [December 2003]	20	65 449
Tai Po [December 2003]	20	71 500
Wan Chai [April 2006]	24	70 187
Sai Kung [April 2006]	17	60 846
Yuen Long [April 2006]	22	75 622
Tuen Mun [November 2006]	24	64 095
Kwun Tong [November 2006]	20	63 203
Kwai Tsing [January 2007]	19	53 867
Eastern [March 2008]	16	55 259
North [March 2008]	18	68 635
Wong Tai Sin [December 2008]	25	68 188
Sha Tin [February 2009]	19	63 848
Sham Shui Po [March 2009]	21	66 197
Southern [March 2011]	20	34 734
Kowloon City [December 2011]	14	36 702
Yau Tsim Mong [December 2012]	16	20 988
Total	**333**	**985 923**

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).

Reply Serial No.

FHB(H)140

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2682)

Head:	(140) Government Secretariat: Food and Health Bureau(Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(2) Subvention: Hospital Authority
Controlling Officer:	Permanent Secretary for Food and Health(Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 108):

In "Matters Requiring Special Attention in 2014-15", it is mentioned that the Administration will "continue to promote the development of Chinese medicine in Hong Kong through selective integrated Chinese and Western medicine treatment for Hospital Authority patients". Please advise on:

(a) the details of the selective integrated Chinese and Western medicine treatment, hospitals offering such treatment, service volume, and the expenditure and manpower involved; and

(b) the difference in cost and duration of treatment between integrated Chinese and Western medicine under planning and ordinary western medicine treatment.

Asked by: Hon. LEUNG Ka-lau

Reply:

To help gather experiences in the operation and regulation of integrated Chinese-Western medicine (ICWM) and Chinese medicine in-patient services, the Hospital Authority (HA) will carry out a two-year ICWM pilot project (pilot project) to provide ICWM treatment for HA in-patients of selective disease areas, namely stroke rehabilitation, low back pain and palliative care for cancer patients. The clinical programmes for the pilot project will be conducted at HA hospitals and their respective Chinese Medicine Centres for Training and Research. HA is carrying out preparatory work for the pilot project, and plans to launch the clinical programmes in mid-2014. The number of patients served by the pilot project will depend on various factors, including the number of patients that can meet the inclusion criteria and patients' willingness to participate in the pilot project as participation will be on a voluntary basis.

Since the preparatory work for the pilot project is still underway, details of the participating hospitals, expenditure and manpower involved in the pilot project are not available. Currently we are also unable to estimate the differences in the costs and durations of treatment between the ICWM services under the pilot project and ordinary western medicine treatment.

Reply Serial No.

FHB(H)141

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2683)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432-433 (if applicable)

Question (Member Question No. 109):

Please list out in detail the enhancement schemes (for example, referral of patients in the specialty of Ear, Nose and Throat in the Kowloon East Cluster to the Kowloon Central Cluster) implemented by the Hospital Authority in the past 3 years for patients who have been waiting long for specialist outpatient services, the number of people benefitted under the schemes and the difference in the routine waiting time for a first appointment in the clusters and specialties concerned after the implementation of the schemes (please provide an overall figure, not just figures for those who have received referral arrangement under the schemes).

Asked by: Hon. LEUNG Ka-lau

Reply:

To shorten the waiting time of patients waiting for a Specialist Outpatient Clinic (SOPC) first appointment in the routine category, the Hospital Authority (HA) has implemented the following measures :

In 2013-14, additional SOPC sessions have been conducted to cater for patients who have waited for a considerable period of time.

To better manage waiting time, HA has enhanced cross-cluster collaboration since August 2012 by establishing a centrally co-ordinated mechanism to pair-up clusters so that suitable patients of selected specialties with longer waiting time could be referred to those with shorter waiting time. Under this mechanism, HA provides an option for suitable Ear, Nose and Throat patients in Kowloon East Cluster to be seen in Kowloon Central Cluster; Gynaecology patients in New Territories East Cluster to be seen in Hong Kong East Cluster; and Ophthalmology patients in New Territories East Cluster to be seen in Hong Kong West Cluster.

HA has introduced the cross-cluster referral arrangement in phases by using existing resources. The waiting time for the benefited patients was reduced. The table below sets out the number of patients benefited and the waiting time in each participating hospital cluster in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

Specialty	Programme Start Date	No. of Patients Benefited (As at 31 December 2013)	Clusters Involved	Routine Cases 90th Percentile Waiting Time (Weeks)		
				2011-12	2012-13	2013-14 (Up to 31 December 2013) [Provisional]
Ear, Nose & Throat	August 2012	2 696	KEC*	125	151	80
			KCC#	11	16	28
Gynaecology	April 2013	162	NTEC*	105	125	124
			HKEC#	23	25	23
Ophthalmology	October 2013	195	NTEC*	115	155	118
			HKWC#	18	28	20

Note:
* Cluster from which patients are referred
# Cluster to which patients are referred

Abbreviations

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

CONTROLLING OFFICER'S REPLY

FHB(H)142

(Question Serial No. 2684)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 110):

Please provide the following by clusters under the Hospital Authority ((including all clusters as a whole):

(a) the numbers of infirmary, mentally-ill and mentally-handicapped inpatients, the costs of medical services for these patients, and the numbers of doctors and nurses attending them;

(b) the number of general outpatient attendances; and

(c) the number of specialist outpatient attendances.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The table below sets out the number of patient days [number of inpatient bed days occupied (IP BDO) and number of day-patient discharges and deaths (DP D&D)] for infirmary, mentally ill and mentally handicapped inpatient services in each hospital cluster under the Hospital Authority (HA) in 2013-14 (up to 31 December 2013).

Number of patient days (IP BDO + DP D&D) in 2013-14 (up to 31 Dec 2013) [Provisional figures]	**Cluster**							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Infirmary	127 092	39 518	21 412	26 338	70 085	72 262	21 655	**378 362**
Mentally ill	89 140	16 488	98 881	18 228	197 572	101 454	220 264	**742 027**
Mentally handicapped *	-	-	-	-	23 577	-	131 943	**155 520**

The table below sets out the estimated costs of inpatient services in each hospital cluster by infirmary, mentally ill and mentally handicapped services in 2013-14.

Type of Beds	Estimated Service Costs ($ million)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Infirmary	248	77	54	59	130	116	35	719
Mentally Ill	263	96	298	60	513	356	636	2,222
Mentally Handicapped*	-	-	-	-	62	-	202	264

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

The inpatient service costs include the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and equipment maintenance).

It should be noted that the inpatient service costs vary among different cases owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the hospital clusters. 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 the population profile and other factors, including specialisation of the specialties in the cluster. Hence clusters with greater number of patients with more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore the costs cannot be directly compared among clusters.

The table below sets out the full-time equivalent (FTE) strength of doctors and nurses in Psychiatric Services and Medicine by cluster as at 31 December 2013. HA does not have the manpower breakdown for mentally handicapped service and infirmary service as they are covered by the manpower under Psychiatric Service and Medicine respectively.

Staff Group	Cluster	Psychiatric Service	Medicine
Doctors	HKEC	36	151
	HKWC	24	135
	KCC	33	143
	KEC	35	144
	KWC	71	293
	NTEC	61	185
	NTWC	77	133
Doctors Total		**337**	**1 184**
Nurses	HKEC	232	567
	HKWC	112	671
	KCC	236	582
	KEC	135	841
	KWC	607	1 402
	NTEC	349	1 078
	NTWC	698	651
Nursing Total		**2 368**	**5 791**

Note
(1) The manpower figures above are calculated on FTE basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
(2) Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns. Psychiatric nurses include all nurses working in psychiatry hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
(3) Services for hospice, rehabilitation and infirmary are provided by the medicine department.

(b) & (c)

The table below sets out the number of general outpatient (GOP) and specialist outpatient (SOP) attendances in each hospital cluster under HA in 2013-14 (up to 31 December 2013).

	Cluster							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Number of GOP attendances in 2013-14 (up to 31 December 2013) [Provisional figures]	433 194	292 769	426 892	691 771	1 201 264	711 666	604 436	**4 361 992**
Number of SOP attendances in 2013-14 (up to 31 December 2013) [Provisional figures]	596 307	638 571	768 457	578 095	1 232 257	827 758	670 452	**5 311 897**

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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2685)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 125 Page 46 (if applicable)

Question (Member Question No. 111):

It is stated in paragraph 125 of the Budget Speech that "a grant of $13 billion was approved by this Council in late 2013 for the HA to improve and upgrade its facilities over the next ten years. This covers the renovation of over 500 wards in 34 hospitals; provision of around 800 additional beds in 11 hospitals; expansion of operating theatres, accident and emergency departments, and general out-patient clinics; and setting up additional endoscopy centres and ambulatory facilities, etc".

(a) Please provide a breakdown of the specialties and the clusters to which the 800 beds belong, the estimated additional expenditure and manpower involved, as well as the estimated throughput of the 800 beds;

(b) please advise on the number of operating theatres, accident and emergency departments, and general out-patient clinics to be expanded, as well as the hospitals to which they belong;

(c) please advise on the number of additional endoscopy centres and ambulatory facilities and provide details on the ambulatory facilities and the hospitals to which they belong.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

The Hospital Authority (HA) plans to provide 800 additional beds through minor works projects. The table below sets out the clusters and hospitals in which the 800 additional beds will be provided:

Cluster	Hospital	Number of Beds
HKE	Pamela Youde Nethersole Eastern Hospital	240
KC	Queen Elizabeth Hospital	60
KE	Haven of Hope Hospital	40
KE	Tseung Kwan O Hospital	40
NTE	Alice Ho Miu Ling Nethersole Hospital	60

Cluster	Hospital	Number of Beds
NTE	North District Hospital	150
NTE	Prince of Wales Hospital	80
NTE	Cheshire Home, Shatin	10
NTE	Shatin Hospital	60
NTE	Tai Po Hospital	30
NTW	Tuen Mun Hospital	30

HA will work out the detailed operational arrangements, including manpower requirements and distribution of the beds by specialty, at a later stage when the respective commissioning plans are finalised.

(b) & (c)

With the grant of $13 billion, HA plans to carry out i) an intensive facility rejuvenation programme to modernize the environment of its hospitals and clinics; ii) a capacity enhancement programme to provide additional 800 beds in 11 hospitals, expanded general outpatient clinics as well as other treatment and diagnostic facilities such as operating theatres, endoscopy units and cardiac catheterization laboratories; iii) a safe engineering programme to comprehensively upgrade the major electrical and mechanical engineering installations in hospitals; iv) a programme to enhance universal accessibility to its hospitals and clinics; and v) regular maintenance/minor works and preparatory works for major capital works projects.

In consultation with its clusters and individual hospitals, HA has worked out an initial list of project items to be funded by the one-off grant, some of which are subject to site availability or technical feasibility. The list will continue to be updated throughout the coming years as new items are created or existing items are adjusted to meet changing service requirements or actual site situations.

Abbreviations

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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)144

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2686)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 117):

Between 1 and 4 February (the first 4 days of the lunar new year), the Hospital Authority increased 1 500 General Outpatient Clinics (GOPC) episode quota to meet the surge in service demand and offered special honorarium to medical staff for extra service sessions. In this connection, please provide information on the following:

(a) the computation of special honorarium;

(b) the total amount of special honorarium granted for the above period;

(c) manpower and service output augmented by special honorarium apart from the above 1 500 GOPC episode quota; and

(d) the utilization of the above 1 500 GOPC episode quota.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a)

Under the Special Honorarium Scheme (SHS), the honorarium rate is set according to the prevailing pay scale of the job concerned. In general, the hourly rate is 1/140 of the employee's monthly basic salary in general, making reference to the employee's current pay point as well as the duties to be performed.

(b) and (c)

In the recent Lunar New Year holidays, the additional quotas of the General Outpatient Clinics (GOPCs) of the Hospital Authority were mainly delivered through arrangement of duty roster and staff deployment. In addition to medical staff, nursing, pharmacy and supporting manpower was also involved to maintain the service and clinic operation.

(d)

It was estimated that the service utilisation of the GOPCs for the Lunar New Year's Day (i.e. 31 January 2014) was about 80% and that for the second to the fourth day of the Lunar New Year (i.e. 1 to 3 February 2014) was over 90%.

CONTROLLING OFFICER'S REPLY

FHB(H)145

(Question Serial No. 2687)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 118):

The Hospital Authority added 700 temporary beds during the peak season of influenza early this year. Please advise on:

(a) the hospital clusters and hospitals in which the beds were added; and

(b) the difference in ratio of healthcare staff to beds before and after the beds were added.

Asked by: Hon. LEUNG Ka-lau

Reply:

The influenza peak season usually falls in the winter between January and March in Hong Kong. In the past few years, during the surge periods, the daily average of Accident & Emergency Department (A&E) attendances and number of admission from A&E to Medicine (MED), Paediatrics (PAE) and Orthopaedics & Traumatology (ORT) wards were significantly higher than those during the non-surge periods.

The table below sets out the inpatient bed occupancy rate by MED, PAE and ORT specialty in 15 acute hospitals of the Hospital Authority (HA) in December 2013 and January 2014.

Cluster	Hospital	Inpatient Bed Occupancy Rate (provisional figure)					
		MED		PAE[Note]		ORT	
		December 2013	January 2014	December 2013	January 2014	December 2013	January 2014
Overall (in 15 acute hospitals of HA)		103%	108%	72%	79%	93%	96%
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	100%	102%	82%	91%	95%	85%
	Ruttonjee & Tang Shiu Kin Hospitals	90%	93%	-	-	92%	93%
Hong Kong West	Queen Mary Hospital	85%	93%	72%	71%	94%	98%

Cluster	Hospital	Inpatient Bed Occupancy Rate (provisional figure)					
		MED		PAE[Note]		ORT	
		December 2013	January 2014	December 2013	January 2014	December 2013	January 2014
Kowloon Central	Queen Elizabeth Hospital	119%	116%	64%	71%	114%	116%
Kowloon East	Tseung Kwan O Hospital	99%	108%	84%	101%	113%	112%
	United Christian Hospital	100%	105%	77%	79%	91%	91%
Kowloon West	Caritas Medical Centre	112%	120%	53%	64%	84%	83%
	Kwong Wah Hospital	92%	103%	56%	56%	86%	77%
	Princess Margaret Hospital	109%	111%	68%	77%	118%	134%
	Yan Chai Hospital	97%	104%	65%	76%	91%	99%
New Territories East	Alice Ho Miu Ling Nethersole Hospital	102%	103%	82%	86%	87%	92%
	North District Hospital	102%	105%	-	-	94%	100%
	Prince of Wales Hospital	116%	126%	82%	87%	95%	100%
New Territories West	Pok Oi Hospital	116%	126%	-	-	58%	44%
	Tuen Mun Hospital	102%	105%	85%	100%	84%	96%

Note: There is no Paediatrics ward in Ruttonjee & Tang Shiu Kin Hospitals, North District Hospital and Pok Oi Hospital.

To cope with the surge in demand for inpatient service and relieve medical ward congestion during winter, buffer capacity was augmented through different means such as adding extra beds to the existing medical wards and overflow of beds across specialties. Other measures included managing demand in community by expanding day follow-up service, reducing avoidable admission as far as possible, enhancing support to Old Age Homes through the Community Geriatric Assessment Services, Community Nursing Services and Visiting Medical Officer programmes to facilitate management of simple cases outside hospitals. Patient flow was also improved by increased ward rounds especially during weekends and public holidays. In view of the serious surge this year, measures were stepped up that non-emergency operations were suspended as

appropriate while core activities were reprioritised to reduce elective admission. Manpower was augmented by special honorarium scheme, leave encashment and employment of Temporary Undergraduate Nursing Students. In order to handle the surge in demand, particularly emergency admission to medical wards, HA targeted to make available up to 700 temporary beds in the Medicine specialty wards through different means, such as opening temporary beds, and providing beds from other specialty wards or other non-acute hospitals to take care of emergency admissions of medical patients at different stages during the surge period subject to individual hospitals' situation. Since the actual number of temporary beds to accommodate medical patients are highly variable and dependent on the situation of medical ward congestions of different hospitals at different times during the surge period, breakdown of the numbers of temporary beds added or to be added are not available.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2688)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 200):

On the implementation of the Elderly Health Care Voucher Scheme, please provide details on the following in 2012 and 2013:

(a) the total amount of claim transactions of Health Care Vouchers;
(b) the number of eligible persons;
(c) the percentage and number of eligible persons who have used Health Care Vouchers by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions);
(d) the average number of Health Care Vouchers used per person by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions); and
(e) the number of service providers participating in the Scheme by category.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The number of voucher claim transactions under the Elderly Health Care Voucher Scheme (the Scheme) in 2012 and 2013 are 937 200 and 1 470 439, involving total voucher amount of $163 million and $315 million, respectively.

(b) & (c)
The table below shows the number of eligible persons and the number of elders who had made use of vouchers up to end 2012 and 2013, broken down by gender and age group:

	As at 31.12.2012		As at 31.12.2013	
	Number of elders	% of eligible elders	Number of elders	% of eligible elders
(1) Number of eligible elders (i.e. elders aged 70 or above)	714 000	-	724 000	-
(2) Cumulative number of elders who had made use of vouchers	471 000	66%	556 000	77%
(i) By gender				
- Male	205 000	64%	246 000	76%
- Female	266 000	68%	310 000	78%
(ii) By age group				
- 70 – 75	146 000	55%	163 000	63%
- 76 – 80	139 000	70%	160 000	80%
- Above 80	186 000	74%	233 000	89%

We have not kept statistics on the use of vouchers by residence of elders.

(d) The table below shows the average number of vouchers used per person up to end 2012 and 2013, broken down by gender and age group:

	Average number of vouchers ($50 each) used up to	
	31.12.2012	31.12.2013
(i) By gender		
- Male	15	23
- Female	16	25
(ii) By age group		
- 70 – 75	14	22
- 76 – 80	16	27
- Above 80	15	24

We have not kept statistics on the use of vouchers by residence of elders.

(e) The table below shows the number of healthcare service providers enrolled in the Scheme up to end 2012 and 2013, broken down by types of healthcare professionals:

Healthcare professionals	As at 31.12.2012	As at 31.12.2013
Medical Practitioners	1 599	1 645
Chinese Medicine Practitioners	1 120	1 282
Dentists	336	408
Occupational Therapists	34	39
Physiotherapists	243	267
Medical Laboratory Technologists	24	25
Radiographers	20	19
Nurses	66	79
Chiropractors	33	45
Optometrists	152	167
Total:	3 627	3 976

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2374)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 17):

At present, the Administration provides subsidies for patients to use the drugs covered by the Hospital Authority Drug Formulary through the Samaritan Fund. However, many common target therapy drugs, dementia specific remedies, hypotensive drugs and anti-psychotic drugs are not covered by the HA Drug Formulary. In other words, even those patients qualified for drug subsidies have to purchase these expensive drugs at their own expenses. Besides, the financial assessment criteria of the Samaritan Fund is too strict that middle class patients are seldom granted subsidies and have to bear the drug expenses themselves. The media reported earlier that a middle class patient, out of financial burden, divided one dose of drug into two and took only one half each time. Will the Administration inform this Committee of the following:

1. How many resources were allocated to subsidise the target therapy drugs in the HA Drug Formulary for the past three years?
2. Does the Administration plan to expand the scope of subsidised drugs covered by the HA Drug Formulary so as to ease the financial burden of the patients? If yes, what are the details? If no, what are the reasons?
3. Will the Administration consider relaxing the asset limit for applying for the Samaritan Fund so that more people in need will benefit from the drug subsidies? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

(1)

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 the Hospital Authority (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 in the HA Drug Formulary covered by the safety net provided through the Samaritan Fund (SF). In the past three years, two target therapy drugs have been added under SF, and one drug was repositioned as Special Drug [(1)] in the HA Drug Formulary, making the total number of target therapy drugs covered by SF as eight as at 31 December 2013.

The table below sets out the nine target therapy drugs and amount of subsidies granted for use of these drugs in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013) :

Cancer Drugs and Indications with Target Therapy	2011-12	2012-13	2013-14 (Up to 31 Dec 2013)
	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)	Amount of Subsidy Granted ($ million)
1. Bortezomib a) for multiple myeloma	9.03	16.58	8.85
b) for frontline induction therapy of transplant-eligible, younger multiple myeloma patients	---	4.62	5.25
2. Cetuximab for initial treatment of locally advanced squamous cell carcinoma of head and neck (1)	1.57	1.32	---
3. Dasatinib a) for Imatinib resistant chronic myeloid leukaemia	6.42	8.56	7.62
b) for newly diagnosed chronic myeloid leukemia in chronic phase	---	2.65	3.97
c) for acute lymphoblastic leukaemia	---	---	0.94
4. Imatinib			
a) for acute lymphoblastic leukaemia	1.47	2.95	2.94
b) for chronic myeloid leukaemia	36.11	36.39	26.90
c) for gastrointestinal stromal tumour	15.68	18.90	14.93
5. Nilotinib a) for Imatinib resistant chronic myeloid leukaemia	9.71	13.57	10.44
b) for newly diagnosed chronic myeloid leukemia in chronic phase	---	1.33	2.54
6. Rituximab a) for malignant lymphoma	11.00	13.85	14.00
b) for maintenance therapy for relapsed follicular lymphoma	0.40	0.25	0.34
c) for chronic lymphoblastic leukaemia	---	---	1.27
7. Trastuzumab a) for HER2 overexpressed metastatic breast cancer	5.81	12.06	15.33
b) for HER2 positive early breast cancer	30.87	57.16	37.20
8. Erlotinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	2.93	4.43	2.06
9. Gefitinib for Second-line treatment for patients with activating EGFR mutation +ve non-small cell lung cancer	5.38	6.83	3.05
Total	**136.38**	**201.45**	**157.63**

Note : [1] Cetuximab for initial treatment of locally advanced squamous cell carcinoma of head and neck was repositioned as a Special Drug in the HA Drug Formulary in 2013-14.

(2)

In 2014-15, the Government will allocate additional recurrent funding of $37 million for HA to extend the therapeutic applications of Special Drugs for treating pyschosis, dementia and prostate cancer to enhance treatment for the patients concerned. HA will continue to appraise new drugs and review the drug list in the Formulary through established mechanism.

HA has an established mechanism with the support of 20 specialty panels to regularly evaluate new drugs and review the existing drug list 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.

(3)

To benefit more needy patients to be eligible for SF drug subsidy, new initiatives have been introduced since September 2012 to relax the financial assessment criteria of SF applications. A deductible allowance for calculating the applicant's disposable capital was introduced thereby enabling more patients who have to rely on self-financed drugs to meet the financial test under SF and become eligible for the SF subsidy. The tiers of patient's contribution ratio for drug expenses were also simplified and the patients' maximum contribution ratio was reduced from 30% to 20% of their annual disposable financial resources (ADFR) [2]. Since the relaxation of the financial assessment criteria has only been implemented for slightly more than a year, its full impact has yet to be accumulated and is subject to further evaluation.

HA will continue to regularly review the financial assessment criteria for determining patients' eligibility for SF drug subsidy and the amount of financial assistance, with a view to making SF more accessible to needy patients.

Note : [2] Annual disposable financial resources (ADFR) are taken as the annual household disposable income (annual household gross income less allowable deductions during the period) plus disposable capital.

CONTROLLING OFFICER'S REPLY

FHB(H)148

(Question Serial No. 2379)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 22):

The Administration has set up out-patient Chinese medicine service in various districts and earmarked land for constructing a Chinese medicine hospital to cope with people's demand for Chinese medicine service and to help the Chinese medicine industry develop in Hong Kong. In respect of this, will the Administration inform this Committee of the following:

1. In the past 3 years, what were the government expenditures on out-patient Chinese medicine service in each district? Can breakdowns of the expenses be provided?

2. In the past 3 years, what were the number of attendances for Government out-patient Chinese medicine service in each district? Has the Administration assessed the effectiveness of the service? If so, what are the details. If not, what are the reasons?

3. What is the estimated cost for setting up a Chinese medicine hospital? Can breakdowns of the expenses be provided?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

1. The Government has committed to establishing public Chinese medicine clinics (CMCs) in 18 districts 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, a non-governmental organization (NGO) and a local university. The NGOs are responsible for the day-to-day operation of public CMCs. Up to now, we have set up 17 public CMCs. The remaining public CMC in the Islands District will be commissioned later this year.

   The provisions earmarked for the operation of the 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 in 2011-12, 2012-13 and 2013-14 are $81.5 million, $86 million and $90 million respectively. The public CMCs do not have a breakdown of their subvention spent on individual services.

2. The attendances of the existing public CMCs in the past 3 years are at **Annex**. In general, the Chinese medicine services provided by these CMCs are well received by the public. In addition, the public CMCs serve as an effective platform in facilitating the development of evidence-based Chinese medicine and providing training placements for local Chinese medicine degree programme graduates.

3. The Chief Executive has announced in the 2014 Policy Address that the Government has accepted the recommendation of the Chinese Medicine Development Committee (the Committee) and decided to reserve a site in Tseung Kwan O, which was originally earmarked for private hospital development, for setting up a Chinese medicine hospital. The Committee is examining the feasible mode of operation and regulatory details of the Chinese medicine hospital. The Government will take into account the recommendations of the Committee in taking forward the proposal.

   As such, we currently do not have an estimate on the expenditure of setting up the proposed Chinese medicine hospital.

Annex

Attendances of Public Chinese Medicine Clinics

District [Date of opening]	Attendances		
	2011	**2012**	**2013**
Central and Western [December 2003]	49 478	60 222	46 603
Tsuen Wan [December 2003]	62 964	61 901	65 449
Tai Po [December 2003]	59 058	69 875	71 500
Wan Chai [April 2006]	68 536	67 052	70 187
Sai Kung [April 2006]	44 042	51 398	60 846
Yuen Long [April 2006]	73 219	75 861	75 622
Tuen Mun [November 2006]	57 279	65 830	64 095
Kwun Tong [November 2006]	48 934	54 117	63 203
Kwai Tsing [January 2007]	49 550	53 065	53 867
Eastern [March 2008]	42 780	50 083	55 259
North [March 2008]	63 090	68 155	68 635
Wong Tai Sin [December 2008]	57 646	67 745	68 188
Sha Tin [February 2009]	64 448	63 321	63 848
Sham Shui Po [March 2009]	53 373	60 907	66 197
Southern [March 2011]	11 983	24 621	34 734
Kowloon City [December 2011]	5	21 863	36 702
Yau Tsim Mong [December 2012]	-	292	20 988
Total:	**806 385**	**916 308**	**985 923**

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.).

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2380)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 23):

There has been public concern over the Government's policy on mental health following several tragic incidents of violence involving mental patients in recent years. In this connection, will the Administration advise this Committee on the following:

1. The resources allocated to address the issue of mental illness in the past three years, with a detailed breakdown of the expenditure involved.

2. Patients with latent psychosis are not easily identified and some ex-mental patients may be prone to relapse due to lack of support after discharge. Will the Administration increase resources and manpower so as to identify patients with latent psychosis early and to provide adequate and targeted follow-up services to discharged mental patients? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

(a)

The table below sets out the initiatives of the Hospital Authority (HA) in enhancing mental health services in the past three years (2011-12, 2012-13 and 2013-14):

Program	Description	Estimated Expenditure
2011-12		
Extension of the Case Management Programme	The Case Management Programme was further extended to Eastern, Wanchai, Sham Shui Po, Shatin and Tuen Mun.	$73 million
Extension of the Integrated Mental Health Programme (IMHP)	The IMHP was expanded to cover all clusters in 2011-12 to tackle patients with mild mental illness in the community.	$20 million
Expansion of the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme	The EASY Programme was expanded to include adult patients.	$30 million
Extension of psychogeriatric outreach service	HA extended the psychogeriatric outreach services to cover about 80 more residential care homes for the elderly	$13 million

Program	Description	Estimated Expenditure
Enhancement of child and adolescent mental health service	HA expanded the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from autism and attention deficit hyperactivity disorder (AD/HD).	$45 million
Setting up of Crisis Intervention Teams	HA set up Crisis Intervention Teams in all seven clusters in 2011-12 to provide intensive case management to high risk patients.	$35 million
Enhancement of the provision of new anti-psychotic drugs	HA expanded the provision of new anti-psychotic drugs for patients with psychosis.	$40 million
2012-13		
Extension of the Case Management Programme	The Case Management Programme was further extended to Kowloon City, Southern, Central and Western, and Islands.	$27 million
Enhancement of psychiatric inpatient care	Recovery-oriented treatment programmes were provided for psychiatric patients in the wards, and the physical setting of the psychiatric admission wards was improved.	$27 million
Enhancement of the provision of new psychiatric drugs	HA expanded the provision of new psychiatric drugs including anti-depressant, anti-dementia and drugs for AD/HD.	$38 million
2013-14		
Extension of the Case Management Programme	The Case Management Programme was further extended to Wong Tai Sin, Sai Kung and North districts.	$38 million
Enhancement of psychiatric inpatient care	Recovery-oriented treatment programmes were provided for psychiatric patients in the wards, and the physical setting of the psychiatric admission wards was improved.	$20 million
Strengthening the psychiatric consultation liaison service	Pro-active assessment and early intervention was offered to patients with symptoms of depression, psychosis, with suicide risk or violence tendency at the Accident and Emergency Department of the Prince of Wales Hospital to facilitate early identification and management of patients having symptoms of mental disorders.	$3 million

(b)

To enhance early identification of early psychosis, HA has implemented the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme since 2001. The specialised team targets at young people aged between 15 and 25 with first episode psychosis, and offers one-stop, phase-specific and ongoing support for the first two critical years of illness. In addition, the team also supports public education and promotion to enhance awareness of mental health in the community. To further enhance early intervention for first episode psychosis, HA in 2011-12 expanded the service target of the EASY Programme to include patients aged between 15 and 64 and to extend the duration of intensive care to the first three critical years of illness. Currently, the EASY Programme provides on-going support for a total of about 3 900 patients with first episode psychosis.

To enhance community support for discharged mental patients, 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) in 2010-11. By 2013-14, the Programme has been extended to a total of 15 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Wong Tai Sin, Kowloon City, Sai Kung, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, North, Tuen Mun and Yuen Long). In 2014-15, HA will further extend the Programme to provide intensive, continuous and personalised support for patients with SMI to three more districts (Yau Tsim Mong, Tai Po and Tsuen Wan (plus North Lantau)). It is estimated that an addition of about 39 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 950 more patients in 2014-15. The additional recurrent expenditure is estimated at $27.7 million.

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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2383)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 26):

At present, the Administration provides dental care to elders in elderly homes and similar facilities through the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres (Outreach Pilot Project). In this connection, will the Administration advise this Committee on the following:

1. The number of elderly persons who have benefited from the outreach dental care services and the resources allocated to the services in the past three years, with a detailed breakdown of the expenditure involved.

2. Whether the Administration would explore the feasibility of providing mobile dental services to elders living in remote areas so as to benefit more elderly persons in need of the services. If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

1. As at end-February 2014, a total of about 62 000 elders residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) have been served under the Outreach Pilot Project launched in April 2011. The Government has earmarked $88 million for implementation of the three-year Outreach Pilot Project. A breakdown of the cost estimate is as follows:

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

2. The concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles (trailers). In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is limited. We consider the outreach dental services provided under the Outreach Pilot Project more effective to address the dental care needs of those elders in RCHEs and DEs whose generally physically weak and frail conditions have made it difficult for them to receive dental care services at dental clinics.

Reply Serial No.

FHB(H)151

CONTROLLING OFFICER'S REPLY TO

(Question Serial No. 0182)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Mr Richard YUEN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 21):

Concerning primary care development, please set out:

1. the expenditure on various primary care services and the relevant expenditure on "Primary Care Campaign" in the past three financial years (i.e. 2011-12 to 2013-14);
2. the number of attendances by primary care service in the past three financial years (i.e. 2011-12 to 2013-14); and
3. the per capita expenditure on primary care and healthcare personnel-to-patient ratio by cluster in the past three financial years (i.e. 2011-12 to 2013-14).

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest major PCO primary care initiatives include:

(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. The reference frameworks for diabetes and hypertension have also been available on mobile application since September 2013.

(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. PCO is developing the next sub-directory for optometrists. The Directory has also been made available on mobile applications since August 2013.

(c) Community Health Centres (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. Another CHC located within the North Lantau Hospital commenced services in September 2013. A new CHC will be commissioned in Kwun Tong in 2014. We are looking into the feasibility of developing CHC projects in other districts whenever suitable sites are available.

(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. In 2013, a roving drama in primary schools was introduced in the 2013-14 school year to promote the concept of family doctor. A TV series on primary care, including the concept of family doctor, will be broadcast in 2014, together with other publicity and promotion activities throughout the year.

The Government continues to take forward the primary care development strategy and implement, through DH and 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, and the Outreach Dental Care Programme for the Elderly.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics (SOPCs) of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 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 60 000 patients are expected to benefit from the programme by 2013-14. An additional 14 000 patients are expected to be enrolled in 2014-15.
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 selected 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 Outpatient Clinic Public-Private Partnership Programme To test the use of public-private partnership model and supplement the provision of public GOPC 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 end-February 2014, 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 New Territories East Cluster in March 2010 and extended to Hong Kong East Cluster in September 2010. As at end-February 2014, over 300 patients have enrolled in the programme. The programme will end in March 2014 as originally planned.

2. & 3. As for public GOPC services, they are primarily targeted at serving the elderly, the low-income group and the chronically ill. Patients under the care of GOPCs mainly comprise 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 flu, cold or gastroenteritis). The total attendances of GOPCs under HA from 2011-12 to 2013-14 are as follows:

2011-12 (Actual)	2012-13 (Actual)	2013-14 (Revised Estimate)
5 316 486	5 633 407	5 636 000

The number of doctors and nursing staff working in GOPCs in 2011 to 2013 is as follows:

2011		2012		2013	
Doctors	Nursing staff#	Doctors	Nursing staff#	Doctors	Nursing staff#
397	789	402	854	412	879

\# *Include nursing staff working for GOPCs only and those working for both GOPCs and SOPCs. No further breakdown is available.*

The average cost per GOPC attendance from 2011-12 to 2013-14 is as follows:

2011-12 (Actual)	2012-13 (Actual)	2013-14 (Revised Estimate)
$335	$360	$385

The healthcare staff works in a multi-disciplinary manner across different service programmes, hence the per capita expenditures on primary care and healthcare personnel-to-patient ratio by cluster are not available.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)152

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0184)

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

Subhead (No. & title): (-) Not specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 19):

1. Please provide a breakdown by year the number of Chinese Medicine Practitioners (CMPs), the number of attendances and the average cost per attendance in the public Chinese medicine clinics in Hong Kong in the past 5 years (i.e. from 2008 to 2013).
2. Please provide a breakdown by year the number of eligible registered CMPs and listed CMPs in the past 5 years (i.e. from 2008 to 2013).
3. Please advise if the Administration has any plan to allocate additional resources to strengthen personnel training in Chinese medicine. If yes, what are the details and the expenditure involved? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The Government has committed to establishing public Chinese medicine clinics (CMCs) in 18 districts 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, a non-governmental organization (NGO) and a local university. The NGOs are responsible for the day-to-day operation of public CMCs. Up to now, we have set up 17 public CMCs. The remaining public CMC in the Islands District will be commissioned later this year. The number of Chinese medicine practitioners (CMPs) and the attendances of the 17 public CMCs from 2008 to 2013 are set out below :

Year	Number of CMPs	Attendances
2008	99	312 281
2009	147	480 641
2010	230	658 697
2011	261	806 385
2012	297	916 308
2013	317	985 923

The public CMCs do not have a breakdown of their subvention spent on patient attendances.

2. The numbers of registered CMPs and listed CMPs from 2008 to 2013 are set out in the following table :

Year	No. of Registered CMPs*	No. of Listed CMPs
2008	5 932	2 823
2009	6 119	2 786
2010	6 307	2 772
2011	6 484	2 746
2012	6 639	2 733
2013	6 804	2 715

* The numbers of registered CMPs include the numbers of CMPs with limited registration, i.e. those CMPs who are not registered under Sections 67 or 69 of the Chinese Medicine Ordinance (Cap. 549) (CMO) but are granted with limited registration by the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong under Section 85 of the CMO to perform predominantly clinical teaching or research in Chinese medicine for educational or scientific research institutions.

3. The Government is committed to promoting the development of Chinese medicine in Hong Kong. In February 2013, the Chief Executive established the Chinese Medicine Development Committee (the Committee) to focus on the study of four major areas, namely the development of Chinese medicine services, personnel training and professional development, research and development as well as development of the Chinese medicines industry. The Chinese Medicine Practice Sub-committee (the Sub-committee) under the Committee has already started its discussion on personnel training and professional development of Chinese medicine. In collaboration with the Committee and the Schools of Chinese Medicine of the three local universities, the Government will further examine ways to enhance personnel training and professional development of Chinese medicine.

Besides, as announced in the 2014 Policy Address, the Government has decided to reserve a site in Tseung Kwan O, which was originally earmarked for private hospital development, for setting up a Chinese medicine hospital, pending the recommendations on the mode of operation and regulatory details by the Committee. Apart from providing in-patient services to the public, the proposed Chinese medicine hospital can also provide facilities to support the teaching, clinical practice and scientific research of the Schools of Chinese Medicine under the three local universities, and help strengthen and enhance the quality of the professional training of CMPs and the scientific research of Chinese medicines in Hong Kong.

A Steering Committee has also been established under the Food and Health Bureau to conduct a strategic review on healthcare manpower planning and professional development. The review covers healthcare professions that are subject to statutory regulation, including CMPs. It is expected that the review will be completed in 2014.

FHB(H)153

CONTROLLING OFFICER'S REPLY

(Question Serial No.0185)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No.18):

It is mentioned under this programme that the Administration will conduct a public consultation on the detailed proposals for the proposed Health Protection Scheme. In this regard, it has been learnt that the Administration has appointed a consultant to study the proposals and make recommendations.

1. What is the expenditure involved in the study and the publication date of the full consultancy report?

2. What were the numbers of complaints on individual-based indemnity hospital insurance and group-based indemnity hospital insurance in the past 3 years (2010-11, 2011-12, 2012-13)?

3. What were the numbers of people having purchased medical insurance products in the past 3 years (2010-11, 2011-12, 2012-13)? Please provide a breakdown by individual-based insurance, group-based insurance, sex and age group.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The Government is formulating detailed proposals for the implementation of the Health Protection Scheme (HPS) with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations of the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The total fee for the consultancy study is $8,763,855.00. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014. The consultancy report will be released in conjunction with the public consultation exercise on the HPS.

2. 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 four years are appended in the table below. Further breakdown of the statistics into individual-based policies and group-based policies is not available.

Nature of Complaints	**2010**	**2011**	**2012**	**2013**
Cancellation/ Non-Renewal of Policy	24	10	11	9
Delay in Settlement	16	7	9	7
Misrepresentation	10	11	5	8

Quantum of Indemnity	3	8	6	16
Repudiation of Liability	24	18	22	16
Others*	35	34	38	28
Total	112	88	91	84

* 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.

3. 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. From 2009 to 2012, the Census and Statistics Department conducted and completed two rounds of Thematic Household Survey on health-related issues in 2009-10 and 2011-12 respectively. More up-to-date statistics are not yet available as the current round of the survey would be carried out from March to May 2014.

   The following tables set out the number of persons covered by private health insurance (PHI), including individually-purchased health insurance and employer-provided medical benefits, broken down by sex and by age group respectively.

Number of persons covered by individually-purchased PHI# and/or employer-provided medical benefits* by sex

Sex	Coverage	Survey Period	
		November 2009 to February 2010	October 2011 to January 2012
Male	Individually-purchased PHI only	551 300	595 600
	Employer-provided medical benefits only	463 200	498 900
	Both individually-purchased PHI and employer-provided medical benefits	250 500	283 600
	Sub-total	1 265 000	1 378 200
Female	Individually-purchased PHI only	606 200	652 700
	Employer-provided medical benefits only	419 500	458 000
	Both individually-purchased PHI and employer-provided medical benefits	274 100	305 100
	Sub-total	1 299 700	1 415 700
Both	Individually-purchased PHI only	1 157 500	1 248 300
	Employer-provided medical benefits only	882 700	956 900
	Both individually-purchased PHI and employer-provided medical benefits	524 600	588 700
	Total	**2 564 800**	**2 793 900**

Source: Thematic Household Survey conducted by the Census and Statistics Department

Note: Figures may not add up to respective totals due to rounding.

Included "any package of medical insurance policies purchased by individuals covering any combinations of medical benefits, including those packaged in combination with other types of insurance"; however, insurance coverage which "only limits to the defined illnesses on the insurance policy" or "only limits to hospitalization or outpatient claims arising from accidents" were excluded.

* Persons with employer-provided medical benefit not in the form of group 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 PHI#
and/or employer-provided medical benefits* by age group

Age Group	Coverage	Survey Period	
		November 2009 to February 2010	October 2011 to January 2012
≤ 14	Individually-purchased PHI only	190 700	209 600
	Employer-provided medical benefits only	83 600	76 400
	Both individually-purchased PHI and employer-provided medical benefits	26 300	24 000
	Sub-total	300 600	309 900
15 - 24	Individually-purchased PHI only	131 900	165 500
	Employer-provided medical benefits only	88 200	101 500
	Both individually-purchased PHI and employer-provided medical benefits	33 700	36 800
	Sub-total	253 800	303 900
25 - 34	Individually-purchased PHI only	162 100	159 800
	Employer-provided medical benefits only	221 600	247 300
	Both individually-purchased PHI and employer-provided medical benefits	155 300	171 800
	Sub-total	538 900	578 900
35 - 44	Individually-purchased PHI only	215 100	223 400
	Employer-provided medical benefits only	213 300	212 500
	Both individually-purchased PHI and employer-provided medical benefits	163 100	183 300
	Sub-total	591 500	619 200
45 - 54	Individually-purchased PHI only	276 500	279 100
	Employer-provided medical benefits only	193 600	217 200
	Both individually-purchased PHI and employer-provided medical benefits	114 800	129 800
	Sub-total	584 900	626 000
55 - 64	Individually-purchased PHI only	143 900	167 400
	Employer-provided medical benefits only	72 400	92 300
	Both individually-purchased PHI and employer-provided medical benefits	27 300	39 700
	Sub-total	243 600	299 400
≥ 65	Individually-purchased PHI only	37 300	43 500
	Employer-provided medical benefits only	10 000	9 700
	Both individually-purchased PHI and employer-provided medical benefits	4 100	3 300
	Sub-total	51 400	56 500

All	Individually-purchased PHI only	1 157 500	1 248 300
	Employer-provided medical benefits only	882 700	956 900
	Both individually-purchased PHI and employer-provided medical benefits	524 600	588 700
	Total	**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.

Included "any package of medical insurance policies purchased by individuals covering any combinations of medical benefits, including those packaged in combination with other types of insurance"; however, insurance coverage which "only limits to the defined illnesses on the insurance policy" or "only limits to hospitalization or outpatient claims arising from accidents" were excluded.

* Persons with employer-provided medical benefit not in the form of group medical insurance provided by private companies / organizations were also included; however, persons only with Civil Service / Hospital Authority staff medical benefits were excluded.

CONTROLLING OFFICER'S REPLY

FHB(H)154

(Question Serial No. 0186)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page

Question (Member Question No. 17):

Regarding the Tin Shui Wai Community Health Centre, please:

1. list by type of services the cost per attendance, the median waiting time and the longest waiting time of all the services provided by the Centre;
2. list the number of patient attendances of the Centre in the past year by type of services and age group;
3. advise when the Administration will conduct a review on the quality of service of the Community Health Centre. Will the Administration consider setting up community health centres in other districts? If so, what are the details? If not, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The Tin Shui Wai (Tin Yip Road) Community Health Centre (CHC) provides integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHC mainly comprise two 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, fever or gastroenteritis, etc.).

   For patients with episodic diseases, GOPC consultation timeslots in the next 24 hours are available for booking through the Hospital Authority (HA)'s telephone appointment system. As for chronic disease patients requiring follow-up consultations, they will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. Since the telephone booking system allocates current consultation timeslots for patients with episodic illnesses, there is no waiting list or new case waiting time for GOPC services.

   In 2012-13, the average cost per GOPC attendance overall in HA was $360.

2. The number of GOPC attendances in the Tin Shui Wai (Tin Yip Road) CHC in 2013-14 (provisional figure up to 31 December 2013) was 54 018. Elderly patients aged 65 or above accounted for about 14% of the doctor consultations.

3. The Tin Shui Wai (Tin Yip Road) CHC delivers multi-disciplinary programmes, including the Risk Factor Assessment and Management Programme, the Nurse and Allied Health Clinics and the Patient Empowerment Programme. The evaluation studies conducted by the University of Hong Kong and the Chinese University of Hong Kong revealed that patients receiving care in these programmes had better clinical outcomes and patient satisfaction. We are looking into the feasibility of developing CHC projects in other districts whenever suitable sites are available.

Reply Serial No.

FHB(H)155

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0187)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 16):

It is mentioned under this programme that the Administration will launch the "Outreach Dental Care Programme for the Elderly" as a regular programme. In this regard,

1. In the past 3 years (2011, 2012 and 2013) following the launch of the pilot project in April 2011, how many residential care homes and day care centres for the elderly were provided with the service? How many elderly people were served? Please provide a breakdown by year.

2. In the past 3 years (2011, 2012 and 2013), how many outreach dental teams participated in the project? How many dentists were there in each team? What was the expenditure incurred by each team? What was the subvention provided by the Administration for each team? Please provide a breakdown by year.

3. In the past 3 years (2011, 2012 and 2013), what were the expenditures involved in the project?

4. As the service scope of the project will be expanded to include cavity filling, extraction, crowning, etc., what is the expected increase in expenditure due to service expansion? How much additional subvention will be provided for each outreach dental team? What is the number of attendances in its first year of launching?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. A breakdown of the number of residential care homes (RCHEs) (including privately run homes) / day care centres (DEs) and elders served under the Pilot Project on Outreach Primary Dental Services for the Elderly in RCHEs and DEs (Outreach Pilot Project) is as follows:

	No. of RCHEs/DEs served	No. of elders served
2011-12	459	25 211
2012-13	622	34 611 *
2013-14 (up to end-February 2014)	662	40 285 *

* As the outreach dental teams visit the RCHEs / DEs on an annual basis, some of these elders have also been served in the previous year(s).

2. A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) have been set up under the three-year Outreach Pilot Project launched in April 2011. Each outreach dental team comprises

at least one registered dentist and one dental surgery assistant. NGOs receive the following financial support for each outreach dental team –

(a) an annual grant of $900,000 for meeting operating expenses (for providing outreach dental services and conducting seminars / talks for caregivers and family members of the elders);

(b) an optional annual grant of $180,000 for employing one young dentist (i.e. with three years' post-qualification experience or less) with the objective of providing training and clinical experience for young graduates; and

(c) an one-off capital grant of up to $150,000 for purchasing outreach dental and computer equipment (on a matching basis).

3. The expenditure for the Outreach Pilot Project was about $66 million (up to end-February 2014).

4. The Outreach Dental Care Programme for the Elderly (ODCP) will be funded under Head 37 – Department of Health as a regular programme. An additional provision of $7 million in a full-year is required to meet the additional expenditure arising from the expanded scope of treatments and services to cover fillings, extractions, dentures, etc. We are finalizing the detailed arrangements for launching the ODCP later this year.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0188)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 15):

Regarding the Elderly Health Care Voucher Scheme, please set out in the table below the number of voucher claim transactions, the total amount of the vouchers involved and the corresponding administrative expenses in the past five years (i.e. 2009 to 2013).

Breakdown by healthcare professionals	Number of voucher claim transactions	Total amount of the vouchers involved	Corresponding administrative expenses
Medical Practitioner			
Chinese Medicine Practitioner			
Dentist			
Occupational Therapist			
Physiotherapist			
Medical Laboratory Technologist			
Radiographer			
Nurse			
Chiropractor			
Optometrist			
Total :			

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

Up to end-December 2013, the Scheme had processed a total of 3 873 703 voucher claim transactions with a total voucher expenditure of about $647 million. The number of voucher claim transactions and the amount of vouchers claimed over the past five years from 2009 to 2013 are provided below:

Healthcare professionals	Number of voucher claim transactions	Amount of the vouchers claimed (in $'000)
Medical Practitioners	3 332 418	566,585
Chinese Medicine Practitioners	425 475	61,968
Dentists	85 136	36,144
Occupational Therapists	322	82
Physiotherapists	14 396	3,028
Medical Laboratory Technologists	4 307	1,754

Radiographers	3 889	1,096
Nurses	1 620	599
Chiropractors	1 940	838
Optometrists	4 200	1,977
Total :	3 873 703	674,071 [Note]

Note : The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed on a monthly basis to service providers for claim transactions made in the preceding month.

The expenditure for administering the Scheme from 2008-09 to 2013-14 (up to end-December 2013) was $84 million. We do not have the breakdown of administrative expenses involved by enrolled healthcare professionals.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)157

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0189)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 6):

Please list by cluster the number of patient attendance, the average length of stay and the cost per patient day for all patients and for those aged 65 or above who used inpatient services (including general, infirmary, mentally ill and mentally handicapped) in the last three financial years.

Asked by: Hon. MAK, Mei-kuen, Alice

Reply:

The table below sets out the number of inpatient discharges and deaths (IP D&D) and inpatient average length of stay (IP ALOS) in each hospital cluster and in the Hospital Authority (HA) as a whole by the types of inpatient service: general (acute and convalescent) and mentally ill in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

2011-12

		Cluster							**Overall HA**
		HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
General (acute and convalescent)									
IP D&D	All ages	108 252	108 868	122 873	120 153	244 021	157 965	122 363	984 495
	Aged 65 or above	55 083	48 189	61 271	57 051	109 331	69 439	45 948	446 312
IP ALOS (days)	All ages	4.8	5.8	6.9	4.9	5.3	6	5.3	5.6
	Aged 65 or above	6.2	6.6	8.7	6.1	7.2	7.4	7.3	7.1
Mentally ill									
IP D&D	All ages	1 796	722	2 609	688	3 681	3 904	2 611	16 011
	Aged 65 or above	231	62	440	83	483	439	342	2 080
IP ALOS (days)	All ages	51	26	52	29	78	34	137	65
	Aged 65 or above	63	37	60	16	64	37	85	56

2012-13

		Cluster							Overall HA
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)									
IP D&D	All ages	110 819	109 116	123 486	119 798	253 894	163 370	125 435	1 005 918
	Aged 65 or above	56 409	49 073	61 030	56 752	113 623	72 974	47 661	457 522
IP ALOS (days)	All ages	4.9	5.8	7	5	5.2	6	5.2	5.6
	Aged 65 or above	6.1	6.6	8.8	6.3	7.1	7.3	7.2	7.1
Mentally ill									
IP D&D	All ages	1 833	758	3 039	662	4 055	4 007	2 801	17 155
	Aged 65 or above	228	67	460	97	557	466	403	2 278
IP ALOS (days)	All ages	45	25	47	30	72	33	141	63
	Aged 65 or above	61	30	38	20	52	44	147	62

2013-14 (up to 31 December 2013) [Provisional figures]

		Cluster							Overall HA
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)									
IP D&D	All ages	80 942	80 808	89 228	88 044	190 540	120 336	96 359	746 257
	Aged 65 or above	42 295	37 087	43 937	42 300	86 949	53 613	36 987	343 168
IP ALOS (days)	All ages	5.2	5.9	7.4	5.3	5.3	6.2	5.4	5.8
	Aged 65 or above	6.5	6.5	9.3	6.7	7.1	7.7	7.4	7.3
Mentally ill									
IP D&D	All ages	1 467	639	2 460	473	3 216	3 164	2 216	13 635
	Aged 65 or above	204	55	357	72	450	401	342	1 881
IP ALOS (days)	All ages	50	27	40	37	62	30	132	58
	Aged 65 or above	57	47	41	40	45	36	125	58

For infirmary and mentally handicapped service, HA's overall IP D&Ds in the past three years are as follows:

	2011-12	2012-13	2013-14 (Up to 31 December 2013) [Provisional figures]
Infirmary	3 435	3 364	2 364
Mentally Handicapped	385	568	422

As both infirmary and mentally handicapped services involve long-stay patients and small patient volume, their respective IP D&D is highly variable year by year and across clusters and is not a meaningful indicator to reflect the service utilisation across clusters. The number of patient days is instead a better indicator to reflect the utilisation of the services.

The table below sets out the number of patient days and IP ALOS in each hospital cluster and in HA as a whole for infirmary and mentally handicapped inpatient services in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

2011-12

		Cluster							Overall HA
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary									
Patient Days	All ages	164 869	54 580	32 512	32 336	93 332	99 028	29 708	506 365
	Aged 65 or above	119 382	34 355	19 461	25 834	59 702	57 851	13 754	330 339
IP ALOS (days)	All ages	65	344	153	254	111	279	381	121
	Aged 65 or above	62	294	130	274	86	240	494	104
Mentally handicapped*									
Patient Days	All ages	-	-	-	-	32 917	-	178 696	211 613
	Aged 65 or above	-	-	-	-	-	-	3 206	3 206
IP ALOS (days)	All ages	-	-	-	-	277	-	787	654
	Aged 65 or above	-	-	-	-	-	-	2 343	2 343

2012-13

		Cluster							Overall HA
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary									
Patient Days	All ages	165 972	54 396	30 975	31 631	93 449	98 606	29 816	504 845
	Aged 65 or above	120 630	33 564	18 044	26 277	57 148	58 359	12 930	326 952
IP ALOS (days)	All ages	73	371	133	153	101	314	570	128
	Aged 65 or above	68	337	86	131	87	284	642	105
Mentally handicapped*									
Patient Days	All ages	-	-	-	-	31 659	-	176 250	207 909
	Aged 65 or above	-	-	-	-	-	-	3 990	3 990
IP ALOS (days)	All ages	-	-	-	-	356	-	965	838
	Aged 65 or above	-	-	-	-	-	-	710	710

2013-14 (up to 31 December 2013) [Provisional figures]

		Cluster							Overall HA
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary									
Patient Days	All ages	127 087	39 518	21 412	26 338	70 084	72 262	21 655	378 356
	Aged 65 or above	91 124	22 919	12 720	21 718	42 636	41 295	8 773	241 185
IP ALOS (days)	All ages	67	459	124	226	168	354	378	138
	Aged 65 or above	63	453	105	185	127	375	439	119
Mentally handicapped*									
Patient Days	All ages	-	-	-	-	23 577	-	131 936	155 513
	Aged 65 or above	-	-	-	-	-	-	4 659	4 659
IP ALOS (days)	All ages	-	-	-	-	360	-	495	463
	Aged 65 or above	-	-	-	-	-	-	453	453

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

It should be noted that ALOS varies among different cases owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatment. It 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 hospital bed complement and specialisation of the specialties in the cluster. Therefore, the figures cannot be directly compared among different clusters. The ALOS for mentally ill patients in NTWC is notably longer than that of other clusters because of the large number of long stay patents in Castle Peak Hospital due to historical reasons. Besides, for infirmary and mentally handicapped services which involve long stay patients and small patient volume, the discharge of a few exceptionally long stay patients can push up the ALOS of the cluster concerned.

The table below sets out the average cost per patient day for each type of bed by hospital clusters for 2011-12, 2012-13 and 2013-14.

2011-12

Types of Beds	Average cost per patient day ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
General (acute & convalescent)	4,120	4,590	3,730	3,920	3,840	3,900	3,780	3,950
Infirmary	1,310	1,290	1,610	1,510	1,280	1,030	1,110	1,270
Mentally Ill	2,120	4,000	1,930	2,390	1,680	2,200	1,790	1,930
Mentally Handicapped	-	-	-	-	1,810	-	1,080	1,190

2012-13

Types of Beds	Average cost per patient day ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
General (acute & convalescent)	4,420	4,900	3,910	4,240	4,060	4,100	3,940	4,180
Infirmary	1,420	1,370	1,670	1,790	1,320	1,120	1,130	1,360
Mentally Ill	2,250	4,520	2,150	2,370	1,880	2,590	1,970	2,150
Mentally Handicapped	-	-	-	-	1,880	-	1,100	1,220

2013-14 (Revised Estimate)

Types of Beds	Projected average cost per patient day ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
General (acute & convalescent)	4,670	5,170	4,070	4,460	4,340	4,330	4,390	4,440
Infirmary	1,460	1,420	1,740	1,800	1,390	1,180	1,140	1,410
Mentally Ill	2,360	4,590	2,180	2,730	1,910	2,700	2,070	2,220
Mentally Handicapped	-	-	-	-	2,010	-	1,150	1,280

The inpatient service costs include the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients, expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests) as well as other operating costs (such as meals for patients, utility expenses and equipment maintenance). The unit cost per patient day of individual hospital cluster represents an average computed with reference to its total costs of the respective inpatient service and the corresponding patient days. HA does not collate age-specific unit cost and therefore cost per patient day for patients aged 65 or above is not available.

It should also be noted that the average cost per patient day varies among different cases owing to the varying complexity of conditions of patients and 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 the 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 average cost per patient day 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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)158

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0190)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 5):

Regarding the specialist outpatient services under the Hospital Authority,

1) Please list by cluster the number of patient attendance and the cost per specialist outpatient attendance for all patients who used specialist outpatient services (including specialist services as a whole and a breakdown by type) in the last three financial years;

2) Please list by cluster the number of patient attendance and the cost per specialist outpatient attendance for patients aged 65 or above who used specialist outpatient services (including specialist services as a whole and a breakdown by type) in the last three financial years.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The table below sets out the number of attendances of the specialist outpatient (SOP) services by clusters under the Hospital Authority (HA), by major specialties, as well as the respective numbers in respect of patients aged 65 or above, and their respective total in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013).

Cluster / Specialty		2011-12		2012-13		2013-14 (1 April to 31 December 2013) [Provisional Figures]	
		All Ages	Aged 65+	All Ages	Aged 65+	All Ages	Aged 65+
HKE	ENT	36 542	9 814	37 034	10 518	29 754	8 908
	O&G	52 543	2 945	53 296	3 003	38 309	2 459
	MED	239 323	114 668	244 504	118 703	189 816	94 023
	OPH	134 655	78 809	130 546	75 665	99 212	57 746
	ORT	55 902	19 212	58 565	20 748	44 140	15 750
	PAE	16 956	-	15 897	-	11 611	-
	PSY	76 729	16 026	77 415	16 929	60 702	13 772
	SUR	72 202	31 280	76 053	33 632	58 635	26 308
	All specialties	**763 704**	**305 124**	**775 781**	**313 992**	**596 307**	**247 377**

Cluster / Specialty		2011-12		2012-13		2013-14 (1 April to 31 December 2013) [Provisional Figures]	
		All Ages	Aged 65+	All Ages	Aged 65+	All Ages	Aged 65+
HKW	ENT	29 187	6 242	31 156	7 284	22 873	5 723
	O&G	84 487	3 100	81 878	3 101	62 351	2 425
	MED	217 801	89 542	225 123	94 029	176 032	75 570
	OPH	85 741	52 361	85 842	49 995	70 085	42 142
	ORT	62 164	17 190	64 121	18 255	49 807	14 557
	PAE	37 225	-	36 432	-	27 415	-
	PSY	56 242	7 805	58 008	8 260	45 060	6 679
	SUR	124 553	46 594	126 467	47 148	100 867	38 210
	All specialties	**790 364**	**252 662**	**812 988**	**261 730**	**638 571**	**214 135**
KC	ENT	64 353	15 135	63 856	15 351	46 162	11 760
	O&G	86 378	3 130	93 374	3 296	73 932	2 798
	MED	211 691	83 794	214 392	86 418	160 596	66 524
	OPH	228 783	119 705	224 919	118 431	171 180	91 729
	ORT	59 512	21 272	60 023	21 980	43 354	16 274
	PAE	34 461	-	33 150	-	24 830	-
	PSY	68 419	15 155	66 601	14 622	49 445	11 826
	SUR	93 936	36 779	95 050	37 494	74 369	30 373
	All specialties	**996 825**	**350 023**	**1 009 572**	**357 886**	**768 457**	**279 599**
KE	ENT	30 210	7 603	29 353	7 176	23 949	5 698
	O&G	72 078	4 008	70 841	4 405	54 694	3 446
	MED	171 559	77 078	172 011	78 504	129 828	58 905
	OPH	117 331	64 465	129 271	72 538	101 837	56 044
	ORT	74 536	21 109	72 181	20 533	54 885	16 006
	PAE	39 557	-	38 585	-	27 925	-
	PSY	90 571	14 098	92 356	14 458	68 747	10 807
	SUR	79 063	30 106	84 156	31 713	68 241	25 107
	All specialties	**726 592**	**241 223**	**745 931**	**254 480**	**578 095**	**196 942**
KW	ENT	67 655	18 748	70 839	20 130	53 526	15 588
	O&G	142 108	5 955	146 280	6 397	109 018	5 156
	MED	542 869	252 233	554 345	258 472	422 849	198 299
	OPH	149 597	75 486	144 232	74 202	110 318	57 193
	ORT	119 331	37 862	125 498	41 544	96 944	33 003
	PAE	56 745	-	56 303	-	43 070	-
	PSY	209 770	44 120	217 327	45 730	167 834	35 888
	SUR	178 942	70 995	181 106	72 260	134 989	54 371
	All specialties	**1 572 552**	**543 434**	**1 611 830**	**560 939**	**1 232 257**	**433 942**

Cluster / Specialty		2011-12		2012-13		2013-14 (1 April to 31 December 2013) [Provisional Figures]	
		All Ages	Aged 65+	All Ages	Aged 65+	All Ages	Aged 65+
NTE	ENT	47 002	9 281	49 103	10 262	40 321	8 491
	O&G	88 611	1 891	89 098	1 962	69 374	1 622
	MED	272 548	101 677	280 005	105 207	213 106	81 246
	OPH	146 191	70 947	152 054	74 338	123 573	61 548
	ORT	106 991	22 979	109 205	23 976	82 897	19 343
	PAE	38 831	-	37 892	-	28 488	-
	PSY	118 501	20 609	123 053	20 721	95 417	16 563
	SUR	89 727	30 221	91 680	30 798	69 786	24 185
	All specialties	**1 032 724**	**293 783**	**1 065 505**	**306 740**	**827 758**	**244 977**
NTW	ENT	41 110	7 144	40 847	7 244	31 852	6 050
	O&G	78 395	2 002	74 982	2 086	58 705	1 719
	MED	190 985	69 574	191 672	70 612	146 528	54 969
	OPH	142 341	57 213	149 231	59 930	114 080	47 113
	ORT	64 318	13 129	63 304	13 097	50 228	10 984
	PAE	26 743	-	25 959	-	20 702	-
	PSY	135 513	19 143	140 349	19 531	107 070	15 084
	SUR	72 861	20 669	76 825	22 623	61 225	18 547
	All specialties	**848 394**	**214 743**	**863 848**	**224 047**	**670 452**	**178 043**
Overall	ENT	316 059	73 967	322 188	77 965	248 437	62 218
	O&G	604 600	23 031	609 749	24 250	466 383	19 625
	MED	1 846 776	788 566	1 882 052	811 945	1 438 755	629 536
	OPH	1 004 639	518 986	1 016 095	525 099	790 285	413 515
	ORT	542 754	152 753	552 897	160 133	422 255	125 917
	PAE	250 518	-	244 218	-	184 041	-
	PSY	755 745	136 956	775 109	140 251	594 275	110 619
	SUR	711 284	266 644	731 337	275 668	568 112	217 101
	All specialties	**6 731 155**	**2 200 992**	**6 885 455**	**2 279 814**	**5 311 897**	**1 795 015**

The table below sets out the average cost per SOP attendance for major specialties by hospital clusters for 2011-12 and 2012-13. HA does not collate age-specific unit cost and therefore cost per attendance for patients aged 65 or above is not available.

2011-12	Average cost per SOP attendance ($)							
Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	755	755	735	760	550	955	715	730
MED	1,580	1,810	1,890	1,740	1,490	1,870	1,790	1,700
O&G	975	1,040	785	695	645	670	685	760
OPH	475	395	500	475	415	510	460	470
ORT	900	925	695	710	755	955	920	835
PAE	1,160	1,690	1,200	875	1,150	1,150	970	1,170
PSY	970	1,270	995	995	1,040	1,070	1,190	1,070
SUR	1,250	1,660	1,030	1,260	1,130	1,150	1,230	1,250
SOP (overall)	990	1,220	910	855	960	1,040	965	985

2012-13	Average cost per SOP attendance ($)							
Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	790	680	735	865	565	1,050	885	780
MED	1,700	1,890	2,250	1,980	1,580	1,990	1,860	1,840
O&G	1,050	1,100	770	770	685	730	810	815
OPH	505	410	530	425	475	585	505	500
ORT	945	990	730	780	810	1,030	950	890
PED	1,160	1,800	1,160	980	1,240	1,270	1,100	1,260
PSY	1,030	1,310	1,220	1,070	1,090	1,210	1,300	1,160
SUR	1,300	1,730	1,070	1,330	1,180	1,270	1,400	1,330
SOP (overall)	1,040	1,250	1,000	915	1,020	1,120	1,050	1,050

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2013-14. The breakdown by different specialties is not yet available.

2013-14 (Revised Estimate)	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Projected overall average cost per SOP attendance	1,110	1,300	1,050	980	1,060	1,210	1,120	1,110

The SOP service costs include the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and equipment maintenance). The unit cost per SOP attendance of individual hospital cluster represents an average computed with reference to its total costs of the respective SOP service and the corresponding attendances.

It should also be noted that the cost per 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 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. 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

Specialty:
ENT – Eye, Nose & Throat
O&G – Obstetrics & Gynaecology
MED – Medicine
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)159

CONTROLLING OFFICER'S REPLY

(Question Serial No.0518)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431-432

Question (Member Question No. 29):

Regarding the drug expenditure of the Hospital Authority (HA), please list for the past 3 years (2011-12 to 2013-14):

1. the drug expenditure of each hospital cluster on General drugs and Special drugs, and its percentage of the total drug expenditure of HA;
2. the number of General drugs, Special drugs, self-financed drugs with safety net and self-financed drugs without safety net prescribed to patients in each hospital cluster; and its percentage of the total number of drugs prescribed by HA and by the respective cluster; and
3. 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:

(1)

The table below sets out the consumption expenditure [(1)] by cluster on General drugs and Special drugs prescribed to patients and their respective percentages in the total consumption expenditures of the Hospital Authority (HA) on these drugs from 2011-12 to 2013-14 (projection based on expenditure figure as at 31 December 2013):

Cluster	**Drug Category**	**2011-12**		**2012-13**		**2013-14 (Projection based on expenditure figure as at 31 December 2013)**	
		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	172.1	9.5%	178.0	9.4%	179.4	9.1%
	Special drugs	152.2	9.9%	183.8	10.0%	201.8	9.9%
Hong Kong West	General drugs	203.2	11.2%	212.7	11.2%	219.5	11.1%
	Special drugs	254.3	16.5%	291.1	15.8%	324.9	16.0%
Kowloon	General drugs	270.3	14.9%	277.3	14.6%	291.6	14.7%

Cluster	Drug Category	2011-12		2012-13		2013-14 (Projection based on expenditure figure as at 31 December 2013)	
		Expenditure ($ million)	% of HA's Total Drug Expenditure	Expenditure ($ million)	% of HA's Total Drug Expenditure	Expenditure ($ million)	% of HA's Total Drug Expenditure
Central	Special drugs	195.4	12.7%	235.8	12.8%	263.4	12.9%
Kowloon East	General drugs	287.5	15.9%	303.1	15.9%	316.5	16.0%
	Special drugs	167.8	10.9%	219.1	11.9%	254.7	12.5%
Kowloon West	General drugs	389.9	21.5%	413.6	21.8%	434.5	21.9%
	Special drugs	348.7	22.6%	419.8	22.7%	454.9	22.4%
New Territories East	General drugs	287.8	15.9%	300.6	15.8%	312.0	15.8%
	Special drugs	244.4	15.8%	287.7	15.6%	311.6	15.3%
New Territories West	General drugs	203.0	11.2%	215.2	11.3%	226.8	11.5%
	Special drugs	180.6	11.7%	209.7	11.4%	223.8	11.0%
HA Total (2)	**General drugs**	**1,813.8**	**100.0%**	**1,900.6**	**100.0%**	**1,980.3**	**100.0%**
	Special drugs	**1,543.4**	**100.0%**	**1,847.1**	**100.0%**	**2,035.1**	**100.0%**

Note (1): Consumption expenditure refers to the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges.
Note (2): Figures may not add up to 100% of respective total figures due to rounding.

(2)

The table below sets out the number and the percentage 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 seven respective clusters from 2011-12 to 2013-14 (actual figures up to 31 December 2013):

Cluster	Category		2011-12	2012-13	2013-14 (Actual figure up to 31 December 2013)
Hong Kong East	General drugs	Item dispensed ('000)	4 135.8	4 327.2	3 455.8
		Percentage of HA Total	11.3%	11.4%	11.6%
		Percentage of Cluster Total	88.8%	88.0%	85.8%
	Special drugs	Item dispensed ('000)	415.6	484.4	492.1
		Percentage of HA Total	13.2%	13.1%	13.8%
		Percentage of Cluster Total	8.9%	9.8%	12.2%
	Self-financed drugs with safety net	Item dispensed ('000)	0.6	0.8	2.9
		Percentage of HA Total	4.6%	4.8%	6.7%

Cluster	Category		2011-12	2012-13	2013-14 (Actual figure up to 31 December 2013)
		Percentage of Cluster Total	0.01%	0.02%	0.07%
	Self-financed drugs without safety net	Item dispensed ('000)	106.4	107.7	79.0
		Percentage of HA Total	19.1%	19.0%	18.8%
		Percentage of Cluster Total	2.3%	2.2%	2.0%
	Total	**Item dispensed ('000)**	**4 658.3**	**4 920.0**	**4 029.9**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**
Hong Kong West	General drugs	Item dispensed ('000)	2 775.6	2 873.4	2 246.2
		Percentage of HA Total	7.6%	7.6%	7.5%
		Percentage of Cluster Total	85.7%	84.6%	81.5%
	Special drugs	Item dispensed ('000)	323.3	376.7	386.7
		Percentage of HA Total	10.3%	10.2%	10.8%
		Percentage of Cluster Total	10.0%	11.1%	14.0%
	Self-financed drugs with safety net	Item dispensed ('000)	2.7	2.8	11.3
		Percentage of HA Total	20.6%	16.8%	25.8%
		Percentage of Cluster Total	0.08%	0.08%	0.41%
	Self-financed drugs without safety net	Item dispensed ('000)	137.2	144.3	111.6
		Percentage of HA Total	24.7%	25.4%	26.5%
		Percentage of Cluster Total	4.2%	4.2%	4.1%
	Total	**Item dispensed ('000)**	**3 238.8**	**3 397.1**	**2 755.8**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**
Kowloon Central	General drugs	Item dispensed ('000)	4 117.2	4 255.7	3 189.5
		Percentage of HA Total	11.2%	11.2%	10.7%
		Percentage of Cluster Total	90.8%	90.1%	88.4%
	Special drugs	Item dispensed ('000)	352.5	401.5	363.3
		Percentage of HA Total	11.2%	10.8%	10.2%
		Percentage of Cluster Total	7.8%	8.5%	10.1%
	Self-financed	Item dispensed ('000)	3.7	4.8	11.9

Cluster	Category		2011-12	2012-13	2013-14 (Actual figure up to 31 December 2013)
	drugs with safety net	Percentage of HA Total	28.2%	29.1%	27.2%
		Percentage of Cluster Total	0.08%	0.10%	0.33%
	Self-financed drugs without safety net	Item dispensed ('000)	59.6	59.8	43.2
		Percentage of HA Total	10.7%	10.5%	10.3%
		Percentage of Cluster Total	1.3%	1.3%	1.2%
	Total	**Item dispensed ('000)**	**4 532.9**	**4 721.8**	**3 608.0**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**
Kowloon East	General drugs	Item dispensed ('000)	5 001.4	5 103.7	4 094.4
		Percentage of HA Total	13.6%	13.4%	13.8%
		Percentage of Cluster Total	92.2%	91.0%	89.4%
	Special drugs	Item dispensed ('000)	377.4	459.3	449.8
		Percentage of HA Total	12.0%	12.4%	12.6%
		Percentage of Cluster Total	7.0%	8.2%	9.8%
	Self-financed drugs with safety net	Item dispensed ('000)	0.9	0.9	2.6
		Percentage of HA Total	6.9%	5.6%	5.9%
		Percentage of Cluster Total	0.02%	0.02%	0.06%
	Self-financed drugs without safety net	Item dispensed ('000)	46.2	45.4	34.9
		Percentage of HA Total	8.3%	8.0%	8.3%
		Percentage of Cluster Total	0.9%	0.8%	0.8%
	Total	**Item dispensed ('000)**	**5 425.9**	**5 609.3**	**4 581.7**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**
Kowloon West	General drugs	Item dispensed ('000)	9 931.4	10 265.2	7 923.2
		Percentage of HA Total	27.0%	27.0%	26.6%
		Percentage of Cluster Total	91.4%	90.4%	89.0%
	Special drugs	Item dispensed ('000)	834.9	988.8	902.1
		Percentage of HA Total	26.6%	26.7%	25.3%
		Percentage of Cluster Total	7.7%	8.7%	10.1%

Cluster	Category		2011-12	2012-13	2013-14 (Actual figure up to 31 December 2013)
	Self-financed drugs with safety net	Item dispensed ('000)	2.6	3.4	7.0
		Percentage of HA Total	19.8%	20.7%	16.1%
		Percentage of Cluster Total	0.02%	0.03%	0.08%
	Self-financed drugs without safety net	Item dispensed ('000)	94.5	94.1	67.7
		Percentage of HA Total	17.0%	16.6%	16.1%
		Percentage of Cluster Total	0.9%	0.8%	0.8%
	Total	**Item dispensed ('000)**	**10 863.5**	**11 351.5**	**8 900.1**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**
New Territories East	General drugs	Item dispensed ('000)	5 966.9	6 225.0	4 923.1
		Percentage of HA Total	16.2%	16.4%	16.5%
		Percentage of Cluster Total	91.1%	90.3%	88.8%
	Special drugs	Item dispensed ('000)	489.9	570.2	547.4
		Percentage of HA Total	15.6%	15.4%	15.3%
		Percentage of Cluster Total	7.5%	8.3%	9.9%
	Self-financed drugs with safety net	Item dispensed ('000)	1.0	1.6	4.4
		Percentage of HA Total	7.6%	9.7%	10.1%
		Percentage of Cluster Total	0.02%	0.02%	0.08%
	Self-financed drugs without safety net	Item dispensed ('000)	90.9	94.5	69.0
		Percentage of HA Total	16.3%	16.7%	16.4%
		Percentage of Cluster Total	1.4%	1.4%	1.2%
	Total	**Item dispensed ('000)**	**6 548.6**	**6 891.3**	**5 543.9**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**
New Territories West	General drugs	Item dispensed ('000)	4 794.9	4 936.8	3 942.6
		Percentage of HA Total	13.1%	13.0%	13.2%
		Percentage of Cluster Total	92.9%	91.7%	89.8%
	Special drugs	Item dispensed ('000)	343.8	421.0	428.2
		Percentage of HA Total	11.0%	11.4%	12.0%

Cluster	Category		2011-12	2012-13	2013-14 (Actual figure up to 31 December 2013)
		Percentage of Cluster Total	6.7%	7.8%	9.8%
	Self-financed drugs with safety net	Item dispensed ('000)	1.6	2.2	3.6
		Percentage of HA Total	12.2%	13.3%	8.1%
		Percentage of Cluster Total	0.03%	0.04%	0.08%
	Self-financed drugs without safety net	Item dispensed ('000)	21.5	21.2	15.2
		Percentage of HA Total	3.9%	3.7%	3.6%
		Percentage of Cluster Total	0.4%	0.4%	0.3%
	Total	**Item dispensed ('000)**	**5 161.8**	**5 381.3**	**4 389.5**
		Percentage of Cluster Total	**100.0%**	**100.0%**	**100.0%**
HA Total	**General drugs**	**Item dispensed ('000)**	**36 723.2**	**37 986.9**	**29 774.9**
		Percentage of HA Total	**90.8%**	**89.9%**	**88.1%**
	Special drugs	**Item dispensed ('000)**	**3 137.4**	**3 701.8**	**3 569.5**
		Percentage of HA Total	**7.8%**	**8.8%**	**10.6%**
	Self-financed drugs with safety net	**Item dispensed ('000)**	**13.1**	**16.5**	**43.6**
		Percentage of HA Total	**0.03%**	**0.04%**	**0.13%**
	Self-financed drugs without safety net	**Item dispensed ('000)**	**556.3**	**567.0**	**420.7**
		Percentage of HA Total	**1.4%**	**1.3%**	**1.2%**
	Total	**Item dispensed ('000)**	**40 429.8**	**42 272.2**	**33 808.8**
		Percentage of HA Total	**100.0%**	**100.0%**	**100.0%**

Note: Figures may not add up to total on 100% of respective total figures due to rounding.

(3)

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 2011-12 to 2013-14 (actual figure up to 31 December 2013) :

	2011-12	2012-13	2013-14 (Actual figure up to 31 December 2013)
Number of patients purchasing Self-financed drugs through HA	47 539	48 772	44 587

	2011-12	2012-13	2013-14 (Actual figure up to 31 December 2013)
Total expenditure incurred by these patients on purchasing Self-financed drugs through HA ($ million)	857.8	772.5	622.4
Number of patients provided with subsidy under Samaritan Fund to cover expenses on Self-financed drugs with safety net	1 435	1 667	1 515
Amount of subsidies granted under Samaritan Fund to cover expenses on Self-financed drugs with safety net ($ million)	174.9	241.6	206.6

CONTROLLING OFFICER'S REPLY

FHB(H)160

(Question Serial No. 0519)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 31):

Regarding the healthcare manpower of the Hospital Authority, please provide the following information:

a. a breakdown by cluster and by specialty of the number, length of service, vacancy rate, wastage rate and average weekly working hours of doctors in the past 3 years (from 2011-2012 to 2013-2014);

b. a breakdown by cluster and by stream of the number, length of service, vacancy rate, wastage rate and average weekly working hours of nurses in the past 3 years;

c. a breakdown by cluster of the numbers of overseas doctors and part-time doctors and nurses in the past 3 years and the relevant expenditure on emolument; and

d. the measures that the Administration has implemented or will implement to "attract, motivate and retain staff" and 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 2011-12, 2012-13 and 2013-14.

Table 4 below sets out the average weekly hours of work of doctors by specialty in HA in 2011-12 and 2012-13.

The manpower shortfall of doctors in 2013-14 is around 310.

Table 1: Manpower of Doctors in HA in 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	2011-12 (as at 31 March 2012)	2012-13 (as at 31 March 2013)	2013-14 (as at 31 December 2013)
HKEC	Accident & Emergency	48	54	52
	Anaesthesia	31	33	31
	Family Medicine	51	56	56
	Intensive Care Unit	13	13	15
	Medicine	147	148	151
	Neurosurgery	12	10	11
	Obstetrics & Gynaecology	21	23	21
	Ophthalmology	19	19	21
	Orthopaedics & Traumatology	32	30	32
	Paediatrics	24	22	23
	Pathology	19	19	20
	Psychiatry	32	35	36
	Radiology	35	37	36
	Surgery	49	48	47
	Others	23	25	26
	Total	**555**	**572**	**580**
HKWC	Accident & Emergency	30	30	30
	Anaesthesia	58	59	60
	Cardiothoracic Surgery	9	11	11
	Family Medicine	37	40	40
	Intensive Care Unit	11	11	12
	Medicine	130	133	135
	Neurosurgery	12	12	12
	Obstetrics & Gynaecology	28	26	27
	Ophthalmology	12	12	13
	Orthopaedics & Traumatology	29	30	31
	Paediatrics	42	41	45
	Pathology	26	27	24
	Psychiatry	24	24	24
	Radiology	37	38	39
	Surgery	76	78	76
	Others	27	26	26
	Total	**588**	**599**	**605**
KCC	Accident & Emergency	38	39	41
	Anaesthesia	54	52	54
	Cardiothoracic Surgery	14	15	16
	Family Medicine	49	55	55
	Intensive Care Unit	8	8	10
	Medicine	141	143	143
	Neurosurgery	20	20	21
	Obstetrics & Gynaecology	29	30	31
	Ophthalmology	35	36	36
	Orthopaedics & Traumatology	36	33	35
	Paediatrics	38	39	43
	Pathology	30	28	30
	Psychiatry	34	36	33
	Radiology	43	45	45
	Surgery	49	53	55
	Others	43	42	44
	Total	**662**	**674**	**692**
KEC	Accident & Emergency	54	55	57
	Anaesthesia	40	41	42
	Family Medicine	85	85	86
	Intensive Care Unit	6	10	10
	Medicine	131	132	144
	Obstetrics & Gynaecology	27	27	28
	Ophthalmology	20	18	18
	Orthopaedics & Traumatology	39	39	40
	Paediatrics	38	38	39
	Pathology	20	19	20
	Psychiatry	36	35	35
	Radiology	24	25	27
	Surgery	58	56	57
	Others	25	27	27
	Total	**603**	**607**	**630**

Cluster	Major Specialty	2011-12 (as at 31 March 2012)	2012-13 (as at 31 March 2013)	2013-14 (as at 31 December 2013)
KWC	Accident & Emergency	106	108	125
	Anaesthesia	80	83	85
	Family Medicine	150	150	161
	Intensive Care Unit	30	33	33
	Medicine	275	286	293
	Neurosurgery	21	23	26
	Obstetrics & Gynaecology	49	51	52
	Ophthalmology	22	22	23
	Orthopaedics & Traumatology	71	75	76
	Paediatrics	76	79	84
	Pathology	47	47	48
	Psychiatry	70	68	71
	Radiology	54	55	57
	Surgery	115	111	119
	Others	43	54	46
	Total	**1 208**	**1 245**	**1 298**
NTEC	Accident & Emergency	68	64	65
	Anaesthesia	56	56	62
	Cardiothoracic Surgery	4	5	6
	Family Medicine	89	90	85
	Intensive Care Unit	25	26	26
	Medicine	178	182	185
	Neurosurgery	7	8	7
	Obstetrics & Gynaecology	32	31	29
	Ophthalmology	24	26	27
	Orthopaedics & Traumatology	60	62	60
	Paediatrics	54	57	57
	Pathology	32	32	31
	Psychiatry	62	61	61
	Radiology	38	41	42
	Surgery	81	82	84
	Others	51	52	52
	Total	**861**	**874**	**878**
NTWC	Accident & Emergency	60	59	63
	Anaesthesia	47	43	44
	Cardiothoracic Surgery	2	2	2
	Family Medicine	68	75	77
	Intensive Care Unit	13	18	19
	Medicine	122	124	133
	Neurosurgery	12	15	13
	Obstetrics & Gynaecology	30	32	31
	Ophthalmology	21	19	21
	Orthopaedics & Traumatology	44	41	45
	Paediatrics	36	34	37
	Pathology	23	20	22
	Psychiatry	78	76	80
	Radiology	33	30	34
	Surgery	56	57	60
	Others	29	31	32
	Total	**674**	**676**	**713**

Notes

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

Table 2: Year of Service of Doctors in HA in 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	2011-12 (as at 31 March 2012)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	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
	Intensive Care Unit	1	9	2	0	1	0	0	13
	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	3	14	3	0	2	1	0	23
	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
	Cardiothoracic Surgery	1	6	1	0	1	0	0	9
	Family Medicine	14	16	7	1	1	0	0	39
	Intensive Care Unit	2	5	3	1	0	0	0	11
	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	6	18	2	0	1	0	0	27
	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
	Cardiothoracic Surgery	5	6	2	1	0	0	0	14
	Family Medicine	4	20	13	3	7	3	0	50
	Intensive Care Unit	1	5	1	1	0	0	0	8
	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	9	25	3	2	5	0	0	44
	Total	**140**	**387**	**65**	**41**	**49**	**5**	**0**	**687**

Cluster	Major Specialty	2011-12 (as at 31 March 2012)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
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
	Intensive Care Unit	0	2	0	3	1	0	0	6
	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	16	4	0	1	0	0	26
	Total	**134**	**330**	**61**	**42**	**43**	**9**	**2**	**621**
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
	Intensive Care Unit	2	16	4	7	1	0	0	30
	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	8	27	4	1	3	0	0	43
	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
	Cardiothoracic Surgery	0	3	0	1	0	0	0	4
	Family Medicine	23	28	18	8	12	1	1	91
	Intensive Care Unit	2	15	6	1	1	0	0	25
	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	11	35	4	0	1	0	0	51
	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
	Cardiothoracic Surgery	1	1	0	0	0	0	0	2
	Family Medicine	15	24	11	12	7	2	0	71
	Intensive Care Unit	2	8	3	0	0	0	0	13
	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	9	18	0	0	3	0	0	30
	Total	**155**	**390**	**41**	**46**	**56**	**6**	**0**	**694**

Cluster	Major Specialty	2012-13 (as at 31 March 2013)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
HKEC	Accident & Emergency	3	14	10	8	17	5	0	57
	Anaesthesia	0	10	7	6	7	3	0	33
	Family Medicine	5	11	19	14	7	2	0	58
	Intensive Care Unit	0	3	3	4	2	1	0	13
	Medicine	5	34	30	21	39	20	0	149
	Neurosurgery	0	4	2	1	3	0	0	10
	Obstetrics & Gynaecology	0	11	7	2	1	2	0	23
	Ophthalmology	2	9	5	3	3	1	0	23
	Orthopaedics & Traumatology	0	9	6	3	11	1	0	30
	Paediatrics	3	9	4	0	6	1	0	23
	Pathology	0	3	6	3	6	1	0	19
	Psychiatry	2	7	9	6	7	5	0	36
	Radiology	1	14	12	1	4	5	0	37
	Surgery	3	18	15	8	6	1	0	51
	Others	0	6	7	4	3	5	0	25
	Total	**24**	**162**	**142**	**84**	**122**	**53**	**0**	**587**
HKWC	Accident & Emergency	0	12	5	3	5	7	0	32
	Anaesthesia	2	17	16	9	16	0	1	61
	Cardiothoracic Surgery	0	2	1	5	3	0	0	11
	Family Medicine	1	15	15	8	3	0	0	42
	Intensive Care Unit	0	3	3	1	4	0	0	11
	Medicine	4	38	36	16	29	12	0	135
	Neurosurgery	0	4	3	2	2	1	0	12
	Obstetrics & Gynaecology	0	13	10	4	3	1	0	31
	Ophthalmology	0	4	3	3	1	1	0	12
	Orthopaedics & Traumatology	0	10	5	5	7	3	0	30
	Paediatrics	0	9	10	5	18	0	0	42
	Pathology	1	7	2	6	10	1	0	27
	Psychiatry	2	8	7	1	7	0	0	25
	Radiology	1	12	14	4	7	1	0	39
	Surgery	1	30	22	14	9	4	0	80
	Others	0	6	8	4	4	4	0	26
	Total	**12**	**190**	**160**	**90**	**128**	**35**	**1**	**616**
KCC	Accident & Emergency	3	12	5	12	8	1	0	41
	Anaesthesia	0	22	12	4	10	5	0	53
	Cardiothoracic Surgery	0	5	0	3	4	3	0	15
	Family Medicine	3	18	25	6	5	1	0	58
	Intensive Care Unit	0	0	1	3	2	1	1	8
	Medicine	0	42	40	18	36	14	0	150
	Neurosurgery	0	7	1	2	10	0	0	20
	Obstetrics & Gynaecology	2	17	11	1	4	2	0	37
	Ophthalmology	1	11	15	6	5	0	0	38
	Orthopaedics & Traumatology	1	6	3	4	15	5	0	34
	Paediatrics	2	13	8	0	14	4	0	41
	Pathology	0	6	6	4	12	1	0	29
	Psychiatry	1	17	4	5	7	3	0	37
	Radiology	0	14	10	2	13	6	0	45
	Surgery	0	16	16	5	13	4	0	54
	Others	1	8	10	4	10	9	0	42
	Total	**14**	**214**	**167**	**79**	**168**	**59**	**1**	**702**
KEC	Accident & Emergency	3	17	7	11	16	4	0	58
	Anaesthesia	1	9	10	8	13	1	0	42
	Family Medicine	0	29	38	15	4	1	0	87
	Intensive Care Unit	0	3	1	1	5	0	0	10
	Medicine	1	47	28	18	32	14	0	140
	Obstetrics & Gynaecology	0	13	6	2	2	5	0	28
	Ophthalmology	2	9	5	3	0	0	0	19
	Orthopaedics & Traumatology	0	15	7	6	7	4	0	39
	Paediatrics	0	10	10	5	9	4	0	38
	Pathology	0	2	4	1	9	3	0	19
	Psychiatry	0	12	5	10	5	3	0	35
	Radiology	1	10	3	1	6	5	0	26
	Surgery	2	16	16	11	8	4	1	58
	Others	0	10	5	4	7	2	0	28
	Total	**10**	**202**	**145**	**96**	**123**	**50**	**1**	**627**

Cluster	Major Specialty	2012-13 (as at 31 March 2013)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
KWC	Accident & Emergency	7	23	23	12	39	9	0	113
	Anaesthesia	1	22	19	13	24	4	0	83
	Family Medicine	4	53	66	25	10	3	0	161
	Intensive Care Unit	1	6	9	5	8	4	0	33
	Medicine	8	73	54	40	94	29	1	299
	Neurosurgery	1	9	4	4	4	1	0	23
	Obstetrics & Gynaecology	0	19	16	3	12	4	0	54
	Ophthalmology	0	9	6	2	6	0	0	23
	Orthopaedics & Traumatology	2	17	15	10	25	7	0	76
	Paediatrics	6	32	12	10	18	13	0	91
	Pathology	0	8	14	4	13	8	0	47
	Psychiatry	4	22	16	4	20	4	0	70
	Radiology	1	12	18	3	14	8	0	56
	Surgery	2	43	18	16	28	9	0	116
	Others	2	19	12	5	12	4	0	54
	Total	**39**	**367**	**302**	**156**	**327**	**107**	**1**	**1 299**
NTEC	Accident & Emergency	1	12	8	8	33	4	0	66
	Anaesthesia	1	18	14	10	12	2	0	57
	Cardiothoracic Surgery	0	1	0	2	2	0	0	5
	Family Medicine	6	23	44	11	8	0	0	92
	Intensive Care Unit	0	9	5	4	7	1	0	26
	Medicine	3	63	53	18	46	6	1	190
	Neurosurgery	1	1	2	2	2	0	0	8
	Obstetrics & Gynaecology	0	11	10	4	4	2	0	31
	Ophthalmology	1	13	8	3	3	0	0	28
	Orthopaedics & Traumatology	1	16	15	9	18	4	0	63
	Paediatrics	2	17	11	6	16	6	0	58
	Pathology	0	5	7	7	12	1	0	32
	Psychiatry	3	19	15	14	10	0	0	61
	Radiology	2	12	9	6	10	2	0	41
	Surgery	3	30	22	12	11	7	0	85
	Others	0	14	13	8	13	4	0	52
	Total	**24**	**264**	**236**	**124**	**207**	**39**	**1**	**895**
NTWC	Accident & Emergency	1	17	16	8	16	2	0	60
	Anaesthesia	4	13	15	3	7	3	0	45
	Cardiothoracic Surgery	0	0	0	1	1	0	0	2
	Family Medicine	9	18	28	16	6	4	0	81
	Intensive Care Unit	0	7	4	4	3	0	0	18
	Medicine	3	38	36	10	31	10	0	128
	Neurosurgery	0	6	1	4	3	1	0	15
	Obstetrics & Gynaecology	1	14	8	1	4	5	0	33
	Ophthalmology	1	7	3	2	5	2	0	20
	Orthopaedics & Traumatology	0	15	9	3	11	5	0	43
	Paediatrics	2	13	5	1	12	2	0	35
	Pathology	0	5	3	3	7	2	0	20
	Psychiatry	0	24	17	11	23	3	0	78
	Radiology	1	14	5	2	4	5	0	31
	Surgery	0	26	14	7	10	4	0	61
	Others	1	12	5	4	9	2	0	33
	Total	**23**	**229**	**169**	**80**	**152**	**50**	**0**	**703**

Cluster	Major Specialty	2013-14 (as at 31 December 2013)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
HKEC	Accident & Emergency	0	9	12	8	20	6	0	55
	Anaesthesia	1	5	9	7	6	4	0	32
	Family Medicine	3	14	18	13	8	3	0	59
	Intensive Care Unit	0	3	4	5	1	2	0	15
	Medicine	5	38	25	19	39	27	0	153
	Neurosurgery	0	3	4	0	3	1	0	11
	Obstetrics & Gynaecology	1	9	8	1	2	1	0	22
	Ophthalmology	1	12	5	2	4	1	0	25
	Orthopaedics & Traumatology	0	8	8	3	9	4	0	32
	Paediatrics	3	10	2	2	6	1	0	24
	Pathology	0	3	7	3	4	3	0	20
	Psychiatry	1	8	9	6	6	7	0	37
	Radiology	2	13	13	1	3	4	0	36
	Surgery	0	17	18	7	6	2	0	50
	Others	1	8	7	5	3	3	0	27
	Total	**18**	**160**	**149**	**82**	**120**	**69**	**0**	**598**
HKWC	Accident & Emergency	1	9	7	3	4	8	0	32
	Anaesthesia	2	17	15	8	18	2	1	63
	Cardiothoracic Surgery	0	2	1	5	3	0	0	11
	Family Medicine	1	12	11	15	3	0	0	42
	Intensive Care Unit	0	3	4	1	4	0	0	12
	Medicine	1	35	41	15	29	15	0	136
	Neurosurgery	0	5	3	2	1	1	0	12
	Obstetrics & Gynaecology	0	13	10	6	1	2	0	32
	Ophthalmology	1	3	4	2	2	1	0	13
	Orthopaedics & Traumatology	0	10	6	4	7	4	0	31
	Paediatrics	0	12	10	6	14	4	0	46
	Pathology	1	7	2	4	9	1	0	24
	Psychiatry	1	9	6	3	5	1	0	25
	Radiology	0	13	15	4	5	3	0	40
	Surgery	0	27	26	11	10	4	0	78
	Others	0	6	8	4	3	5	0	26
	Total	**8**	**183**	**169**	**93**	**118**	**51**	**1**	**623**
KCC	Accident & Emergency	1	13	7	7	13	1	0	42
	Anaesthesia	0	20	15	5	9	6	0	55
	Cardiothoracic Surgery	0	6	0	2	4	4	0	16
	Family Medicine	4	17	21	10	4	2	0	58
	Intensive Care Unit	0	2	1	3	1	2	1	10
	Medicine	1	34	37	20	31	22	0	145
	Neurosurgery	0	7	2	2	9	1	0	21
	Obstetrics & Gynaecology	1	16	13	3	4	2	0	39
	Ophthalmology	2	11	11	8	6	0	0	38
	Orthopaedics & Traumatology	0	7	5	4	11	9	0	36
	Paediatrics	0	18	7	2	9	9	0	45
	Pathology	0	5	8	5	11	2	0	31
	Psychiatry	1	13	6	2	8	4	0	34
	Radiology	1	8	15	3	10	8	0	45
	Surgery	1	17	17	4	7	10	0	56
	Others	1	11	9	4	7	12	0	44
	Total	**13**	**205**	**174**	**84**	**144**	**94**	**1**	**715**
KEC	Accident & Emergency	3	19	6	11	11	9	0	59
	Anaesthesia	0	11	10	9	10	3	0	43
	Family Medicine	1	28	35	20	4	1	0	89
	Intensive Care Unit	0	3	1	1	5	0	0	10
	Medicine	3	48	29	23	28	20	0	151
	Obstetrics & Gynaecology	0	10	9	2	2	5	0	28
	Ophthalmology	1	7	9	3	0	0	0	20
	Orthopaedics & Traumatology	1	14	10	4	6	6	0	41
	Paediatrics	0	11	9	5	7	7	0	39
	Pathology	0	4	3	2	9	2	0	20
	Psychiatry	1	9	9	9	3	5	0	36
	Radiology	0	10	6	0	5	6	0	27
	Surgery	0	16	19	10	8	5	1	59
	Others	1	7	7	2	6	4	0	27
	Total	**11**	**197**	**162**	**101**	**104**	**73**	**1**	**649**

Cluster	Major Specialty	2013-14 (as at 31 December 2013)							
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 Years or above**	**Total**
KWC	Accident & Emergency	8	30	29	11	38	14	0	130
	Anaesthesia	0	17	24	16	19	9	0	85
	Family Medicine	5	60	67	26	11	5	0	174
	Intensive Care Unit	0	6	10	5	7	5	0	33
	Medicine	5	77	55	45	81	43	0	306
	Neurosurgery	0	12	6	4	2	3	0	27
	Obstetrics & Gynaecology	0	16	19	3	9	7	0	54
	Ophthalmology	1	9	5	3	6	0	0	24
	Orthopaedics & Traumatology	1	21	17	10	18	10	0	77
	Paediatrics	2	34	19	11	10	20	0	96
	Pathology	1	6	17	4	12	8	0	48
	Psychiatry	1	23	13	12	16	8	0	73
	Radiology	3	18	16	3	11	9	0	60
	Surgery	3	48	21	14	23	15	0	124
	Others	1	13	11	6	10	5	0	46
	Total	**31**	**390**	**329**	**173**	**273**	**161**	**0**	**1 357**
NTEC	Accident & Emergency	4	12	8	6	29	9	0	68
	Anaesthesia	1	22	18	10	10	3	0	64
	Cardiothoracic Surgery	0	2	0	2	2	0	0	6
	Family Medicine	4	21	29	25	7	2	0	88
	Intensive Care Unit	0	8	6	3	8	1	0	26
	Medicine	1	57	55	22	44	12	1	192
	Neurosurgery	1	0	2	2	2	0	0	7
	Obstetrics & Gynaecology	1	9	8	6	3	2	0	29
	Ophthalmology	1	12	7	7	3	0	0	30
	Orthopaedics & Traumatology	0	13	13	10	19	5	0	60
	Paediatrics	3	16	11	7	15	7	0	59
	Pathology	1	4	7	5	13	1	0	31
	Psychiatry	1	15	22	13	10	1	0	62
	Radiology	1	12	10	7	9	3	0	42
	Surgery	4	31	25	11	8	10	0	89
	Others	0	11	14	10	11	6	0	52
	Total	**23**	**245**	**235**	**146**	**193**	**62**	**1**	**905**
NTWC	Accident & Emergency	2	16	19	6	14	7	0	64
	Anaesthesia	2	17	14	5	5	3	0	46
	Cardiothoracic Surgery	0	0	0	1	1	0	0	2
	Family Medicine	7	19	28	18	7	3	0	82
	Intensive Care Unit	0	8	3	6	1	1	0	19
	Medicine	4	47	33	10	26	17	0	137
	Neurosurgery	1	6	1	2	3	1	0	14
	Obstetrics & Gynaecology	0	10	11	2	4	5	0	32
	Ophthalmology	1	9	3	2	4	3	0	22
	Orthopaedics & Traumatology	0	15	14	1	10	7	0	47
	Paediatrics	1	9	12	2	9	5	0	38
	Pathology	1	4	6	4	4	3	0	22
	Psychiatry	2	23	18	13	20	6	0	82
	Radiology	0	16	9	1	4	5	0	35
	Surgery	1	27	15	6	10	6	0	65
	Others	1	9	9	5	6	4	0	34
	Total	**23**	**235**	**195**	**84**	**128**	**76**	**0**	**741**

Notes

1. The manpower figures by year of service are calculated on headcount basis, including permanent, contract, temporary staff and 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 Full-time Doctors in HA in 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
HKEC	Accident & Emergency	2.0%	1.9%	1.9%
	Anaesthesia	3.2%	3.1%	12.6%
	Family Medicine	4.0%	-	1.9%
	Intensive Care Unit	-	-	-
	Medicine	2.1%	2.7%	1.4%
	Neurosurgery	-	9.8%	-
	Obstetrics & Gynaecology	9.7%	-	4.4%
	Ophthalmology	10.3%	10.5%	5.2%
	Orthopaedics & Traumatology	6.4%	3.2%	-
	Paediatrics	7.7%	13.8%	9.7%
	Pathology	-	5.2%	10.2%
	Psychiatry	-	3.1%	-
	Radiology	8.6%	2.7%	13.7%
	Surgery	6.2%	8.3%	8.5%
	Others	8.1%	8.1%	7.9%
	Total	**4.1%**	**3.9%**	**4.4%**
HKWC	Accident & Emergency	-	-	-
	Anaesthesia	9.6%	3.6%	7.0%
	Cardiothoracic Surgery	10.1%	-	-
	Family Medicine	2.8%	2.5%	2.5%
	Intensive Care Unit	-	-	-
	Medicine	6.2%	6.1%	2.3%
	Neurosurgery	-	-	8.2%
	Obstetrics & Gynaecology	3.8%	11.3%	7.8%
	Ophthalmology	-	-	-
	Orthopaedics & Traumatology	10.1%	3.3%	-
	Paediatrics	2.5%	5.1%	2.4%
	Pathology	-	7.7%	15.9%
	Psychiatry	13.5%	12.1%	12.6%
	Radiology	5.4%	2.7%	2.7%
	Surgery	7.8%	6.4%	7.8%
	Others	3.8%	3.7%	7.5%
	Total	**5.6%**	**4.9%**	**4.7%**
KCC	Accident & Emergency	2.7%	10.9%	2.6%
	Anaesthesia	-	-	-
	Cardiothoracic Surgery	-	-	-
	Family Medicine	5.9%	3.9%	3.7%
	Intensive Care Unit	-	-	-
	Medicine	1.4%	2.8%	2.1%
	Neurosurgery	-	5.1%	4.9%
	Obstetrics & Gynaecology	-	3.7%	-
	Ophthalmology	2.8%	5.4%	11.1%
	Orthopaedics & Traumatology	-	5.7%	2.9%
	Paediatrics	11.4%	2.8%	-
	Pathology	-	7.3%	-
	Psychiatry	6.0%	-	6.1%
	Radiology	2.3%	-	4.4%
	Surgery	5.9%	1.9%	3.7%
	Others	6.7%	7.0%	4.7%
	Total	**3.1%**	**3.5%**	**3.0%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
KEC	Accident & Emergency	11.5%	3.5%	1.8%
	Anaesthesia	5.1%	7.7%	2.5%
	Family Medicine	4.9%	3.5%	4.7%
	Intensive Care Unit	-	-	-
	Medicine	1.6%	6.1%	2.2%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	3.8%	7.3%	-
	Ophthalmology	-	16.2%	16.8%
	Orthopaedics & Traumatology	7.7%	2.6%	5.0%
	Paediatrics	13.1%	5.3%	7.8%
	Pathology	-	-	-
	Psychiatry	-	-	2.9%
	Radiology	4.2%	8.3%	4.0%
	Surgery	5.2%	5.3%	3.6%
	Others	11.5%	-	-
	Total	**5.1%**	**4.8%**	**3.4%**
KWC	Accident & Emergency	3.7%	8.7%	4.6%
	Anaesthesia	6.3%	7.5%	2.4%
	Family Medicine	5.6%	8.3%	1.4%
	Intensive Care Unit	6.4%	-	-
	Medicine	4.7%	3.2%	4.2%
	Neurosurgery	17.1%	4.6%	-
	Obstetrics & Gynaecology	-	-	-
	Ophthalmology	22.1%	4.4%	4.4%
	Orthopaedics & Traumatology	4.3%	2.7%	2.7%
	Paediatrics	8.4%	5.6%	2.6%
	Pathology	4.2%	4.3%	4.3%
	Psychiatry	1.4%	5.9%	1.5%
	Radiology	3.8%	5.5%	11.3%
	Surgery	1.8%	7.0%	2.6%
	Others	-	2.1%	-
	Total	**4.8%**	**5.1%**	**3.1%**
NTEC	Accident & Emergency	7.7%	3.1%	4.9%
	Anaesthesia	3.5%	1.8%	1.7%
	Cardiothoracic Surgery	-	-	-
	Family Medicine	2.4%	2.3%	4.7%
	Intensive Care Unit	-	3.8%	-
	Medicine	7.3%	2.8%	2.8%
	Neurosurgery	-	13.8%	-
	Obstetrics & Gynaecology	6.2%	-	10.1%
	Ophthalmology	18.4%	-	-
	Orthopaedics & Traumatology	3.3%	3.3%	-
	Paediatrics	3.8%	5.4%	7.2%
	Pathology	-	3.1%	3.1%
	Psychiatry	-	3.3%	3.3%
	Radiology	-	2.6%	-
	Surgery	3.8%	-	3.7%
	Others	4.0%	2.0%	1.9%
	Total	**4.4%**	**2.6%**	**3.1%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
NTWC	Accident & Emergency	1.7%	5.2%	-
	Anaesthesia	6.4%	4.6%	7.1%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	5.9%	4.2%	6.7%
	Intensive Care Unit	-	6.0%	10.9%
	Medicine	4.2%	5.8%	4.0%
	Neurosurgery	-	-	6.9%
	Obstetrics & Gynaecology	3.4%	3.3%	6.6%
	Ophthalmology	-	10.1%	5.2%
	Orthopaedics & Traumatology	2.3%	9.8%	4.6%
	Paediatrics	5.4%	8.7%	-
	Pathology	-	4.9%	15.3%
	Psychiatry	2.7%	6.6%	2.6%
	Radiology	3.3%	9.5%	9.3%
	Surgery	1.8%	5.4%	3.6%
	Others	10.0%	3.3%	3.2%
	Total	**3.6%**	**5.9%**	**4.7%**

Notes
1. Attrition (wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition Rate and Part-time Attrition (Wastage) Rate respectively.
3. Rolling Attrition (Wastage) 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 Work Hours of Doctors in HA in 2011-12 and 2012-13

Cluster	Specialty	2011-12	2012-13
HKEC	Accident & Emergency	42.8	N/A
	Anaesthesia	49.3	N/A
	Family Medicine	45.0	N/A
	Intensive Care Unit	58.1	57.1
	Medicine	56.1	55.0
	Neurosurgery	54.2	53.4
	Obstetrics & Gynaecology	63.6	60.9
	Ophthalmology	53.2	48.0
	Orthopaedics & Traumatology	49.7	54.3
	Paediatrics	57.2	57.7
	Pathology	41.1	N/A
	Psychiatry	46.3	N/A
	Radiology	45.0	N/A
	Surgery	58.7	52.7
	Total	**51.6**	**54.7**
HKWC	Accident & Emergency	44.0	N/A
	Anaesthesia	54.7	N/A
	Cardio-thoracic Surgery	58.7	58.3
	Family Medicine	45.0	N/A
	Intensive Care Unit	49.2	45.4
	Medicine	54.0	52.6
	Neurosurgery	54.6	56.0
	Obstetrics & Gynaecology	54.9	55.9
	Ophthalmology	55.8	45.1
	Orthopaedics & Traumatology	45.1	55.5
	Paediatrics	52.8	59.1
	Pathology	48.2	N/A
	Psychiatry	48.3	N/A
	Radiology	46.9	N/A
	Surgery	54.0	55.7
	Total	**52.2**	**54.5**
KCC	Accident & Emergency	42.8	N/A
	Anaesthesia	51.9	N/A
	Cardio-thoracic Surgery	48.3	45.1
	Family Medicine	45.0	N/A
	Intensive Care Unit	52.3	N/A
	Medicine	53.5	53.0
	Neurosurgery	51.5	50.7
	Obstetrics & Gynaecology	55.3	55.1
	Ophthalmology	53.5	46.7
	Orthopaedics & Traumatology	46.3	53.1
	Paediatrics	53.0	53.3
	Pathology	45.3	N/A
	Psychiatry	46.1	N/A
	Radiology	45.0	N/A
	Surgery	57.3	57.0
	Total	**50.5**	**52.7**
KEC	Accident & Emergency	43.3	N/A
	Anaesthesia	50.3	N/A
	Family Medicine	44.0	N/A
	Intensive Care Unit	49.6	48.9
	Medicine	48.9	48.1
	Obstetrics & Gynaecology	63.3	61.7
	Ophthalmology	61.1	48.0
	Orthopaedics & Traumatology	58.6	59.6
	Paediatrics	58.9	57.8
	Pathology	46.0	N/A
	Psychiatry	48.2	N/A
	Radiology	50.2	N/A
	Surgery	55.6	56.1
	Total	**51.1**	**53.3**

Cluster	Specialty	2011-12	2012-13
KWC	Accident & Emergency	44.8	N/A
	Anaesthesia	48.9	N/A
	Family Medicine	44.0	N/A
	Intensive Care Unit	53.0	49.5
	Medicine	52.2	51.5
	Neurosurgery	62.9	N/A
	Obstetrics & Gynaecology	57.8	56.8
	Ophthalmology	54.0	46.4
	Orthopaedics & Traumatology	46.8	53.8
	Paediatrics	55.9	55.2
	Pathology	48.2	N/A
	Psychiatry	51.8	N/A
	Radiology	46.6	N/A
	Surgery	55.5	55.0
	Total	**51.0**	**53.1**
NTEC	Accident & Emergency	44.2	N/A
	Anaesthesia	53.6	N/A
	Cardio-thoracic Surgery	65.3	61.6
	Family Medicine	44.0	N/A
	Intensive Care Unit	48.4	48.1
	Medicine	51.9	50.1
	Neurosurgery	65.5	55.8
	Obstetrics & Gynaecology	62.7	70.8
	Ophthalmology	61.0	54.9
	Orthopaedics & Traumatology	51.9	60.3
	Paediatrics	54.4	53.5
	Pathology	50.0	N/A
	Psychiatry	47.0	N/A
	Radiology	45.9	N/A
	Surgery	61.7	61.9
	Total	**52.5**	**55.9**
NTWC	Accident & Emergency	42.1	N/A
	Anaesthesia	51.2	N/A
	Family Medicine	41.8	N/A
	Intensive Care Unit	51.9	51.0
	Medicine	50.4	50.9
	Neurosurgery	57.5	56.6
	Obstetrics & Gynaecology	57.2	56.9
	Ophthalmology	58.4	50.0
	Orthopaedics & Traumatology	51.2	57.9
	Paediatrics	54.6	53.7
	Pathology	42.3	N/A
	Psychiatry	45.4	N/A
	Radiology	46.5	N/A
	Surgery	56.8	58.6
	Total	**49.7**	**54.4**

Notes

1. The table above sets out the average weekly working hour of doctors according to the surveys conducted in 2011-12 and 2012-13. 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 hour of doctors in 2012-13 is not available for some specialties. The average weekly working hours of doctors in 2013-14 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 2011-12, 2012-13 and 2013-14.

The manpower shortfall of nurses in 2013-14 is around 600. 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 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	2011-12 (as at 31 March 2012)	2012-13 (as at 31 March 2013)	2013-14 (as at 31 December 2013)
HKEC	Accident & Emergency	80	79	80
	Intensive Care Unit	62	69	69
	Medicine	556	572	567
	Obstetrics & Gynaecology	70	70	72
	Orthopaedics & Traumatology	68	65	70
	Paediatrics	59	61	57
	Psychiatry	212	216	228
	Surgery *	130	127	125
	Others	962	1 087	1 168
	Total	**2 199**	**2 348**	**2 435**
HKWC	Accident & Emergency	50	53	54
	Intensive Care Unit	77	77	81
	Medicine	651	671	671
	Obstetrics & Gynaecology	140	140	149
	Orthopaedics & Traumatology	76	76	79
	Paediatrics	200	197	204
	Psychiatry	96	116	112
	Surgery *	414	472	478
	Others	795	799	698
	Total	**2 498**	**2 600**	**2 525**
KCC	Accident & Emergency	66	71	68
	Intensive Care Unit	84	92	90
	Medicine	537	598	582
	Obstetrics & Gynaecology	157	161	165
	Orthopaedics & Traumatology	73	79	78
	Paediatrics	164	188	181
	Psychiatry	221	244	233
	Surgery *	241	251	246
	Others	1 406	1 386	1 496
	Total	**2 949**	**3 069**	**3 138**
KEC	Accident & Emergency	111	123	127
	Intensive Care Unit	132	134	147
	Medicine	739	760	841
	Obstetrics & Gynaecology	128	130	125
	Orthopaedics & Traumatology	128	150	157
	Paediatrics	149	159	158
	Psychiatry	113	118	133
	Surgery *	162	168	175
	Others	546	571	597
	Total	**2 209**	**2 313**	**2 461**
KWC	Accident & Emergency	199	197	225
	Intensive Care Unit	186	194	195
	Medicine	1 351	1 349	1 402
	Obstetrics & Gynaecology	212	210	227
	Orthopaedics & Traumatology	175	178	193
	Paediatrics	226	226	244
	Psychiatry	589	590	636
	Surgery *	361	350	364
	Others	1 587	1 795	1 820
	Total	**4 884**	**5 088**	**5 306**

Cluster	Major Specialty	2011-12 (as at 31 March 2012)	2012-13 (as at 31 March 2013)	2013-14 (as at 31 December 2013)
NTEC	Accident & Emergency	180	188	188
	Intensive Care Unit	196	195	196
	Medicine	980	1056	1078
	Obstetrics & Gynaecology	193	205	217
	Orthopaedics & Traumatology	217	223	221
	Paediatrics	236	249	270
	Psychiatry	253	281	288
	Surgery *	296	305	311
	Others	836	821	857
	Total	**3 388**	**3 524**	**3 627**
NTWC	Accident & Emergency	131	142	150
	Intensive Care Unit	106	103	113
	Medicine	635	592	651
	Obstetrics & Gynaecology	144	137	137
	Orthopaedics & Traumatology	67	128	145
	Paediatrics	145	149	151
	Psychiatry	654	674	683
	Surgery *	160	163	196
	Others	690	747	773
	Total	**2 731**	**2 834**	**2 998**

* includes Cardiothoracic Surgery, General Surgery & Neurosurgery

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

Table 6: Years of Service of Nurses in HA in 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	2011-12 (as at 31 March 2012)									
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	31 - <36 Years	36 Years or above	Total
HKEC	Accident & Emergency	7	27	6	22	15	4	3	0	0	84
	Intensive Care Unit	11	21	9	12	11	0	0	0	0	64
	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	186	395	88	192	116	18	8	4	5	1 012
	Total	**497**	**894**	**169**	**452**	**310**	**39**	**18**	**6**	**5**	**2 390**
HKWC	Accident & Emergency	4	18	12	9	8	0	0	0	0	51
	Intensive Care Unit	8	35	4	19	9	2	0	0	0	77
	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	293	248	53	134	126	40	24	17	4	939
	Total	**548**	**799**	**209**	**523**	**373**	**119**	**55**	**33**	**7**	**2 666**
KCC	Accident & Emergency	8	21	12	11	12	2	0	0	0	66
	Intensive Care Unit	14	27	10	15	16	2	0	0	0	84
	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	549	482	134	225	227	52	40	10	2	1 721
	Total	**694**	**959**	**299**	**570**	**578**	**100**	**56**	**13**	**2**	**3 271**
KEC	Accident & Emergency	24	49	16	17	11	3	0	0	0	120
	Intensive Care Unit	8	53	22	26	21	3	0	0	0	133
	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	110	177	41	115	86	15	18	14	2	578
	Total	**430**	**872**	**275**	**430**	**228**	**48**	**24**	**17**	**4**	**2 328**
KWC	Accident & Emergency	10	53	43	47	32	11	1	1	1	199
	Intensive Care Unit	18	42	34	59	21	9	3	0	0	186
	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	398	562	123	254	169	83	51	23	6	1 669
	Total	**665**	**1 317**	**629**	**1 094**	**830**	**246**	**143**	**46**	**10**	**4 980**

Cluster	Major Specialty	2011-12 (as at 31 March 2012)									
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 - <31 Years**	**31 - <36 Years**	**36 Years or above**	**Total**
NTEC	Accident & Emergency	45	88	18	29	21	2	0	0	0	203
	Intensive Care Unit	23	116	22	22	14	0	0	0	0	197
	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	126	291	64	155	154	37	20	6	1	854
	Total	**601**	**1 325**	**296**	**657**	**515**	**96**	**41**	**8**	**1**	**3 540**
NTWC	Accident & Emergency	24	52	18	25	9	4	3	0	0	135
	Intensive Care Unit	44	36	10	16	1	0	0	0	0	107
	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	142	266	90	122	78	23	13	2	0	736
	Total	**607**	**997**	**359**	**483**	**344**	**106**	**65**	**13**	**0**	**2 974**

* includes Cardiothoracic Surgery, General Surgery & Neurosurgery

Cluster	Major Specialty	2012-13 (as at 31 March 2013)									
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 - <31 Years**	**31 - <36 Years**	**36 Years or above**	**Total**
HKEC	Accident & Emergency	3	12	3	3	42	15	5	1	0	84
	Intensive Care Unit	7	18	4	4	27	6	3	1	0	70
	Medicine	137	154	25	33	200	108	5	1	0	663
	Obstetrics & Gynaecology	4	12	1	5	20	32	0	0	0	74
	Orthopaedics & Traumatology	13	12	1	9	24	15	2	2	0	78
	Paediatrics	19	11	0	9	25	10	1	1	0	76
	Psychiatry	34	63	21	10	91	17	5	5	4	250
	Surgery *	44	33	5	8	43	24	0	0	0	157
	Others	114	428	98	94	287	109	2	2	2	1 136
	Total	**375**	**743**	**158**	**175**	**759**	**336**	**23**	**13**	**6**	**2 588**
HKWC	Accident & Emergency	1	16	8	9	12	5	1	2	0	54
	Intensive Care Unit	3	33	3	5	28	2	3	0	0	77
	Medicine	48	133	26	84	228	142	6	10	4	681
	Obstetrics & Gynaecology	3	44	15	10	41	20	3	6	1	143
	Orthopaedics & Traumatology	9	32	1	9	12	5	3	4	1	76
	Paediatrics	5	73	7	14	68	24	3	3	1	198
	Psychiatry	13	28	8	3	29	22	5	6	2	116
	Surgery *	44	148	37	56	116	68	3	3	1	476
	Others	195	252	21	78	229	150	13	16	12	966
	Total	**321**	**759**	**126**	**268**	**763**	**438**	**40**	**50**	**22**	**2 787**
KCC	Accident & Emergency	6	17	11	9	18	7	1	1	1	71
	Intensive Care Unit	3	24	11	9	22	12	8	3	0	92
	Medicine	46	104	40	94	219	69	19	16	5	612
	Obstetrics & Gynaecology	3	33	16	12	60	31	4	2	1	162
	Orthopaedics & Traumatology	1	23	9	11	23	7	2	2	1	79
	Paediatrics	8	68	8	15	54	32	1	2	1	189
	Psychiatry	21	45	30	17	86	26	14	5	6	250
	Surgery *	7	75	11	11	99	34	7	10	0	254
	Others	341	449	53	143	436	207	29	24	7	1 689
	Total	**436**	**838**	**189**	**321**	**1 017**	**425**	**85**	**65**	**22**	**3 398**
KEC	Accident & Emergency	12	54	12	11	23	18	1	0	0	131
	Intensive Care Unit	2	31	11	25	42	23	0	1	0	135
	Medicine	103	194	36	166	201	102	3	0	1	806
	Obstetrics & Gynaecology	3	49	12	13	23	34	0	0	0	134
	Orthopaedics & Traumatology	23	61	6	17	30	18	1	0	0	156
	Paediatrics	18	59	17	26	26	19	0	0	0	165
	Psychiatry	13	39	4	12	37	12	4	3	0	124
	Surgery *	24	67	14	13	41	17	0	0	0	176
	Others	52	118	25	56	206	139	4	4	0	604
	Total	**250**	**672**	**137**	**339**	**629**	**382**	**13**	**8**	**1**	**2 431**
KWC	Accident & Emergency	8	34	17	22	55	56	3	2	0	197
	Intensive Care Unit	4	37	10	28	67	46	0	2	0	194
	Medicine	53	148	77	212	455	390	11	6	1	1 353
	Obstetrics & Gynaecology	1	29	24	26	51	76	1	2	1	211
	Orthopaedics & Traumatology	9	24	11	27	59	43	2	2	1	178
	Paediatrics	3	26	16	26	74	75	5	1	0	226
	Psychiatry	29	66	27	71	226	109	34	23	9	594
	Surgery *	5	21	22	70	106	118	5	3	1	351
	Others	257	655	54	139	383	349	15	10	2	1864
	Total	**369**	**1 040**	**258**	**621**	**1476**	**1 262**	**76**	**51**	**15**	**5 168**

Cluster	Major Specialty	2012-13 (as at 31 March 2013)									
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 - <31 Years**	**31 - <36 Years**	**36 Years or above**	**Total**
NTEC	Accident & Emergency	45	57	21	7	50	27	3	2	1	213
	Intensive Care Unit	1	42	28	33	66	25	0	1	0	196
	Medicine	128	256	60	95	386	164	16	12	0	1117
	Obstetrics & Gynaecology	21	47	14	16	68	32	7	7	0	212
	Orthopaedics & Traumatology	26	57	16	19	82	31	2	4	1	238
	Paediatrics	29	74	23	24	61	33	4	6	0	254
	Psychiatry	23	91	18	16	93	28	7	8	1	285
	Surgery *	39	77	38	28	103	32	5	4	0	326
	Others	43	124	44	66	347	174	14	18	7	837
	Total	**355**	**825**	**262**	**304**	**1 256**	**546**	**58**	**62**	**10**	**3 678**
NTWC	Accident & Emergency	18	46	17	16	32	22	1	0	1	153
	Intensive Care Unit	3	29	13	22	32	5	0	0	0	104
	Medicine	80	218	74	43	143	79	5	5	0	647
	Obstetrics & Gynaecology	10	33	16	8	43	36	1	2	0	149
	Orthopaedics & Traumatology	18	38	9	12	37	18	2	0	0	134
	Paediatrics	25	48	14	5	55	21	2	1	0	171
	Psychiatry	23	103	50	71	287	95	24	40	6	699
	Surgery *	31	58	15	14	48	20	3	2	0	191
	Others	57	247	71	59	222	115	8	3	4	786
	Total	**265**	**820**	**279**	**250**	**899**	**411**	**46**	**53**	**11**	**3 034**

* includes Cardiothoracic Surgery, General Surgery & Neurosurgery

Cluster	Major Specialty	2013-14 (as at 31 December 2013)									
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 - <31 Years	31 - <36 Years	36 Years or above	Total
HKEC	Accident & Emergency	8	10	5	3	28	26	4	3	0	87
	Intensive Care Unit	5	21	6	2	25	8	3	1	0	71
	Medicine	91	156	35	28	185	124	3	3	0	625
	Obstetrics & Gynaecology	3	17	3	4	16	33	0	0	0	76
	Orthopaedics & Traumatology	9	15	1	9	19	20	2	2	0	77
	Paediatrics	9	11	0	6	26	10	2	1	0	65
	Psychiatry	44	61	22	7	87	23	6	4	5	259
	Surgery *	20	37	7	4	40	30	0	0	0	138
	Others	101	483	141	67	269	141	2	1	3	1 208
	Total	**290**	**811**	**220**	**130**	**695**	**415**	**22**	**15**	**8**	**2 606**
HKWC	Accident & Emergency	1	14	11	7	12	7	0	2	0	54
	Intensive Care Unit	2	30	10	2	28	6	3	0	0	81
	Medicine	31	159	29	60	205	165	10	8	5	672
	Obstetrics & Gynaecology	3	46	24	6	33	29	3	6	1	151
	Orthopaedics & Traumatology	6	38	3	6	10	8	4	3	1	79
	Paediatrics	16	62	15	12	57	35	2	3	2	204
	Psychiatry	4	32	9	2	24	28	4	6	3	112
	Surgery *	16	166	48	37	114	90	3	2	2	478
	Others	62	165	28	54	214	187	11	15	9	745
	Total	**141**	**712**	**177**	**186**	**697**	**555**	**40**	**45**	**23**	**2 576**
KCC	Accident & Emergency	3	17	12	5	17	12	0	2	0	68
	Intensive Care Unit	1	18	17	5	22	16	6	5	0	90
	Medicine	15	117	41	47	225	101	14	21	2	583
	Obstetrics & Gynaecology	3	29	25	8	44	49	3	4	1	166
	Orthopaedics & Traumatology	1	20	12	10	19	12	2	0	2	78
	Paediatrics	8	62	11	9	44	42	1	3	1	181
	Psychiatry	17	41	29	13	63	46	14	7	3	233
	Surgery *	12	64	20	8	73	54	6	11	0	248
	Others	319	474	86	103	383	282	25	31	6	1 709
	Total	**379**	**842**	**253**	**208**	**890**	**614**	**71**	**84**	**15**	**3 356**
KEC	Accident & Emergency	8	51	19	9	24	19	1	0	0	131
	Intensive Care Unit	2	36	20	21	36	32	0	1	0	148
	Medicine	123	241	53	129	202	125	1	3	1	878
	Obstetrics & Gynaecology	0	40	15	14	18	39	0	0	0	126
	Orthopaedics & Traumatology	21	74	7	8	33	20	1	0	0	164
	Paediatrics	9	66	18	16	24	28	0	0	0	161
	Psychiatry	16	44	6	9	35	17	5	3	0	135
	Surgery *	31	65	23	7	38	20	0	0	0	184
	Others	54	126	36	48	180	177	2	5	0	628
	Total	**264**	**743**	**197**	**261**	**590**	**477**	**10**	**12**	**1**	**2 555**
KWC	Accident & Emergency	11	45	25	19	59	61	3	3	0	226
	Intensive Care Unit	8	42	12	21	59	51	0	2	0	195
	Medicine	65	200	88	168	426	441	9	9	1	1 407
	Obstetrics & Gynaecology	4	34	36	18	45	89	0	2	0	228
	Orthopaedics & Traumatology	7	41	13	21	52	54	1	3	1	193
	Paediatrics	9	39	17	26	58	90	4	2	0	245
	Psychiatry	46	101	32	53	169	176	27	27	8	639
	Surgery *	7	36	28	54	96	135	5	2	2	365
	Others	183	670	113	106	357	403	12	13	1	1 858
	Total	**340**	**1 208**	**364**	**486**	**1 321**	**1 500**	**61**	**63**	**13**	**5 356**

Cluster	Major Specialty	2013-14 (as at 31 December 2013)									
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 - <31 Years**	**31 - <36 Years**	**36 Years or above**	**Total**
NTEC	Accident & Emergency	18	63	28	5	40	35	3	2	0	194
	Intensive Care Unit	7	37	33	27	57	35	0	1	0	197
	Medicine	123	295	53	69	343	208	14	12	1	1 118
	Obstetrics & Gynaecology	15	56	24	12	50	52	5	8	0	222
	Orthopaedics & Traumatology	13	56	23	12	82	36	2	4	1	229
	Paediatrics	35	91	24	23	48	44	4	5	0	274
	Psychiatry	24	96	19	14	78	41	7	7	2	288
	Surgery *	27	79	47	25	94	41	4	6	0	323
	Others	43	134	55	56	319	224	12	19	7	869
	Total	**305**	**907**	**306**	**243**	**1 111**	**716**	**51**	**64**	**11**	**3 714**
NTWC	Accident & Emergency	8	54	21	10	31	28	1	0	1	154
	Intensive Care Unit	11	34	14	14	33	7	0	0	0	113
	Medicine	106	223	108	41	127	100	2	8	0	715
	Obstetrics & Gynaecology	1	28	25	6	34	45	0	2	0	141
	Orthopaedics & Traumatology	18	47	16	12	28	26	2	0	0	149
	Paediatrics	17	53	18	3	38	32	1	2	0	164
	Psychiatry	43	108	50	55	214	179	23	38	5	715
	Surgery *	43	89	22	7	40	30	3	2	0	236
	Others	78	245	90	49	181	167	6	5	3	824
	Total	**325**	**881**	**364**	**197**	**726**	**614**	**38**	**57**	**9**	**3 211**

* includes Cardiothoracic Surgery, General Surgery & Neurosurgery

Notes

1. The manpower figures by year of service are calculated on headcount basis, including 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 Full-time Nurses in HA in 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
HKEC	Accident & Emergency	1.3%	3.9%	-
	Intensive Care Unit	9.7%	4.8%	1.5%
	Medicine	4.8%	7.1%	5.0%
	Obstetrics & Gynaecology	7.7%	3.1%	3.0%
	Orthopaedics & Traumatology	7.9%	1.6%	6.2%
	Paediatrics	13.3%	9.2%	9.4%
	Psychiatry	1.0%	3.4%	3.3%
	Surgery *	7.5%	9.1%	10.2%
	Others	5.6%	5.7%	5.5%
	Total	**5.4%**	**5.8%**	**5.1%**
HKWC	Accident & Emergency	6.2%	2.0%	6.0%
	Intensive Care Unit	11.0%	11.6%	3.8%
	Medicine	7.3%	5.9%	6.4%
	Obstetrics & Gynaecology	5.5%	6.2%	4.5%
	Orthopaedics & Traumatology	9.7%	5.3%	10.6%
	Paediatrics	8.3%	8.8%	6.6%
	Psychiatry	5.5%	1.9%	1.8%
	Surgery *	6.3%	6.5%	4.3%
	Others	8.0%	7.3%	4.8%
	Total	**7.4%**	**6.5%**	**5.3%**
KCC	Accident & Emergency	14.3%	13.6%	5.9%
	Intensive Care Unit	6.3%	3.4%	4.4%
	Medicine	2.6%	3.6%	4.7%
	Obstetrics & Gynaecology	5.9%	5.3%	1.9%
	Orthopaedics & Traumatology	12.3%	5.8%	5.3%
	Paediatrics	4.5%	3.9%	5.3%
	Psychiatry	5.3%	1.3%	4.8%
	Surgery *	2.3%	5.1%	7.0%
	Others	6.0%	6.1%	5.0%
	Total	**5.3%**	**5.1%**	**4.9%**
KEC	Accident & Emergency	3.9%	5.4%	5.0%
	Intensive Care Unit	1.6%	1.5%	0.7%
	Medicine	5.6%	5.8%	5.9%
	Obstetrics & Gynaecology	9.1%	3.9%	1.6%
	Orthopaedics & Traumatology	7.0%	6.0%	9.4%
	Paediatrics	9.6%	4.6%	9.0%
	Psychiatry	3.7%	4.5%	1.7%
	Surgery *	10.2%	3.8%	3.6%
	Others	4.7%	4.3%	5.1%
	Total	**5.8%**	**4.8%**	**5.1%**
KWC	Accident & Emergency	3.9%	4.1%	5.5%
	Intensive Care Unit	9.3%	4.8%	4.7%
	Medicine	4.4%	3.6%	3.5%
	Obstetrics & Gynaecology	6.0%	4.4%	2.9%
	Orthopaedics & Traumatology	3.0%	3.4%	3.3%
	Paediatrics	6.4%	3.6%	2.2%
	Psychiatry	3.1%	2.3%	3.6%
	Surgery *	2.0%	2.3%	3.1%
	Others	5.7%	5.5%	4.8%
	Total	**4.7%**	**4.0%**	**4.0%**
NTEC	Accident & Emergency	5.6%	4.8%	3.4%
	Intensive Care Unit	1.2%	1.5%	3.6%
	Medicine	4.9%	4.4%	5.0%
	Obstetrics & Gynaecology	7.7%	8.4%	4.5%
	Orthopaedics & Traumatology	3.4%	1.9%	2.3%
	Paediatrics	5.9%	8.1%	4.8%
	Psychiatry	3.0%	3.9%	3.3%
	Surgery *	5.0%	3.1%	3.4%
	Others	3.4%	4.2%	4.1%
	Total	**4.4%**	**4.4%**	**4.1%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
NTWC	Accident & Emergency	7.0%	5.1%	1.4%
	Intensive Care Unit	3.7%	7.6%	9.3%
	Medicine	5.5%	6.1%	6.7%
	Obstetrics & Gynaecology	3.6%	6.6%	5.2%
	Orthopaedics & Traumatology	5.9%	0.9%	1.5%
	Paediatrics	10.6%	7.8%	7.7%
	Psychiatry	2.3%	1.8%	2.7%
	Surgery *	6.1%	3.9%	2.4%
	Others	3.9%	5.0%	4.9%
	Total	**4.5%**	**4.6%**	**4.6%**

* includes Cardiothoracic Surgery, General Surgery & Neurosurgery

Notes
1. Attrition (wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis.
2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. Rolling Attrition (Wastage) 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 the number of non-local doctors, part-time doctors and nurses in HA and the respective expenditures on their salaries in 2011-12, 2012-13 and 2013-14.

Table 8: **Number and Expenditure on Salaries of Non-local Doctors in HA in 2011-12, 2012-13 and 2013-14**

	2011-12 (as at 31 March 2012)		2012-13 (as at 31 March 2013)		2013-14	
					(as at 31 December 2013)	(Full year projection)
Cluster	**No. of Non-local Doctors**	**Expenditure ($ million)**	**No. of Non-local Doctors**	**Expenditure ($ million)**	**No. of Non-local Doctors**	**Expenditure ($ million)**
HKEC	0	0	1	0.4	1	1.0
HKWC	3	3.7	5	8.1	4	6.8
KCC	0	0	1	0.7	1	0.5
KEC	2	0.3	3	2.4	2	2.4
KWC	0	0	0	0	1	0.8
NTEC	2	0.3	2	1.2	2	1.6
NTWC	0	0	1	0.4	2	2.0

Table 9: **Number and Expenditure on Salaries of Part-time Doctors in HA in 2011-12, 2012-13 and 2013-14**

	2011-12 (as at 31 March 2012)		2012-13 (as at 31 March 2013)		2013-14	
					(as at 31 December 2013)	(Full year projection)
Cluster	**No. of Part-time Doctors**	**Expenditure ($ million)**	**No. of Part-time Doctors**	**Expenditure ($ million)**	**No. of Part-time Doctors**	**Expenditure ($ million)**
HKEC	8	3.9	24	8.9	29	15.4
HKWC	25	11.8	29	12.7	30	15.5
KCC	37	17.1	43	19.0	37	22.2
KEC	26	8.1	29	13.2	29	16.4
KWC	66	21.4	85	31.1	94	38.0
NTEC	34	13.7	36	20.8	44	24.5
NTWC	34	16.4	45	24.3	50	34.9

Table 10: **Number and Expenditure on Salaries of Part-time Nurses in HA in 2011-12, 2012-13 and 2013-14**

	2011-12 (as at 31 March 2012)		2012-13 (as at 31 March 2013)		2013-14	
					(as at 31 December 2013)	(Full year projection)
Cluster	**No. of Part-time Nurses**	**Expenditure ($ million)**	**No. of Part-time Nurses**	**Expenditure ($ million)**	**No. of Part-time Nurses**	**Expenditure ($ million)**
HKEC	296	30.9	344	30.8	260	31.2
HKWC	398	36.3	421	40.0	99	36.0
KCC	507	40.8	519	42.4	380	43.1
KEC	232	22.9	211	22.4	195	24.6
KWC	234	25.5	196	26.1	161	26.2
NTEC	279	25.7	301	28.6	194	32.1
NTWC	303	22.9	252	22.4	270	27.3

Notes
1. The manpower figures are calculated on headcount basis, including permanent, contract, temporary, and part-time staff in HA's workforce.
2. 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 mobilisation. The figures for 2013-14 represent full-year projection.

(d)

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 2014-15, HA plans to recruit around 350 doctors, 1 680 nursing staff and 530 allied health (AH) staff to further increase manpower strength and improve staff retention. Subject to market availability, HA plans to recruit additional 300 nurses to address winter surge demand.

In 2013-14, HA has earmarked around $321 million for recruitment and retention of healthcare staff. The same level of funding has been earmarked in 2014-15 for the same purpose to continue to implement a series of measures to retain staff in medical, nursing and AH grade.

For the medical grade, HA will continue to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and recruit non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA will continue to enhance career advancement opportunities of experienced nurses and provide training to registered nursing students and enrolled nursing students at HA's nursing schools.

For the AH grade, HA will continue to offer overseas scholarship to AH undergraduates for grades with no local or inadequate supply and recruit additional professional and supporting staff to relieve workload.

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

CONTROLLING OFFICER'S REPLY

FHB(H)161

(Question Serial No. 0520)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 33):

For the past 3 years (from 2011-12 to 2013-14), what were the provisions allocated to each hospital cluster, the provisions received by each hospital in the clusters, and the total population and population aged 65 or above in each cluster? Please set out the information by hospital cluster.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The table below sets out the budget allocation for each cluster of the Hospital Authority (HA) in the past three years from 2011-12 to 2013-14:

Year	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
	($ billion)						
2011-12	3.95	4.11	4.98	3.65	8.17	5.89	4.73
2012-13	4.39	4.53	5.47	4.12	9.00	6.49	5.20
2013-14 (full year projection as at 31 December 2013)	4.63	4.82	5.82	4.49	9.71	6.92	5.56

The tables below set out the total population and population aged 65 or above in the districts corresponding to each cluster in 2011, 2012 and 2013.

Population in 2011 (as at mid-2011)

Districts	**Corresponding Hospital Cluster**	**Population***	**Population aged 65+**
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	776 500	120 800
Central & Western, Southern	HKWC	530 200	74 000
Kowloon City, Yau Tsim	KCC	500 200	77 700
Kwun Tong, Sai Kung	KEC	1 058 800	140 800
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 907 500	289 100
Sha Tin, Tai Po, North	NTEC	1 231 300	136 800
Tuen Mun, Yuen Long	NTWC	1 066 000	102 000
Overall Hong Kong		**7 071 600**	**941 400**

Population in 2012 (as at mid-2012)

Districts	**Corresponding Hospital Cluster**	**Population***	**Population aged 65+**
Eastern, Wan Chai, Islands (excl. Lantau Island)	HKEC	780 200	125 800
Central & Western, Southern	HKWC	533 600	76 900
Kowloon City, Yau Tsim	KCC	508 700	80 700
Kwun Tong, Sai Kung	KEC	1 074 900	146 000
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 929 300	298 200
Sha Tin, Tai Po, North	NTEC	1 246 500	144 500
Tuen Mun, Yuen Long	NTWC	1 080 300	108 100
Overall Hong Kong		**7 154 600**	**980 300**

Projected Population in 2013 (as at mid-2013)

Districts	Population*	Population aged 65+	Corresponding Hospital Cluster
Eastern, Wan Chai, Islands (excl. Lantau Island)	779 900	131 500	HKEC
Central & Western, Southern	532 300	80 300	HKWC
Kowloon City, Yau Tsim	510 700	84 000	KCC
Kwun Tong, Sai Kung	1 086 100	150 500	KEC
Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	1 933 500	305 400	KWC
Sha Tin, Tai Po, North	1 256 300	152 100	NTEC
Tuen Mun, Yuen Long	1 089 100	114 500	NTWC
Overall Hong Kong	**7 188 700**	**1 018 400**	

* The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC have been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures starting from mid-2006 have also been adjusted accordingly.

Notes :

The 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.

It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Other relevant factors that have to be taken into account include differences among clusters on needs for public hospital services (given the different and changing demographic characteristics and economic status of the population), cross-cluster use of HA services, as well as varying complexity of treatments of patients in individual clusters. Since the portfolio of hospitals was not originally planned on a cluster basis and not all clusters started at the same stage, the level and scope of hospital facilities and expertise available in different clusters also vary.

Against this background, some degree of mismatch exists between the supply of and demand for hospital facilities. HA has made strenuous efforts over the years to address this mismatch through service planning, ranging from the building of new hospitals and facilities to expansion of clinical services and development of new services. This in turn determines how resources are allocated across 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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0521)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 123 Page 45 (if applicable)

Question (Member Question No. 37):

It is mentioned in paragraph 123 of the Budget Speech that "Over the past five years, Government's recurrent allocation to the Hospital Authority (HA) has increased by $15 billion, or nearly 50 per cent. The total recurrent provision for 2014-15 exceeds $47 billion." In this connection,

1. what were the provisions for the HA in the past five years (from 2009-10 to 2013-14)? What percentage did the provision account for in the Government's overall public health expenditure of the year?

2. what were the HA's expenditures on various items, including staff costs, drug expenditure, etc. in the past five years (from 2009-10 to 2013-14)? What was the respective percentage of each expenditure item in the total recurrent operating expenditure?

	2009-10	2010-11	2011-12	2012-13	2013-14
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:

(1)

The table below sets out the Government's financial provision to the Hospital Authority (HA) in the past 5 years:

	2009-10 (Actual)	**2010-11 (Actual)**	**2011-12 (Actual)**	**2012-13 (Actual)**	**2013-14 (Revised Estimate)**
Financial Provision to HA ($ billion)	32.86	34.36	38.63	52.89[#]	46.18
Percentage in Total Government Expenditure on Health	85.6%	86.1%	85.3%	88.8%	68.5% [##]

The actual financial provision for 2012-13 includes a one-off injection of $10 billion from the Government into the Samaritan Fund.

The decrease in percentage is due to a substantial increase in the revised estimate for 2013-14 Government's total expenditure on health attributed mainly to the inclusion of a one-off grant of $13 billion to HA for carrying out minor works projects.

(2)

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 :

		2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14 (Projection)**
Staff Costs	Amount ($ billion)	26.47	26.62	29.24	31.86	34.18
	% of total recurrent operating expenditure	76.8%	73.9%	73.3%	72.3%	72.0%
Drug Expenditure	Amount ($ billion)	3.11	3.72	4.21	4.79	4.97
	% of total recurrent operating expenditure	9.0%	10.4%	10.5%	10.9%	10.5%
Other Expenditure	Amount ($ billion)	4.88	5.67	6.46	7.41	8.32
	% of total recurrent operating expenditure	14.2%	15.7%	16.2%	16.8%	17.5%
Total ($ billion)		34.46	36.01	39.91	44.06	47.47

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)163

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0522)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 57):

Please provide information on financial assistance under the Samaritan Fund in the following table:

<table>
<tr><th rowspan="3">Year</th><th colspan="3">Total number of applications for financial assistance under the Samaritan Fund</th><th colspan="2">Number of cases approved for subsidy</th><th colspan="3">Amount of subsidy</th><th colspan="3">Average amount of subsidy granted in each case</th></tr>
<tr><th colspan="2">Non-drug</th><th rowspan="2">Self-financed drugs supported by the Fund</th><th>Full subsidy granted</th><th rowspan="2">Partial subsidy granted</th><th colspan="2">Non-drug</th><th>Self-financed drugs supported by the Fund</th><th colspan="2">Non-drug</th><th>Self-financed drugs supported by the Fund</th></tr>
<tr><th></th><th></th><th>Privately purchased medical items</th><th>Other items supported by the Fund Mechanism</th><th></th><th>Privately purchased medical items</th><th>Other items supported by the Fund Mechanism</th><th>Privately purchased medical items</th><th>Other items supported by the Fund Mechanism</th></tr>
<tr><td>2011-12</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>2012-13</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>2013-14</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

Asked by: Hon. MAK, Mei-kuen, Alice

Reply:

The two tables below set out information on financial assistance under the Samaritan Fund:

<table>
<tr><th rowspan="2">Year</th><th colspan="2">Total number of applications for financial assistance under the Samaritan Fund</th><th colspan="2">Number of cases approved for subsidy</th><th colspan="2">Amount of subsidies granted ($ million)</th></tr>
<tr><th>Non-drug items</th><th>Drugs</th><th>Full subsidy granted</th><th>Partial subsidy granted</th><th>Non-drug items</th><th>Drugs</th></tr>
<tr><td>2011-12</td><td>3 778</td><td>1 519</td><td>4 459</td><td>822</td><td>87.9</td><td>174.9</td></tr>
<tr><td>2012-13</td><td>3 389</td><td>1 745</td><td>4 279</td><td>855</td><td>86.9</td><td>241.6</td></tr>
<tr><td>2013-14
(Up to 31 December 2013)</td><td>2 702</td><td>1 545</td><td>3 659</td><td>587</td><td>66.5</td><td>206.6</td></tr>
</table>

Year	**Average amount of subsidy granted in each case ($)**	
	Non-drug items	**Drugs**
2011-12	23,339	115,365
2012-13	25,655	138,436
2013-14 **(up to 31 December 2013)**	24,610	133,710

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)164

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0526)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 56):

1. For the 10 most common types of cancer in the past 5 years (between 2009-2010 and 2013-2014), please provide the number of patients, number of death cases, average waiting time for the first check-up and average treatment cost for each patient in the following table.

Then most common types of cancer	Number of patients	Number of death cases	Average waiting time for the first check-up	Average treatment cost for each patient
Cancer (1)				
…				
Cancer (10)				

2. Will the Administration devise measures to step up early treatment of cancer? If yes, what are the details and the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

In Hong Kong, the numbers of cancer new cases from 2009 to 2011 and registered cancer deaths from 2009 to 2012 are summarised below. Statistics for cancer new cases from 2012 onwards and registered cancer deaths from 2013 onwards are not yet available.

Ranking*	**Site**	**Number of new cases**			**Number of registered deaths**			
		2009	**2010**	**2011**	**2009**	**2010**	**2011**	**2012**
1	Lung	4 365	4 480	4 401	3 692	3 696	3 789	3 893
2	Colorectum	4 335	4 370	4 450	1 752	1 864	1 904	1 903
3	Liver	1 832	1 863	1 858	1 488	1 530	1 536	1 505
4	Stomach	1 078	1 107	1 101	656	686	687	657
5	Breast	2 962	3 025	3 440	555	566	554	604
6	Pancreas	500	513	548	449	473	508	538
7	Prostate	1 484	1 492	1 644	306	319	299	362
8	Non-Hodgkin lymphoma	730	779	765	328	362	309	351
9	Nasopharynx	914	858	862	359	320	352	329

10	Oesophagus	413	446	413	328	332	337	313
	Others	7 364	7 457	7 516	2 926	2 928	2 966	2 881
	All sites	**25 977**	**26 390**	**26 998**	**12 839**	**13 076**	**13 241**	**13 336**

*Ranking according to number of registered deaths in 2012

The waiting time and expenditure for treatment of respective cancers cannot be calculated as required by the question. In providing treatment and care services for cancer patients, the Hospital Authority (HA) adopts a multidisciplinary approach across a number of clinical specialties. Doctors will arrange different forms of examination, pharmaceutical treatment and other adjuvant treatments in the light of the patients' needs, their clinical conditions and the complexity of their diseases. Moreover, cancer patients often require integrated medical services, including general out-patient clinic and specialist out-patient clinic services, acute care, extended care and hospice care, etc. Some cancer patients also need treatments for other diseases such as diabetes and hypertension. HA will continue to review and monitor its service provision to ensure that its service can meet the needs of patients.

The Department of Health (DH) is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision for the pilot programme is $422 million for five years from 2014-15 to 2018-19 under Head 37 – DH.

A multi-disciplinary task force and several working groups comprising representatives from HA, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in 2015. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)165

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1648)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 32):

Regarding the allocations to the Hospital Authority (HA), please advise on the following:

(a) emoluments as a percentage of the HA's total expenditure in the past three years (i.e. from 2011-12 to 2013-14);

(b) the number of HA staff in each rank and grade and the expenditure on emoluments in the past three years (i.e. from 2011-12 to 2013-14), broken down by post and year; and

(c) the salary increase percentage for HA staff in each rank and grade in the past three years (i.e. from 2011-12 to 2013-14), broken down by post and year.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

The table below sets out total emolument expenditure as a percentage of the Hospital Authority's (HA) total recurrent operating expenditure in the past three years from 2011-12 to 2013-14:

	2011-12	2012-13	2013-14 (Projection)
Total emolument expenditure as a percentage of the total recurrent operating expenditure	73.3%	72.3%	72.0%

(b)

The table below provides the number of "medical", "nursing", "allied health" (AH), "care-related support staff", "management personnel", "professionals/administrator" and "other support staff" of HA and their total emolument expenditure in the past three years from 2011-12 to 2013-14:

Staff Group	2011-12		2012-13		2013-14	
	No. of Staff	**Total Emolument Expenditure ($ million)**	**No. of Staff**	**Total Emolument Expenditure ($ million)**	**No. of Staff**	**Total Emolument Expenditure ($ million)**
Medical	5 447	8,087	5 546	8,710	5 713	9,179
Nursing	20 901	11,516	21 816	12,476	22 533	13,334
Allied Health	5 944	3,769	6 302	4,144	6 598	4,428
Care-related Support Staff	10 389	1,702	11 048	1,919	11 942	2,160
Management Personnel	124	281	125	293	129	311
Professionals/ Administrator	1 745	1,154	1 984	1,394	2 069	1,592
Other Support Staff	16 679	3,483	17 392	3,738	18 121	4,038

Note:

(1) The "medical" group includes consultants, senior medical officers/associate consultants, medical officers / residents, visiting medical officers, interns, and 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 "allied health" 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 "professional/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, 2012-13 and 2013-14, which include permanent, contract and temporary staff, are based on full-time equivalent basis as at 31 March 2012, 31 March 2013 and 31 December 2013 respectively.

(9) The total emolument expenditure includes basic salary, allowance, gratuity payout and on cost such as Home Loan Interest Subsidy Scheme (HLISS) contribution, excluding death & disability benefit, and before deduction of HLISS mobilisation. The figures for 2013-14 represent full-year projection.

(c)

HA determines on the level of pay adjustment for HA employees with reference to the Government's overall pay adjustment for the Civil Service. In the past three financial years, HA has effected annual pay adjustments for its employees in line with that of the Government, and the rates of increase are set out in the following table -

Rank [1]	**Financial Year**		
	2011-12	**2012-13**	**2013-14**
HA employees remunerated above HGPS Point 33	7.24%	5.26%	2.55%
HA employees remunerated on or below HGPS Point 33	6.16% [2]	5.8%	3.92%

HGPS: HA General Pay Scale

Note:

(1) HGPS 33 was equivalent to monthly salary of $48,670 in 2011-12; $51,670 in 2012-13; and $54,665 in 2013-14.

(2) A new grading and salary structure was implemented for 'supporting grade employees remunerated on pay range' (employees in ranks under the Patient Care Assistant/Operation Assistant/Executive Assistant grades) with effect from 1 April 2011. A number of enhancement measures to their remuneration packages had been implemented, resulting in an average pay increase of 10.81% in 2011-12 for supporting grade employees.

Reply Serial No.

FHB(H)166

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1649)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 63):

On development of Chinese medicine in Hong Kong, please advise on:

1. The expenditure in each area (including scientific research, personnel training, service enhancement, and industry development) of promoting Chinese medicine development in Hong Kong in the past 5 years (from 2010-11 to 2014-15);
2. With regard to the plan to build a Chinese medicine hospital, the estimated expenditure, the work to be done this year for implementation of the plan and the expenditure involved, the expected completion date of the hospital and the construction schedule;
3. The major services to be provided by the Chinese medicine hospital and the estimated number of attendances by types of services;
4. The number of healthcare staff by types required by the Chinese medicine hospital;
5. The plan for long-term development of integrated Chinese and Western medicine treatment. Will Chinese medicine be integrated into the public health system? If so, what are the details? If not, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The Chinese Medicine Division (CMD) under the Department of Health (DH) is responsible for implementing the regulatory works for Chinese medicine practice and Chinese medicines trade, providing a sound regulatory regime for supporting the development of Chinese medicine in Hong Kong. Expenditures of the CMD from 2010-11 to 2014-15 are as follows:

Financial year	Total expenditures for CMD (in $ million)
2010-11	101.1
2011-12	138.4
2012-13	128.6
2013-14	116.2 (Revised estimate)
2014-15	118 (Provision)

The Government is committed to promoting the development of Chinese medicine in Hong Kong. In February 2013, the Chief Executive established the Chinese Medicine Development Committee (the Committee) to focus on the study of four major areas, namely the development of Chinese medicine service, personnel training and professional development, research and development as well as development of the Chinese medicines industry. The Committee's Secretariat was established under the DH in early 2013 to provide professional and administrative support to the Committee and its two sub-committees, namely the Chinese Medicine Practice Sub-committee and the Chinese Medicines Industry Sub-committee. The work of the Committee's Secretariat has been absorbed by the existing provision and manpower of the CMD, hence breakdown of the relevant expenditure is not available.

On the other hand, the Hong Kong Chinese Materia Medica Standards (HKCMMS) project was launched in 2002 to establish standards for the commonly used Chinese herbal medicines in Hong Kong with a view to aligning the standards with international requirements. The HKCMMS provide credible references for the testing of Chinese medicines in terms of authentication and quality control. As at January 2014, the safety and quality standards for around 200 Chinese herbal medicines have been established under this project. Another 28 HKCMMS are being developed and planned for completion by June 2014. Research work on the HKCMMS has been absorbed by the existing provision and manpower of the CMD, hence breakdown of the relevant expenditure is not available.

The Health and Medical Research Fund (HMRF), administered by the Food and Health Bureau, aims to build research capacity and to encourage, facilitate and support health and medical research through the generation and application of evidence-based scientific knowledge in health and medicine. From 2010-11 to 2013-14, 50 research projects on Chinese medicine were approved under the HMRF with a total funding of $39.8 million.

2.-4. On the development of a Chinese medicine hospital, the Committee is examining the feasible mode of operation and regulatory details of the Chinese medicine hospital. The Government will take into account the recommendations of the Committee in taking forward the proposal.

5. To help gather experiences in the operation and regulation of integrated Chinese and Western medicine (ICWM) and Chinese medicine in-patient services, the Hospital Authority (HA) will carry out a two-year ICWM pilot project to provide ICWM treatment for HA in-patients of selective disease areas, namely stroke rehabilitation, low back pain and palliative care for cancer patients. The clinical programmes for the pilot project will be conducted at HA hospitals and their respective Chinese Medicine Centres for Teaching and Research (CMCTRs, which are also commonly known as "public Chinese medicine clinics" (public CMCs)). Apart from providing in-patient services (including day hospital services), the clinical plan will also include follow-up out-patient services to the patients concerned. The HA is carrying out preparatory work for the pilot project, and plans to launch the clinical programmes in mid-2014.

The Government has committed to establishing public CMCs in 18 districts 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 HA, a non-governmental organization (NGO) and a local university. The NGOs are responsible for the day-to-day operation of public CMCs. Up to now, we have set up 17 public CMCs. The remaining public CMC in the Islands District will be commissioned later this year.

CONTROLLING OFFICER'S REPLY

FHB(H)167

(Question Serial No. 1655)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 68):

On the development of a territory-wide, voluntary and patient-oriented electronic health record sharing system (eHRSS),

(1) please give a detailed breakdown of the expenditure involved in developing the entire system;
(2) please advise on the number of patients and private healthcare professionals participating in the Public-Private Interface Electronic Patient Record Sharing Pilot Project in each year since its launch in 2006;
(3) how many patients and private healthcare professionals will participate in the eHRSS in the first year after full implementation?
(4) has any target been set to assess the effectiveness of the eHRSS? If so, what are the details? If not, what are the reasons?
(5) how will the Administration promote the eHRSS to boost utilisation among patients and private healthcare professionals and what is the estimated expenditure involved?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(1)
The Legislative Council approved in July 2009 a commitment of $702 million non-recurrent expenditure for implementing the first stage of the eHealth Record (eHR) Programme. As at 31 December 2013, we have expended a total of $521.7 million with a breakdown as follow:

eHR Components	**Actual Expenditure**
(a) eHR sharing infrastructure core component	$365.2 million
(b) Clinical Management System adaptation and extension component	$110 million
(c) Standardisation and interfacing component	$46.5 million
Total	**$521.7 million**

(2)
A breakdown on the number of patients and private healthcare professionals participating in the Public-Private Interface Electronic Patient Record Sharing (PPI-ePR) Pilot Project is as follows:

	As at Mar 2007	As at Mar 2008	As at Mar 2009	As at Mar 2010	As at Mar 2011	As at Mar 2012	As at Mar 2013	As at Feb 2014
Total number of patient enrolled (cumulative number)	7,989	24,463	57,080	88,098	138,794	213,692	288,666	349,123
Total number of private healthcare professionals (cumulative number)	475	781	1,192	1,422	2,173	2,562	2,842	3,059

(3)
Given that the eHRSS is a new initiative and participation will be voluntary in nature, we have not set any target participation rate for the first year of operation. We envisage that the number of registration will be built up in a gradual manner.

(4)
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 healthcare providers in both the public and private sectors, enabling efficient clinical practice and effective use of diagnostic tests, achieving efficiency gains by reducing 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 long-term, hence difficult to quantify.

(5)
We will launch the following publicity and promotional activities to promote the eHRSS:

- an exercise to migrate PPI-ePR scheme's patients and healthcare professionals to the eHRSS
- set up about 50 eHR registration desks at various healthcare outlets of the Hospital Authority (HA), Department of Health (DH), private hospitals and other private healthcare organisations
- conduct on-site patient registration campaigns at HA and DH healthcare outlets
- eHealth News, Application Programming Interface and promotional materials to encourage eHR participation
- engagement meetings and briefings with healthcare stakeholders and patient groups regarding eHR connectivity issues, patient concerns and eHR legislation
- an eHR Service Provider scheme to train IT vendors to provide support services for using Government-developed eHR system, namely, Clinical Management System On-ramp

We are not able to provide a total cost figure because some of the above activities constitute only part of the duties of the staff of the eHR Office of the Food and Health Bureau and the eHR Project Management Office of HA. The estimated costs for the relevant outsourced contracts will be around $14.3 million with a breakdown as follows:

- design and production of publicity materials: $2.2 million
- API and video: $0.7 million
- patient registration campaign: $8.4 million
- PPI-ePR migration: $3 million

FHB(H)168

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1656)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 62):

Regarding the initiative to augment mental health services, please provide a breakdown of the following:

(a) the number of mental patients in the past five years (i.e. from 2009 to 2013), by types of mental disorders and year;

(b) the number of mental patients who committed suicide in the past five years (i.e. from 2009 to 2013), by year;

(c) the number of psychiatric doctors, nurses and community nurses, as well as allied health personnel in the past five years (i.e. from 2009 to 2013), by year and hospital cluster; and

(d) the average waiting time for first appointment in psychiatric specialist out-patient clinics in the past five years (i.e. from 2009 to 2013), by year and hospital cluster.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in the Hospital Authority (HA) in the past five years (2009-10 to 2013-14):

	Total no. of psychiatric patients treated	No. of patients diagnosed with SMI
2009-10	165 300	43 300
2010-11	176 100	43 500
2011-12	186 900	44 600
2012-13	197 600	45 500
2013-14 (provisional figures up to 31 December 2013)	205 400	46 100

Note: Figures are rounded to the nearest 10

(b)

HA does not have statistics on the number of psychiatric patients who have committed suicide.

(c)

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in the psychiatric stream in HA in the past five years:

	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Community Psychiatric Nurses[1 & 4] (CPNs)	Allied Health Professionals[1]		
				Clinical Psychologists	Medical Social Workers	Occupational Therapists
2009-10 (as at 31 March 2010)						
HKEC	32	194	14	5	N/A	13
HKWC	22	80	7	2	N/A	10
KCC	33	221	11	5	N/A	13
KEC	29	88	15	5	N/A	10
KWC	67	529	37	12	N/A	33
NTEC	59	269	24	4	N/A	24
NTWC	68	515	39	8	N/A	39
Overall	**310**	**1 896**	**146**	**41**	**198**	**142**
2010-11 (as at 31 March 2011)						
HKEC	32	190	12	6	N/A	13
HKWC	22	85	7	2	N/A	11
KCC	33	214	11	6	N/A	13
KEC	34	108	15	5	N/A	14
KWC	69	543	33	12	N/A	48
NTEC	57	272	25	6	N/A	27
NTWC	70	531	39	7	N/A	46
Overall	**317**	**1 944**	**141**	**44**	**212**	**172**
2011-12 (as at 31 March 2012)						
HKEC	32	214	11	7	N/A	13
HKWC	24	96	6	3	N/A	13
KCC	34	224	11	8	N/A	19
KEC	36	113	17	5	N/A	16
KWC	70	568	22	14	N/A	50
NTEC	62	305	23	8	N/A	32
NTWC	75	640	36	9	N/A	46
Overall	**334**	**2 161**	**125**	**54**	**243**	**189**
2012-13 (as at 31 March 2013)						
HKEC	35	219	9	7	N/A	16
HKWC	24	116	7	4	N/A	20
KCC	36	247	11	9	N/A	23
KEC	35	119	18	8	N/A	15
KWC	68	568	24	17	N/A	54
NTEC	61	337	17	9	N/A	35
NTWC	73	691	42	11	N/A	55
Overall	**332**	**2 296**	**127**	**65**	**243**	**218**
2013-14 (as at 31 December 2013)						
HKEC	36	232	9	8	N/A	17
HKWC	24	112	7	4	N/A	20
KCC	33	236	13	9	N/A	25
KEC	35	135	15	8	N/A	17
KWC	71	607	24	17	N/A	59
NTEC	61	349	22	10	N/A	35
NTWC	77	698	41	11	N/A	57
Overall	**337**	**2 368**	**131**	**67**	**243**	**230**

Notes:

1. The manpower figures above are calculated on full-time equivalent (FTE) 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.

2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except interns.

3. Psychiatry nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.

4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.

(d)

The table below sets out the overall median waiting time (weeks) for first appointment at psychiatric specialist outpatient clinics (SOPC) in each cluster in the past five years:

Cluster	2009-10	2010-11	2011-12	2012-13	2013-14 (as at 31 December 2013)
HKEC	1	< 1	2	5	4
HKWC	7	4	4	5	8
KCC	3	4	5	4	7
KEC	5	5	8	9	10
KWC	4	4	4	15	15
NTEC	4	6	8	6	8
NTWC	2	4	7	6	8
Overall	4	4	6	7	8

Note:

The surge in the median waiting time in 2012-13 and 2013-14 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.

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

Reply Serial No.

FHB(H)169

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0625)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 11):

In 2014-15, the Administration will take a number of initiatives (including the opening of additional beds) to enhance service capacity to meet the growing demand arising from population growth and ageing. In this connection:

1) In 2014-15, the Government will open 1 400 hospital beds. Please state the number of acute beds and convalescent beds respectively, and the distribution of the new beds in various clusters and hospitals.

2) Apart from the opening of additional beds, what measures will the Food and Health Bureau expect to take in 2014-15 to meet the growing demand arising from population growth and ageing? What is the estimated expenditure for each measure? Please tabulate the details.

Asked by: Hon. POON Siu-ping

Reply:

(1)

The number of additional beds to be provided in 2014-15 is 205, of which 185 are acute general and 20 are convalescent/rehabilitation. A breakdown of the additional beds by clusters is set out in the following table:

Cluster	**Number of hospital beds to be opened in 2014-15**	
	Acute General	Convalescent/Rehabilitation
HKEC	40	-
KCC	24	-
KEC	4	-
KWC	3	20
NTEC	62	-
NTWC	52	-
Overall HA	**185**	**20**

Note: The 1 400 beds mentioned in the question refer to the additional beds to be provided through a number of capital works projects as mentioned in paragraph 124 of the Budget Speech. Those beds, which are not the same as the additional beds in 2014-15, will be available upon the completion of the respective capital works projects.

(2)

Apart from the opening of beds, HA will implement the following measures in 2014-15 to meet the growing demand arising from population growth and ageing:

		$million
(a)	Enhance healthcare services to meet the medical needs of the local community on Lantau Island through the phased introduction of services in North Lantau Hospital	65
(b)	Commission the improved facilities provided under the redevelopment of Yan Chai Hospital and Caritas Medical Centre	69
(c)	Implement the following measures to improve patients' access to service: (i) Provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle the cases; (ii) Increase General Outpatient Clinic episodic quotas in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster; (iii) Increase the number of new case attendance at Specialist Outpatient (SOP) Clinics and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOP waiting lists and enhance SOP service as a whole; (iv) Establish a new joint replacement centre in New Territories West Cluster; (v) Increase the number of operating theatre sessions to improve access to elective surgeries; (vi) Enhance radiological imaging services including computed tomography and ultrasound scanning services; (vii) Augment the lung function laboratory and endoscopy service in HA; and (viii) Enhance the pharmacy workforce to meet the increasing demand for SOP pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.	287

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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)170

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3000)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(1) Health
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 39):

The specific work of the Food and Health Bureau (Health Branch) under the programme of Health includes continuing to develop an electronic health record sharing system (eHRSS) and commencing operation of the first stage of the eHRSS, subject to passage of the eHRSS bill by the Legislative Council (LegCo). In this regard,

(1) Can the Administration provide details on the progress of the development of eHRSS and list the items, manpower resources and allocation of actual expenditure involved? If not, what are the reasons?

(2) Can the Administration provide details on the specific time frame for introducing the eHRSS bill into the LegCo at the present stage? If not, what are the reasons?

Asked by: Hon. QUAT, Elizabeth

Reply:

(1)
The major targets of the first stage of the Electronic Health Record (eHR) Programme (2009-10 to 2013-14) are 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 systems available in the market for healthcare providers to connect to the eHR sharing platform; and (c) formulate an eHR-specific legislation to safeguard privacy and system security. We have been making good progress towards accomplishing these goals. The technical development 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 have also been conducting Privacy Impact Assessment and Security Risk Assessment and Audit to address concerns about data privacy and system security.

To implement the first stage of the eHR Programme, the LegCo approved in July 2009 a commitment of $702 million non-recurrent expenditure. As at 31 December 2013, we have expended a total of $521.7 million with a breakdown as follow:

eHR Components	Actual Expenditure
(a) eHR sharing infrastructure core component	$365.2 million
(b) Clinical Management System adaptation and extension component	$110 million
(c) Standardisation and interfacing component	$46.5 million
Total	**$521.7 million**

In anticipation of the commissioning of the eHR Sharing System in end 2014, the Government has also earmarked $259 million in 2014-15 to meet the recurrent expenditure of the system.

The Government has set up the eHealth Record Office (eHRO) in the Food and Health Bureau to spearhead and coordinate the eHR Programme. There will be a total of 23 civil service posts in eHRO by 2014-15. The Hospital Authority Information Technology Division will provide technical support to eHRO in implementing the eHR and related projects, and operating the eHRSS in 2014-15.

(2)
We plan to introduce the eHRSS Bill into the LegCo in the second quarter of 2014.

FHB(H)171

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2569)

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

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 142 Page 52 (if applicable)

Question (Member Question No. 49):

Regarding the review on fees and charges collected by the government, will the Administration advise on the following:

1. Are the charges for Accident and Emergency (A&E) service at public hospitals in Hong Kong on the low end when compared to those of other comparable cities? If yes, what are the details? If no, what are the reasons?

2. Will there be proposals to charge cost-recovery fees for non-emergency use of ambulance service? If yes, what are the details? If no, what are the reasons?

3. Will there be increased provision of evening outpatient service by government clinics to relieve the pressure on A&E departments? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

1.

Every city or country has its own characteristics in terms of social economic background, public financing framework, public governance structure and healthcare policies and priorities. Comparison of our Accident and Emergency (A&E) charges with overseas cities is not available.

In Hong Kong, we will consider the charges of public healthcare services with reference to a host of factors including the cost of the services, the use of the services, the affordability of the general public, the financial situation of the Government and the Hospital Authority (HA), as well as the principle that no person should be prevented, through lack of means, from obtaining adequate medical treatment.

2.

In 2013, the Fire Services Department (FSD) conducted an analysis of the emergency ambulance calls received to understand the use of the emergency ambulance service by the public. Of the about 10 000 randomly selected cases, approximately 2.7% reflected no obvious need for the service. This revealed a downward trend in the percentage of such cases as against 10.3% and 4.2% recorded in similar analyses in 2009 and 2011 respectively. These figures showed that the Department's efforts in educating the public on the proper use of ambulance service in the past few years had yielded good results. To ensure effective use

of public resources, the FSD will continue to closely monitor the need for and the use of the emergency ambulance service, and step up its efforts to convey the message of proper use of ambulance service to the public through various channels.

3.

HA has implemented a series of measures to improve A&E services including providing additional doctor sessions in A&E Departments during evenings, weekends and public holidays to handle the cases; setting up additional observation areas to alleviate the congestion of A&E Departments; and stepping up publicity to call on the public to avoid using A&E services under non-emergency situation.

On the other hand, general out-patient services provided by HA are primarily targeted at serving the elderly, the low-income group and the chronically ill. Patients under the care of general out-patient clinics (GOPCs) mainly comprise 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 flu, cold or gastroenteritis). Patients with severe and acute symptoms should attend A&E departments of hospitals to ensure that they will receive proper care provided in a hospital setting with appropriate expertise and manpower, suitable facilities and supporting services.

GOPCs are not intended for provision of emergency services. Having regard to the need to ensure efficient use of GOPC resources, extending general out-patient services to late evening hours or round-the-clock is not cost-effective and would create greater pressure on healthcare manpower.

Reply Serial No.

FHB(H)172

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1607)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 44):

On medical manpower in 2012 to 2014:

a. please tabulate the annual turnover number and turnover rate of doctors, nursing staff, allied health professionals and other medical staff in the public medical service system;

b. please tabulate the average monthly working hours of doctors, nursing staff, allied health professionals and other medical staff in the public medical service system.

Asked by: Hon. TIEN Puk-sun, Michael

Reply:

(a)

The tables below set out the attrition (wastage) numbers and rates of doctors, nursing, allied health and others staff groups in the Hospital Authority (HA) in 2011-12, 2012-13 and 2013-14.

Full Time Staff

Staff Group	**Full-time Attrition (Wastage) Number**			**Full-time Attrition (Wastage) Rate**		
	2011-12	**2012-13**	**2013-14 (Rolling from Jan 13 to Dec 13)**	**2011-12**	**2012-13**	**2013-14 (Rolling from Jan 13 to Dec 13)**
Doctors	223	226	191	4.4%	4.4%	3.7%
Nursing	1026	999	980	5.2%	4.9%	4.6%
Allied Health	222	209	214	3.9%	3.4%	3.4%
Others	3060	3733	3945	11.0%	12.6%	12.8%

Part Time Staff

Staff Group	Part-time Attrition (Wastage) Number			Part-time Attrition (Wastage) Rate		
	2011-12	2012-13	2013-14 (Rolling from Jan 13 to Dec 13)	2011-12	2012-13	2013-14 (Rolling from Jan 13 to Dec 13)
Doctors	26	44	31	23.3%	24.2%	13.8%
Nursing	11	14	7	19.8%	29.4%	15.0%
Allied Health	4	7	9	15.8%	22.1%	24.9%
Others	10	13	4	24.9%	42.6%	13.4%

Note:

(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

(2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

(3) Rolling Attrition (Wastage) Rate = (Total no. of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

(4) "Others" includes management / administration, supporting (care-related) and other staff.

(b)

The table below sets out the average weekly working hours of doctors in HA in 2011-12, 2012-13 and 2013-14.

	Average Weekly Working Hours		
	2011-12	2012-13	2013-14
Overall for the 10 Specialties #	54.7	53.8	N/A
HA Overall	51.3	N/A	N/A

10 Specialties reported in 2009 with doctors working for more than 65 hours per week on average, namely Cardiothoracic Surgery, Otorhinolaryngology, Intensive Care Unit, Internal Medicine, Neurosurgery, Obstetrics & Gynaecology, Orthopaedics & Traumatology, Ophthalmology, Paediatrics and Surgery.

Note:

(1) The table above sets out the average weekly working hours of doctors according to the surveys conducted in 2011-12 and 2012-13. 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 2012-13 are not available for all specialties. The average weekly working hours of doctors in 2013-14 are being collected and are not available at present.

(2) According to HA's prevailing human resource policy, conditioned hours of HA employees are expressed in terms of weekly basis. The average weekly working hours are calculated on actual calendar day on weekly basis based on rostered hours and self-reported hours of duties when the doctors are on off-site calls. Figures on average monthly working hours of doctors are not available.

Nurses, allied health and other staff are generally scheduled to work an average of 44 hours weekly.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1478)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 8):

What is the total diesel consumption by hospitals, institutions, boilers and vehicles under the Hospital Authority for the past three years and the 2014-15 financial year? Any procurement of biodiesel (B5) made during the period?

If so, please advise on the quantity and price, as well as the criteria, standard, procedure and processing time for the procurement of B5. If not, what are the reasons?

What is the price difference between B5 and the petrodiesel in use by the Authority? How do they compare in terms of energy efficiency?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

The table below sets out the diesel consumption in the Hospital Authority (HA) in the past three years and the estimated requirement in 2014-15:

Year	Diesel Consumption (liters)
15 January 2011 - 14 January 2012	7 741 064
15 January 2012 - 14 January 2013	11 740 097
15 January 2013 - 14 January 2014	6 558 884
2014-15 (Estimated)	6 816 700

So far, HA has not made any procurement of biodiesel (B5). This is because the existing boilers in HA, except those installed at Chai Wan Laundry (CWL), are not designed to use B5 and there is no supply of B5 for vehicles at the petrol filling stations. HA plans to launch the use of B5 for its boilers at CWL in the first quarter of 2015 with an estimated consumption of 90 000 liters in 2014-15.

Since HA will only start using B5 in 2014-15, no comparison between B5 and petrodiesel in terms of price and energy efficiency can be made at this point.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)174

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1492)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 47):

Kai Tak Hospital with an accident and emergency (A&E) department is expected to be commissioned in 2020. Has the Administration made any projection of the increase in demand for A&E and evening out-patient services in Wong Tai Sin during the period from the 2014-15 financial year to the completion of the hospital? What policies and measures will be adopted to cope with such demands? What are the estimated manpower and expenditure involved for these policies and measures in 2014-15 and the next three financial years?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

The Hospital Authority (HA) is reviewing and assessing the overall demand for and supply of healthcare services in Kowloon. One of the key aspects of the review is to formulate proposals for the healthcare services to be provided by the new acute general hospital in the Kai Tak Development Area. While planning for the new acute hospital in Kai Tak, HA is also reviewing the service needs of nearby districts including Wong Tai Sin.

At present, accident and emergency (A&E) services in Wong Tai Sin are mainly provided by Kwong Wah Hospital, Queen Elizabeth Hospital and United Christian Hospital. With the support of these three acute hospitals, the demand for A&E services in the district has been adequately addressed. As for general outpatient service, there are currently a total of six general outpatient clinics (GOPC) in Wong Tai Sin, including the GOPC in Our Lady of Maryknoll Hospital and Robert Black GOPC which also provide services in evenings and during public holidays.

General out-patient services provided by HA are primarily targeted at serving the elderly, the low-income group and the chronically ill. Patients under the care of GOPCs mainly comprise 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 flu, cold or gastroenteritis). Patients with severe and acute symptoms should attend the A&E departments of hospitals to ensure that they will receive proper care provided in a hospital setting with appropriate expertise and manpower, suitable facilities and supporting services. GOPCs are not intended for provision of emergency services.

HA constantly reviews the service demand and supply for healthcare services both for Hong Kong as a whole and in individual clusters / districts to ensure that service gaps are addressed as appropriate through its annual planning process.

FHB(H)175

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3284)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 57):

What policy has the Government put in place to assess the demand for primary dental care services for the elderly and the shortfall of the existing services? What are the respective expenditures on implementing the assessment policy in financial years 2013-2014 and 2014-2015? If there is no such policy, can an immediate assessment be carried out?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit (OHEU) 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.

Besides promotion and education, the Government also provides emergency dental services to the public. Free emergency dental treatments are provided by the DH through 11 government dental clinics. In addition, the DH provides specialist oral maxillofacial surgery and dental treatment to patients upon referral by doctors and dentists. The Government has been implementing a series of programmes to address the dental care service needs of the elderly. Details are set out in ensuing paragraphs.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services

to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

The DH assesses the health status and needs of the community through collation and interpretation of reliable health information. The DH regularly obtains such information for planning and evaluation of oral health programmes, and to plan for future oral health care development. Following the first territory-wide Oral Health Survey (OHS) in 2001, another OHS was conducted in 2011. The OHS 2011 full report was published in late 2013.

Like many countries in the world, the older population in Hong Kong will increase dramatically in the coming decades. In the 2011 OHS, one of the index age and age groups selected was the aged 65 and above elders who are users of Social Welfare Department's long term care (LTC) services. The survey findings revealed that some LTC users had perceived needs to visit dentist. Yet regular dental check-up was uncommon and relatively few LTC users had visited a dentist in the previous three years. With difficulties in accessing traditional dental care due to impaired physical mobility, it is necessary to continue to provide outreaching dental care services to meet the needs of this population.

The overall findings of the OHS 2011 support the continuation of the existing oral health policy emphasising on raising public awareness of oral hygiene and oral health and encourage proper oral health habits to prevent tooth loss due to dental diseases. We will continue our efforts in promotion and education to improve oral health of the public.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)176

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0488)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 29):

Regarding the Elderly Health Care Voucher Scheme, please provide the following information:

1. In each of the past five years (from 2009 to 2013) since the launching of the Scheme in 2009, what was the number of elders participating in the Scheme, the number of voucher claims and the voucher amount used? Please list out by year and the types of services used respectively.
2. In the past five years (from 2009 to 2013), what were the respective numbers of eligible elders? What percentage of eligible elders actually participated in the Scheme? Please list out by year.
3. 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 $2,000 per elder per year
70 or above		
65 or above		
60 or above		

Asked by: Hon. WONG Kwok-kin

Reply:

1 & 2. Regarding the Elderly Health Care Voucher Scheme, the relevant statistics are provided as follows:

	As at 31.12.2009	As at 31.12.2010	As at 31.12.2011	As at 31.12.2012	As at 31.12.2013
Cumulative number of elders who had made use of vouchers	190 000	300 000	387 000	471 000	556 000
Number of eligible elders (i.e. elders aged 70 or above)*	671 000	688 000	707 000	714 000	724 000
Percentage of eligible elders who had made use of vouchers	28%	44%	55%	66%	77%

*Source: Hong Kong Population Projections 2010 – 2039 and Hong Kong Population Projections 2012 – 2041, Census and Statistics Department

As regards the number of voucher claim transactions over the past five years from 2009 to 2013, the detailed breakdown by the enrolled healthcare service providers of the ten healthcare professionals is provided below:

	Number of Voucher Claim Transactions					
Healthcare Professionals	2009	2010	2011	2012	2013	Total
Medical Practitioners	306 850	444 362	539 256	812 872	1 229 078	3 332 418
Chinese Medicine Practitioners	31 858	47 519	57 892	98 189	190 017	425 475
Dentists	7 333	9 063	12 718	19 239	36 783	85 136
Occupational Therapists	31	15	96	101	79	322
Physiotherapists	1 345	1 411	1 660	3 058	6 922	14 396
Medical Laboratory Technologists	390	435	606	935	1 941	4 307
Radiographers	324	554	637	867	1507	3 889
Nurses	460	295	214	334	317	1 620
Chiropractors	283	193	264	377	823	1 940
Optometrists [Note]	-	-	-	1 228	2 972	4 200
Total:	348 874	503 847	613 343	937 200	1 470 439	3 873 703

Note: Elders can make use of the vouchers to settle the fee for the services provided by Optometrists starting from 1 January 2012.

As regards the amount of the vouchers claimed over the past five years from 2009 to 2013, the detailed breakdown by the enrolled healthcare service providers of the ten healthcare professionals is provided below:

	Amount of the Vouchers Claimed (in $'000)					
Healthcare Professionals	2009	2010	2011	2012	2013	Total
Medical Practitioners	34,883	58,185	77,538	139,683	256,296	566,585
Chinese Medicine Practitioners	3,365	5,651	7,176	13,808	31,968	61,968
Dentists	1,424	2,313	3,851	7,751	20,805	36,144
Occupational Therapists	5	2	20	27	28	82
Physiotherapists	171	210	275	614	1,758	3,028
Medical Laboratory Technologists	74	108	164	362	1,046	1,754
Radiographers	61	125	156	242	512	1,096
Nurses	81	67	61	125	265	599
Chiropractors	59	48	75	171	485	838
Optometrists [Note]	-	-	-	436	1,541	1,977
Total:	40,123	66,709	89,316	163,219	314,704	674,071

Note: Elders can make use of the vouchers to settle the fee for the services provided by Optometrists starting from 1 January 2012.

3. Assuming the eligible age of 70 were to be lowered to 65 or 60, with an annual voucher amount of $2,000 per eligible elder, the estimated financial implications for 2014 are as follows:

	Aged 70 or above	Aged 65 or above	Aged 60 or above
Population Projections*	737 000	1 063 600	1 523 700
Maximum expenditure for providing $2,000 for each eligible elder ($ million)	1,474.0	2,127.2	3,047.4
Estimated cash flow requirement ($ million), based on (i) take-up rate of 75%, and (ii) voucher utilisation rate of 67.5%	746.2	1,076.9	1,542.7

*Source: Hong Kong Population Projections 2012 – 2041, Census and Statistics Department

Reply Serial No.

FHB(H)177

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0489)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 31):

1. What is the respective current number of elderly persons belonging to the age groups of 65-69 and 70 or above in each of the 18 District Council districts (18 districts) in Hong Kong? What is the respective projected number of elderly persons belonging to these age groups in each of the coming five years (2015-2019)?

2. What is the annual number of voucher claim transactions in each of the 18 districts in the past five years (2009-2013)?

3. What is the current number of places of practice by healthcare service providers enrolled in the Scheme in each of the 18 districts? Please list the number of such practices with a breakdown of healthcare professions included under the Scheme by 18 districts.

Asked by: Hon. WONG Kwok-kin

Reply:

1. According to the "Projections of Population Distribution, 2013-2021" published by the Planning Department in 2013, the population projections for the age groups of 65-69 and 70 or above from 2014 to 2019 are at Annex A.

2. The annual number of voucher claim transactions in each of the 18 districts in the past five years from 2009 to 2013 are at Annex B.

3. As at end-December 2013, there were a total of 3 976 healthcare service providers enrolled in the Scheme, involving 5 543 places of practice (Note: a service provider can register more than one place of practice for accepting the use of vouchers). A breakdown of the places of practices by enrolled healthcare professionals and districts is at Annex C.

Annex A

Population projections for the age groups of 65-69 and 70 or above by District Council districts

Age Group / District	2014		2015		2016		2017		2018		2019	
	65-69	≥ 70	65-69	≥ 70	65-69	≥ 70	65-69	≥ 70	65-69	≥ 70	65-69	≥ 70
Central & Western	11 700	28 900	13 300	29 600	14 800	30 300	15 100	31 800	15 300	33 500	15 600	35 000
Eastern	31 300	72 300	35 600	73 400	39 000	74 700	39 800	78 000	40 200	81 700	40 900	85 400
Southern	12 900	30 800	14 400	31 200	15 700	31 600	16 200	32 800	16 700	34 100	17 400	35 500
Wan Chai	7 500	19 700	8 600	20 200	9 500	20 600	9 700	21 500	9 900	22 500	10 000	23 500
Kowloon City	19 000	50 200	21 400	51 000	23 200	52 000	23 900	54 100	24 200	56 300	24 500	59 200
Kwun Tong	30 900	77 900	33 800	78 000	35 900	79 200	37 500	81 500	38 400	83 500	39 600	85 600
Sham Shui Po	18 400	51 300	20 200	51 800	21 700	52 500	22 700	53 900	23 700	55 700	25 000	58 000
Wong Tai Sin	19 700	57 600	21 200	57 600	22 500	57 600	23 500	58 100	24 200	59 100	25 300	60 000
Yau Tsim Mong	15 400	35 900	17 400	36 900	19 200	37 800	19 400	39 600	19 200	41 500	19 000	43 800
Sha Tin	31 000	54 600	34 900	56 300	39 000	58 500	41 000	62 000	42 800	65 800	45 400	69 800
Tai Po	12 500	25 000	14 200	25 800	15 800	26 800	17 500	28 200	19 100	29 800	20 700	31 600
Sai Kung	16 200	30 400	18 100	31 500	19 600	32 500	21 000	34 200	22 100	36 200	23 500	38 600
North	11 600	25 900	13 300	26 400	14 600	27 000	15 600	28 300	16 700	29 700	17 700	31 300
Kwai Tsing	26 000	55 900	28 100	57 000	29 400	57 900	29 900	59 900	30 700	61 700	31 400	63 800
Tsuen Wan	13 500	31 300	14 900	32 100	15 900	33 000	16 300	34 200	16 700	35 700	17 100	37 500
Tuen Mun	23 200	35 300	26 300	36 500	29 400	37 800	31 300	40 800	32 700	44 100	34 000	47 800
Yuen Long	20 300	42 700	22 800	44 000	25 400	45 600	27 200	48 100	29 600	51 200	31 800	54 100
Islands	5 300	11 300	6 100	11 500	6 800	11 800	7 300	12 800	7 700	13 500	8 500	15 400
Total	**326 400**	**737 000**	**364 600**	**750 800**	**397 400**	**767 200**	**414 900**	**799 800**	**429 900**	**835 600**	**447 400**	**875 900**

Source: Projections of Population Distribution 2013-2021, Planning Department

Annual number of voucher claim transactions by districts
(according to the places of practices of enrolled healthcare professionals)

District \ Year	2009	2010	2011	2012	2013	Total
Central and Western	16 150	18 059	22 360	34 482	55 975	**147 026**
Eastern	35 759	45 142	54 549	82 734	129 652	**347 836**
Southern	13 671	18 507	19 738	30 393	51 118	**133 427**
Wanchai	6 339	9 857	12 351	19 909	33 233	**81 689**
Kowloon City	20 738	29 804	36 237	55 653	84 327	**226 759**
Kwun Tong	32 948	53 947	67 589	104 455	162 422	**421 361**
Sham Shui Po	25 886	37 421	44 682	67 372	102 348	**277 709**
Wong Tai Sin	32 933	50 661	60 237	90 398	138 534	**372 763**
Yau Tsim Mong	20 345	28 351	33 632	50 493	80 461	**213 282**
Sha Tin	26 078	36 967	45 695	67 742	105 603	**282 085**
Tai Po	13 635	17 459	20 055	31 625	52 485	**135 259**
Sai Kung	12 736	18 764	23 681	36 794	59 864	**151 839**
North	10 068	15 697	20 475	30 217	48 438	**124 895**
Kwai Tsing	30 904	43 875	50 774	77 110	113 605	**316 268**
Tsuen Wan	16 653	26 279	33 464	52 366	82 358	**211 120**
Tuen Mun	20 120	30 488	36 860	57 621	94 599	**239 688**
Yuen Long	12 117	19 517	25 846	40 283	63 952	**161 715**
Islands	1 794	3 052	5 118	7 553	11 465	**28 982**
Total	**348 874**	**503 847**	**613 343**	**937 200**	**1 470 439**	**3 873 703**

Annex C

Breakdown of the places of practices by enrolled healthcare professionals and districts
(Position as at 31 December 2013)

District \ Healthcare Professionals	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	153	97	40	8	33	3	4	2	14	7	361
Eastern	152	112	46	7	23	0	0	6	5	16	367
Southern	39	37	11	0	2	1	1	0	0	0	91
Wan Chai	122	148	43	3	42	3	1	9	3	47	421
Kowloon City	129	66	34	6	38	1	0	20	1	68	363
Kwun Tong	189	158	75	13	20	10	6	26	3	4	504
Sham Shui Po	93	117	12	3	14	4	1	1	0	1	246
Wong Tai Sin	77	74	29	0	6	0	0	1	0	68	255
Yau Tsim Mong	294	242	80	12	107	15	8	25	35	86	904
Sha Tin	110	91	29	7	24	0	0	8	1	29	299
Tai Po	76	89	35	1	4	2	2	19	0	3	231
Sai Kung	105	68	17	6	15	3	1	3	0	8	226
North	51	56	16	0	2	1	0	0	8	1	135
Kwai Tsing	100	66	27	3	10	0	0	4	1	66	277
Tsuen Wan	126	117	22	4	22	6	5	8	7	8	325
Tuen Mun	108	117	17	2	9	0	1	2	0	3	259
Yuen Long	130	59	25	0	6	0	0	4	5	1	230
Islands	32	12	3	0	2	0	0	0	0	0	49
Total	**2 086**	**1 726**	**561**	**75**	**379**	**49**	**30**	**138**	**83**	**416**	**5 543**

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)178

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0490)

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

Subhead (No. & title):

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 26):

What are the existing number of beds and their occupancy rate in each hospital cluster? What are the respective expenditures involved? Please provide a list by hospital cluster, by hospital in each cluster as well as by general, infirmary, mentally ill and mentally handicapped services.

Asked by: Hon. WONG Kwok-kin

Reply:

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 2013-14. It should be noted that clinical services are organised on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence information broken down by cluster, rather than by hospital, provides a better picture on service utilisation.

2013-14 [Provisional figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of hospital beds#	2 004	2 860	3 005	2 291	5 181	3 477	2 274	21 092
Bed occupancy rate^	85%	73%	88%	88%	85%	89%	97%	86%
Estimated service costs ($ million)	2,788	3,686	3,895	2,958	6,168	4,647	3,121	27,263
Infirmary								
Number of hospital beds#	627	200	118	116	328	517	135	2 041
Bed occupancy rate^	89%	79%	72%	83%	97%	80%	98%	86%
Estimated service costs ($ million)	248	77	54	59	130	116	35	719
Mentally ill								
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Bed occupancy rate^	81%	73%	85%	83%	78%	70%	69%	75%
Estimated service costs ($ million)	263	96	298	60	513	356	636	2,222

2013-14 [Provisional figures]	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Mentally handicapped								
Number of hospital beds#	-	-	-	-	160	-	500	660
Bed occupancy rate^	-	-	-	-	57%	-	96%	87%
Estimated service costs ($ million)	-	-	-	-	62	-	202	264

Number of hospital beds as at 31 December 2013
^ Bed occupancy rate in 2013-14 (up to 31 December 2013)
* Mentally handicapped beds are provided in KWC and NTWC only.

The inpatient service costs include the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as anaesthetic and operating theatre, pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as meals for patients, utility expenses and equipment maintenance).

It should be noted that the inpatient service costs vary among different cases owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the hospital clusters. 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 the population profile and other factors, including specialisation of the specialties in the cluster. Hence clusters with greater number of patients with more complex conditions or requiring more costly treatment would incur a higher service cost. Therefore the costs 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

Reply Serial No.

FHB(H)179

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0491)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 58):

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. WONG Kwok-kin

Reply:

The table below sets out the number of drugs in the Hospital Authority (HA) Drug Formulary as at January 2014:

Drug Category	**Number of Drugs**
Total number of drugs in the Formulary	Around 1 300 *
General drugs	891
Special drugs	331
Self-financed items	65
Drugs with safety net	20
Drugs supported by the Community Care Fund	9

* Note: A drug may fall in more than one category due to different therapeutic indications or dose presentations.

(Question Serial No. 0492)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 57):

Regarding healthcare manpower and the number of beds, what is the number of doctors, nurses, allied health staff and general beds in different hospital clusters in the past three years (from 2011-12 to 2013-14)? What are their respective ratios per 1 000 population and 1 000 persons aged 65 or above in each cluster?

Asked by: Hon. WONG Kwok-kin

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 population aged 65 or above by cluster in 2011-12, 2012-13 and 2013-14 (as at 31 December 2013):

2011-12 (as at 31 March 2012)

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical * population [1] of catchment districts									Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	Nurses	Ratio to overall population	Ratio to population aged 65 or above	Allied Health Staff	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	555	0.7	4.6	2 199	2.8	18.2	660	0.9	5.5	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	588	1.1	8.0	2 498	4.7	33.8	777	1.5	10.5	Central & Western, Southern
KCC	662	1.3	8.5	2 949	5.9	37.9	876	1.8	11.3	Kowloon City, YauTsim
KEC	603	0.6	4.3	2 209	2.1	15.7	606	0.6	4.3	Kwun Tong, Sai Kung
KWC	1 208	0.6	4.2	4 884	2.6	16.9	1 294	0.7	4.5	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	861	0.7	6.3	3 388	2.8	24.8	962	0.8	7.0	Sha Tin, Tai Po, North
NTWC	674	0.6	6.6	2 731	2.6	26.8	704	0.7	6.9	Tuen Mun, Yuen Long

2012-13 (as at 31 March 2013)

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population* of catchment districts									Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	Nurses	Ratio to overall population	Ratio to population aged 65 or above	Allied Health Staff	Ratio to overall population	Ratio to population aged 65 or above	
2012-13 (as at 31 March 2013)										
HKEC	572	0.7	4.5	2 348	3.0	18.7	717	0.9	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	599	1.1	7.8	2 600	4.9	33.8	826	1.5	10.7	Central & Western, Southern
KCC	674	1.3	8.4	3 069	6.0	38.0	940	1.8	11.6	Kowloon City, YauTsim
KEC	607	0.6	4.2	2 313	2.2	15.8	645	0.6	4.4	Kwun Tong, Sai Kung
KWC	1 245	0.6	4.2	5 088	2.6	17.1	1 359	0.7	4.6	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	874	0.7	6.1	3 524	2.8	24.4	999	0.8	6.9	Sha Tin, Tai Po, North
NTWC	676	0.6	6.3	2 834	2.6	26.2	752	0.7	7.0	Tuen Mun, Yuen Long

2013-14 (as at 31 December 2013)

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population* of catchment districts									Catchment Districts
	Doctors	Ratio to overall population	Ratio to population aged 65 or above	Nurses	Ratio to overall population	Ratio to population aged 65 or above	Allied Health Staff	Ratio to overall population	Ratio to population aged 65 or above	
HKEC	580	0.7	4.4	2 435	3.1	18.5	747	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	605	1.1	7.5	2 525	4.7	31.4	841	1.6	10.5	Central & Western, Southern
KCC	692	1.4	8.2	3 138	6.1	37.4	975	1.9	11.6	Kowloon City, YauTsim
KEC	630	0.6	4.2	2 461	2.3	16.3	685	0.6	4.6	Kwun Tong, Sai Kung
KWC	1 298	0.7	4.2	5 306	2.7	17.4	1 475	0.8	4.8	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	878	0.7	5.8	3 627	2.9	23.8	1 016	0.8	6.7	Sha Tin, Tai Po, North
NTWC	713	0.7	6.2	2 998	2.8	26.2	791	0.7	6.9	Tuen Mun, Yuen Long

The table below sets out the number and ratio of general beds in the HA per 1 000 population and the ratio to population aged 65 or above by cluster in 2011-12, 2012-13 and 2013-14:

2011-12

Cluster	Number of general beds (as at 31 March 2012)	Number of general bed per 1 000 geographical population* of catchment districts	Number of general bed per 1 000 geographical population* aged 65 or above of catchment districts	Catchment districts
HKEC	2 002	2.6	16.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 853	5.4	38.6	Central & Western, Southern
KCC	3 002	6.0	38.6	Kowloon City, Yau Tsim
KEC	2 135	2.0	15.2	Kwun Tong, Sai Kung
KWC	5 174	2.7	17.9	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 473	2.8	25.4	Sha Tin, Tai Po, North
NTWC	2 115	2.0	20.7	Tuen Mun, Yuen Long

2012-13

Cluster	Number of general beds (as at 31 March 2013)	Number of general bed per 1 000 geographical population* of catchment districts	Number of general bed per 1 000 geographical population* aged 65 or above of catchment districts	Catchment districts
HKEC	2 004	2.6	15.9	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 853	5.3	37.1	Central & Western, Southern
KCC	3 004	5.9	37.2	Kowloon City, Yau Tsim
KEC	2 175	2.0	14.9	Kwun Tong, Sai Kung
KWC	5 179	2.7	17.4	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 474	2.8	24.0	Sha Tin, Tai Po, North
NTWC	2 156	2.0	19.9	Tuen Mun, Yuen Long

2013-14

Cluster	Number of general beds (as at 31 December 2013)	Number of general bed per 1 000 geographical population* of catchment districts	Number of general bed per 1 000 geographical population* aged 65 or above of catchment districts	Catchment districts
HKEC	2 004	2.6	15.2	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	5.4	35.6	Central & Western, Southern
KCC	3 005	5.9	35.8	Kowloon City, Yau Tsim
KEC	2 291	2.1	15.2	Kwun Tong, Sai Kung
KWC	5 181	2.7	17.0	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 477	2.8	22.9	Sha Tin, Tai Po, North
NTWC	2 274	2.1	19.9	Tuen Mun, Yuen Long

* The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC have been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures starting from mid-2006 have also been adjusted accordingly.

Notes:

It should be noted that the ratio of doctors, nurses and allied health staff 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 organisation 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.

The manpower and general beds 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.

The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

It should 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.

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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1069)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 124 Page 45 (if applicable)

Question (Member Question No. 74):

The Financial Secretary mentioned in the Budget Speech that the preparatory works for the expansion of United Christian Hospital (UCH) had started.

(a) What are the details of the preparatory works and the expenditure involved?

(b) What is the estimated number of additional beds to be provided at UCH after the completion of the works? Is it necessary for the hospital to increase correspondingly its healthcare manpower? What is the estimated expenditure involved?

(c) The utilisation rate of healthcare services of UCH is constantly high. Will the Administration take any measures to ease the pressure on the frontline services of UCH in the coming year? What are the targets? What is the expenditure involved?

Asked by: Hon. WONG Kwok-kin

Reply:

(a) & (b)

The preparatory works of the expansion of United Christian Hospital (UCH) project comprises site inspection, surveying, decanting works, detailed design, preparation of tender document and tender evaluation for the main works, etc., and commenced in August 2012. The approved project estimate for the preparatory works is $352.3 million in money-of-the-day prices, with an estimated expenditure of $100 million in 2014-15. The total number of beds in the Hospital will be increased from about 1 400 to around 1 700 after the expansion. The Hospital Authority (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.

(c)

To better manage the increasing service demand in the region, HA has allocated additional resources to the Kowloon East Cluster (KEC) over the past years to open additional beds and implement new service programme initiatives. In 2014-15, KEC will be allocated an additional recurrent funding of $224.1 million to implement enhancement initiatives, which include the following major programmes relevant to UCH:

(i) opening two intensive care unit (ICU) beds in UCH;

(ii) supporting the decanting of UCH for its expansion project;

(iii) enhancing cardiac catheterization services;

(iv) enhancing orthopaedic specialist out-patient services;

(v) improving endoscopy services; and

(vi) introducing new technology "Matrix Assisted Laser Desorption Ionization Time of Flight (MALDI-TOF) Mass Spectrometry" to speed up Microbiological Identification.

HA will continue to review the service demand and plan for the future provision of facilities and services in KEC including UCH, having regard to demographic changes, growth in service demand and service utilisation.

Reply Serial No.

FHB(H)182

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1070)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 124 Page 45 (if applicable)

Question (Member Question No. 65):

The Financial Secretary has mentioned in the Budget Speech that the administration will conduct strategic studies on the construction of an acute general hospital in the Kai Tak Development Area. Please advise on:

1. the advance preparatory work for the construction of a hospital in the Kai Tak Development Area and the estimated project cost;
2. the number of beds to be provided by the new hospital in the Kai Tak Development Area and the estimated number of healthcare professionals required for various disciplines;
3. whether the Administration has assessed the healthcare service demand of the Kowloon region in the future. If so, what are the details? How will the construction project help in easing the huge demand for healthcare services in the region in the future?
4. the hospital cluster to which the new hospital in the Kai Tak Development Area belongs. How will the Administration avoid exerting pressure on the medical resources and manpower of the hospital cluster concerned when implementing the projects?

Asked by: Hon. WONG Kwok-kin

Reply:

The Hospital Authority (HA) is reviewing and assessing the overall demand for and supply of healthcare services in Kowloon, as well as developing the clinical services plan of the Kowloon Central Cluster (KCC). The key aspects of the services plan include formulating proposals for the healthcare services to be provided by the new acute general hospital in the Kai Tak Development Area, including number of beds, and mapping out the future development directions of the existing hospitals in KCC. To ensure that the planning work could better cater for the long-term healthcare service demand of the Kowloon region, HA will take into account various factors, including the rate of population growth and aging, changes in service models, new developments in medical technology and medical services, etc. in the process. The review, services plan and technical feasibility study will be completed in 2014. Upon completion of the planning work, HA will work out the timetable and estimated expenditure involved in the capital development of the new hospital. HA will also take account of the resources and manpower required for the service provision of the new hospital at a later stage.

In making demand projection, defining the scale and positioning of the new acute general hospital in Kai Tak (including the number of beds), HA will take into consideration the population in the Kai Tak Development Area and other factors such as the pace of population growth and ageing in Wong Tai Sin, Kowloon City and the neighbourhood areas, cross-district utilisation of medical services, the roles of various hospitals in the district and the co-ordination of their services and facilities as well as the healthcare facilities in neighbouring districts. This is to ensure that the provision of medical services in the region can suitably address the overall long-term service demand.

CONTROLLING OFFICER'S REPLY

FHB(H)183

(Question Serial No. 2896)

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

Subhead(No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page

Question(Member Question No. 45):

Has the Government acquired an understanding of the situation of the local Chinese medicine enterprises with the existing financial and manpower resources? If yes, please list out in detail the total numbers of manufacturers, dealers, wholesalers and retailers in the local Chinese medicine industry, the number of small and medium enterprises, the number of manufacturers that meet the Good Manufacturing Practice (GMP) requirements, the numbers of employees in the whole industry and the above various sectors, the outputs of the whole industry and the above various sectors, and the proportion of these outputs in the gross domestic product, as well as the amount of financial and manpower resources spent by the Government in acquiring an understanding of the situation of the local Chinese medicine enterprises.

Asked by: Hon. WONG Ting-kwong

Reply:

Under the Chinese Medicine Ordinance (Cap. 549), four categories of persons who engage in Chinese medicines (CM) businesses, namely persons engaging in the retail or wholesale of Chinese herbal medicines (CHM), and persons engaging in the manufacture or wholesale of proprietary Chinese medicines (pCms), must apply for relevant CM trader licences from the Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong.

As of 1 March 2014, the numbers of the above four types of CM trader licences are set out below. Most of them are small and medium enterprises (i.e. with less than 100 employees).

Types of CM trader licences	No. of licence holders
CHM retailers	4 578
CHM wholesalers	874
pCm manufacturers	288
pCm wholesalers	1 060

At present, compliance with the Good Manufacturing Practice (GMP) is not a mandatory requirement for the local pCm manufacturers. Manufacturers holding a pCm manufacturer licence may apply to the CMB for a "Certificate for Manufacture", certifying that they follow the GMP requirements. As of 1 March 2014, 11 local pCm manufacturers have been awarded with such certificates.

According to the "Feature Article on Statistics on Chinese Medicine in Hong Kong, 2011" published by the Census and Statistics Department in June 2012, the total number of people engaged in the CM industry in 2010 was 9 898, including 1 873 engaged in the manufacture of CM, 1 395 engaged in the wholesale of CM, 4 824 engaged in the retail of CM and 1 806 engaged in the import/export of CM. The total gross output of the local CM industry was about $5,157 million in 2010, including about $1,928 million from the CM manufacturing sector, about $386 million from the CM wholesale sector, about $1,804 million from the CM retail sector, and about $1,039 million from the CM import/export sector. More updated figures on the above statistics are not available.

The Chinese Medicine Division (CMD) under the Department of Health organizes briefing sessions and meetings for members of the local CM trade from time to time, which provide a platform to enhance the trade's understanding of GMP requirements, as well as to collect their views and engage them in working out a timetable for the introduction of mandatory GMP requirements for pCms. Since the above work has been absorbed by the existing provision and manpower of the CMD, relevant breakdowns are not available. The revised estimate in 2013-14 and the provision in 2014-15 for supporting the overall work of the CMD are about $116 million and $118 million respectively.

Reply Serial No.

FHB(H)184

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2897)

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

Subhead(No. & title): (-) Not Specified

Programme: Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page

Question(Member Question No. 47):

Has the Government acquired an understanding of the situation of the local Chinese medicine trade with the existing financial and manpower resources? If yes, please list out in detail the major places of import, export and re-export of various kinds of Chinese medicine products such as Chinese herbal medicine, proprietary Chinese medicine, Chinese medicine preparation, Chinese medicine supplement, and the major kinds of import/export products; the total number of local Chinese medicine import/export enterprises, the number of small and medium enterprises, their outputs and the number of employees in the industry; as well as the amount of financial and manpower resources spent by the Government in acquiring an understanding of the situation of the local Chinese medicine trade.

Asked by: Hon. WONG Ting-kwong

Reply:

Under the Chinese Medicine Ordinance (Cap. 549) (CMO), four categories of persons who engage in Chinese medicines (CM) businesses, namely persons engaging in the retail or wholesale of Chinese herbal medicines (CHM), and persons engaging in the manufacture or wholesale of proprietary Chinese medicines (pCms), must apply for relevant CM trader licences from the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong.

To safeguard public health, import, export and re-export of 36 types CHM (including all 31 types of CHM in Schedule 1 to the CMO and 5 types of CHM in Schedule 2 to the CMO) and all pCms are required to obtain relevant import or export licences under the existing regulatory regime. Under the CMO, all licensed CHM wholesalers, pCm wholesalers and pCm manufacturers are allowed to apply for import and export licences for their CM products. As of 1 March 2014, there were 874 CHM wholesalers, 1 060 pCm wholesalers and 288 pCm manufacturers. Most of them are small and medium enterprises (i.e. with less than 100 employees). Major places of import, export and re-export of CHM and pCms include the Mainland and Asian economies. Apart from the abovementioned 36 types CHM, import, export and re-export of the remaining CHMs covered by the CMO do not require import or export licences. As such, we do not have information regarding the total number of local CM import/export enterprises.

According to the "Feature Article on Statistics on Chinese Medicine in Hong Kong, 2011" published by the Census and Statistics Department in June 2012, the total gross output of the CM industry was about $5,157 million in 2010, of which about $1,039 million was from the CM import/export sector. The total number of people engaged in the CM industry in 2010 was 9 898, of which 1 806 were engaged in the import/export of

CM.   More updated figures on the above statistics are not available.

The Chinese Medicine Division (CMD) under the Department of Health organizes briefing sessions for members of the local Chinese medicines trade from time to time, which provide a platform to enhance the trade's understanding of relevant legal requirements as well as to collect their views.   Since the above work has been absorbed by the existing provision and manpower of the CMD, relevant breakdowns are not available. The revised estimate in 2013-14 and the provision in 2014-15 for supporting the overall work of the CMD are about $116 million and $118 million respectively.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)185

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2947)

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) (Richard YUEN))

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 122):

The Outreach Dental Care Programme for the Elderly will become a regular programme under the purview of the Department of Health. However, the Programme covers only primary dental care services, such as dental check-up, polishing, fillings, pain relief and dentures, but not scaling, crowns, bridges, and root canal treatment. Once it becomes a regular programme, will its scope of services be reviewed by the Department this year to extend its coverage beyond primary services? If not, does the Department have other means to cope with the elderly's huge demand for dental services apart from Elderly Health Care Voucher?

Asked by: Hon. WONG Yuk-man

Reply:

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres, including dental check-up, scaling and polishing and any other necessary pain relief and emergency treatments. Having regard to the positive feedback from both the recipients of the free dental service and the participating non-governmental organisations, the pilot project will be converted to a regular programme (i.e. the Programme) in 2014 to continue to provide outreach dental services to about 66 000 elders in these homes and centres. Under the regular Programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the Department of Health.

Reply Serial No.

FHB(H)186

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2948)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Volume 1 Page 431 (if applicable)

Question (Member Question No. 123):

There are plans for the redevelopment of Caritas Medical Centre, Queen Elizabeth Hospital and Kwong Wah Hospital, and also the construction of Hong Kong Children's Hospital and an acute general hospital in Kai Tak. What are the expected dates of completion of these projects? Please advise on the estimated capacity of the healthcare services of the two new hospitals in Kai Tak (in terms of number of beds, healthcare staff and specialist services offered).

What new services will be provided at Caritas Medical Centre, Queen Elizabeth Hospital and Kwong Wah Hospital after the completion of the works? How will the Bureau ensure that the impact on existing services will be kept to a minimum during the construction period?

Asked by: Hon. WONG Yuk-man

Reply:

The redevelopment of Caritas Medical Centre, phase 2 project is targeted for completion in early 2015. 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.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works commenced in March 2013, while the main works are planned to commence in stages from 2016 for completion in 2022. 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.

The above two hospitals will make appropriate arrangement for their services to ensure that there will be minimal disruption to the continuity of services for patients during the redevelopment.

Construction works for Hong Kong Children's Hospital (HKCH) are planned for completion in 2017. The new HKCH with a planned capacity of 468 beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory. The Hospital Authority (HA) is currently working on the service re-organisation for its whole paediatric service network, including service model development, training and manpower plan. Upon completion of the above, HA will work out the estimated caseload and manpower requirement for the service provision of HKCH.

HA is reviewing and assessing the overall demand for and supply of healthcare services in Kowloon, as well as developing a clinical services plan for the Kowloon Central Cluster (KCC). The key aspects of the

services plan include formulating proposals for the healthcare services to be provided by the new acute general hospital in the Kai Tak Development Area and mapping out the future development directions of the existing hospitals in KCC, including Queen Elizabeth Hospital. In making demand projection and defining the scale of the new acute general hospital in Kai Tak (including the number of beds), HA will take into consideration the population in the Kai Tak Development Area and other factors such as the pace of population growth and ageing in Wong Tai Sin, Kowloon City and the neighbourhood areas, cross-district utilisation of medical services, as well as the roles of various hospitals in the district and the co-ordination of their services and facilities.

The KCC services plan and technical feasibility study for the new acute general hospital in Kai Tak will be completed in 2014. Upon completion of the planning work, HA will work out the timetable for the capital development of the new hospital. As the project progresses, HA will take account of the resources and manpower required for the service provision of the new hospital.

CONTROLLING OFFICER'S REPLY

FHB(H)187

(Question Serial No. 1537)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 17):

With regard to the plans for the expansion of United Christian Hospital and the redevelopment of Kwong Wah Hospital and Queen Mary Hospital, what is the current progress of the respective plans? Earlier, United Christian Hospital has relocated some of its services to Tseung Kwan O Hospital. How many services and patients are expected to be affected by the above plans respectively? What are the arrangements made for the affected patients?

Asked by: Hon. WU Chi-wai

Reply:

The preparatory works of the expansion of United Christian Hospital project commenced in August 2012. The main works are planned to commence in phases from 2014-15 for completion in 2021.

The preparatory works of the redevelopment of Kwong Wah Hospital project commenced in March 2013. The main works are planned to commence in phases from 2016 for completion in 2022.

Subject to funding approval of the Finance Committee, the preparatory works for the redevelopment of Queen Mary Hospital, phase 1 project is planned to start in 2014 for completion in 2017. The main works are planned to commence in 2017 for completion of the entire phase 1 redevelopment project by 2023.

The respective hospitals will make appropriate decanting / relocation arrangements for their services to ensure that there will be minimal disruption to the continuity of services for patients during the expansion and redevelopment projects.

Reply Serial No.

FHB(H)188

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1538)

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

Subhead (No. & title): (-) Not specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 18):

Regarding the construction of the Hong Kong Children's Hospital (HKCH) in Kai Tak, please advise this Committee on the following:

1) What is the earliest expected commissioning date of the HKCH? Will a review and consolidation exercise be conducted on the paediatric services of other hospitals after its commissioning?

2) The HKCH will serve as a tertiary referral centre after its commissioning. What is its estimated annual caseload capacity? Please provide a breakdown, by type of healthcare professionals, of the estimated number of such professionals that need to be recruited.

3) Is the HKCH designed to make room for a passage linked with the proposed general hospital in Kai Tai while funding approval has yet to be sought for the latter? If so, what are the details?

Asked by: Hon. WU Chi Wai

Reply:

Part 1) & 2)

Development of the Hong Kong Children's Hospital (HKCH) is a Government initiative announced in the 2007 Policy Address and a funding of $13 billion for the project was approved by the Finance Committee in June 2013. Construction of HKCH at the Kai Tak Development Area commenced in August 2013, and is planned for completion in 2017 with service commencement by phases starting from 2018.

With the development of HKCH, paediatric services in the Hospital Authority (HA) will adopt a hub-and-spoke model with HKCH serving as a tertiary referral center for complex cases, while the paediatric departments in other hospitals will provide emergency care, secondary services (including step-down care) and community paediatric care.

HA is currently working on the service re-organisation for the whole paediatric service network, including service model development, training and manpower plan. Upon completion of the above, HA will work out the estimated caseload and manpower requirement for the service provision of HKCH.

Part 3)

The design of HKCH will incorporate flexibility for future connection with the new acute general hospital at Kai Tak Development Area.

Reply Serial No.

FHB(H)189

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1539)

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

Subhead (No. & title): (-) Not specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 19):

Regarding the mid-term plan of the review of medical services provided by the Government and Hospital Authority, what is the progress of the work on the reprovisioning of Queen Elizabeth Hospital, the construction of a hospital in Kai Tak and the review concerning the positioning of Our Lady of Maryknoll Hospital? What are the anticipated commencement dates of the reprovisioning of Queen Elizabeth Hospital/ the construction of a hospital in Kai Tak, and completion date of the review concerning the positioning of Our Lady of Maryknoll Hospital? What plans do the Government and Hospital Authority have in 2014 on improving the medical services in Wong Tai Sin District?

Asked by: Hon. WU Chi-wai

Reply:

The Hospital Authority (HA) is reviewing and assessing the overall demand for and supply of healthcare services in Kowloon, as well as developing a clinical services plan for the Kowloon Central Cluster (KCC). The key aspects of the services plan include formulating proposals for the healthcare services to be provided by the new acute general hospital in the Kai Tak Development Area and mapping out the future development directions of the existing hospitals in KCC.

The services plan and technical feasibility study for the new acute general hospital in Kai Tak will be completed in 2014. After that, HA will proceed with detailed planning and design of the hospital, and funding approval will be sought in accordance with the established procedures, with a view to implementing the master development plan for the construction of the new acute general hospital as soon as possible.

During the planning process, the needs of local residents will be considered, the roles and long-term development of hospitals in the cluster (including Queen Elizabeth Hospital) as well as other nearby hospitals (including Our Lady of Maryknoll Hospital (OLMH)) will also be worked out according to the demand projection.

In the meantime, enhancements to the facilities of OLMH are being made to better serve the healthcare needs of the residents in Wong Tai Sin district. For instance, in 2014-15, the orthopaedic service in OLMH will be enhanced to cater for additional specialist outpatient attendances and day procedures. Additional computed tomography (CT) scans will also be provided to improve the CT service. In addition, the General Outpatient Clinic (GOPC) Public-Private Partnership Programme will be implemented in the Wong Tai Sin district so that chronic disease patients in the district who are currently taken care of by the GOPCs could choose to receive subsidised medical consultations from private clinics.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)190

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1270)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 159 (if applicable)

Question (Member Question No. 48):

1) Please list out the number of enforcement actions taken by the Tobacco Control Office (TCO) of the Department of Health, the number of prosecutions initiated, and the percentage of actions in which prosecutions were initiated in the past year.

2) Please list out the expenditure on enforcing laws on tobacco control in 2013-14 and the estimated expenditure on enforcing laws on tobacco control in 2014-15. Please also list the current staffing establishment of the TCO.

Asked by: Hon. CHAN Chi-chuen

Reply:

1) TCO conducts inspections of all venues concerned in response to smoking complaints. The numbers of inspections and prosecution initiated, including fixed penalty notices (FPNs)/ summonses issued by TCO in 2013 are as follows:

Inspections conducted		27 461
Number of prosecutions initiated (as a percentage of the total number of inspections conducted)		8 661 (31.5%)
FPNs issued (for smoking offences)		8 330
Summonses issued	for smoking offences	232
	for other offences (such as failure to produce identity document and willful obstruction)	99

2) The expenditure / provision for the enforcement duties undertaken by TCO is $39.1 million in 2014-15 estimate, against a revised estimate of $37.5 million in 2013-14. The staff establishment of TCO in 2013-14 is at **Annex**.

Annex

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2013-14
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	2
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
Sub-total	*107*
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	*10*
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	17
Motor Driver	1
Sub-total	*22*
Total no. of staff:	**140**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0638)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 163

Question (Member Question No. 36):

Regarding driving public health promotion programmes, please:

(a) list out the average weight of secondary and primary school students of various grades for the **past five years**;

(b) set out the problems of eating disorders (such as obesity, anorexia and malnutrition) in secondary and primary school students that came to the attention of the Administration in the **past five years**;

(c) advise on how would the Administration instil the concept of healthy eating and physical activity in the community through publicity and education. What are the manpower and expenditures involved?

Asked by: Hon. CHAN Han-pan

Reply:

a. According to the figures collated by the Student Health Service Centres (SHSCs) from students using their services, the average weights of students (in kg) in various grades in the past five school years are as follows -

	2008/09	2009/10+	2010/11	2011/12	2012/13
Primary 1	23.6	23.6	23.3	23.2	23.0
Primary 2	26.9	26.9	26.7	26.5	26.5
Primary 3	30.3	30.7	30.4	30.3	30.3
Primary 4	34.7	34.6	34.7	34.5	34.5
Primary 5	39.0	39.3	38.9	39.0	39.1
Primary 6	43.7	43.9	43.9	43.6	44.0
Secondary 1	47.9	48.2	48.4	48.4	48.3
Secondary 2	51.2	N/A	51.8	51.8	52.0
Secondary 3	53.6	N/A	53.9	54.1	54.4
Secondary 4	54.9	N/A	55.1	55.3	55.7
Secondary 5	55.7	N/A	56.1	56.1	56.4
Secondary 6	56.3	N/A	56.5	56.4	56.7
Secondary 7	55.7	N/A	56.2	56.3	59.8

+ In school year 2009/10, Student Health Service had to take part in the Human Swine Influenza Vaccination Programme, therefore annual appointments were provided to students from Primary 1 to Secondary 1 only.

b. The detection rates of students found to have overweight (including obese)* or wasting[#] who attended the SHSCs in the past five school years are as follows -

	2008/09	2009/10[+]	2010/11	2011/12	2012/13
Primary students - overweight	22.2%	22.2%	21.4%	20.9%	20.8%
Primary students - wasting	1.1%	1.3%	1.1%	1.2%	1.1%
Secondary students - overweight	17.7%	20.3%	18.7%	18.4%	19.1%
Secondary students - wasting	4.2%	3.4%	4.2%	4.7%	4.6%

* Overweight (including obese) is defined as weight > 120% of the median weight for height or BMI ≥ 25 for male students with height > 175 cm and for female students with height > 165 cm.

[#] Wasting is defined as weight < 80% of the median weight for height or BMI < 18.5 for male students with height > 175 cm and for female students with height > 165 cm.

[+] In school year 2009/10, Student Health Service had to take part in the Human Swine Influenza Vaccination Programme, therefore annual appointments were provided to Primary 1 to Secondary 1 students only.

c. The Department of Health (DH) has been promoting healthy eating and physical activity over the years using a life-course and setting-based approach. A summary of key action areas is presented below.

Advice on optimal infant and young child feeding, healthy eating and physical activity is provided to parents and caregivers of children at Maternal and Child Health Centres of the Family Health Service. Health education activities and health promotion materials on healthy lifestyle are provided for students at SHSCs and schools. Health messages are also disseminated to the public via various channels, including a series of health education resources, e-newsletters, websites, mass media and publicity activities.

An EatSmart@school.hk (ESS) Campaign with emphasis on promotion of healthy eating has been in place in primary schools since 2006/07 school year to combat childhood obesity and reduce children's risk of developing non-communicable diseases. Riding on the success of the ESS Campaign, DH launched the StartSmart@school.hk Campaign in January 2012 to promote healthy eating and physical activity among preschoolers across the territory with a view to preventing childhood obesity.

Addressing the workplace setting, DH launched the Health@work.hk Pilot Project in 2010 which called on employers and employees to join hands to create a supportive health-promoting working environment. The Project entered its second phase in 2012 with the aim of developing a sustainable and cost-effective model for application in the wider business community.

At the community level, DH launched the EatSmart@restaurant.hk Campaign in April 2008 to encourage and assist restaurants to provide dishes with more fruit and vegetables but less oil, salt and sugar. Another health promotion programme known as "I'm So Smart" Community Programme was launched in June 2012 to engage community partners to promote healthy eating and physical activity in the community. DH has also launched a media publicity campaign on central obesity to encourage members of the public to make wise choices for their health by adopting a healthy lifestyle.

Apart from the above, DH has also been supporting other government departments/bureaux and community organisations, including the Leisure and Cultural Services Department and the Education Bureau, to promote active living. Various health education resources, including guidelines, pamphlets, posters, exhibition boards, newsletters, Television and Radio Announcements in the Public Interest, pre-recorded telephone hotline messages, thematic websites and smart phone applications have been produced to support related health promotional activities.

The expenditure on promotion of healthy eating and physical activity cannot be separately identified as it is absorbed as part of the overall expenditure for health promotion under DH.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)192

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0639)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 167 (if applicable)

Question (Member Question No. 37):

On personnel management of civil servants working in Hospital Authority (HA), please advise on:

(a) the ranks of the public hospital staff who chose to retain their civil servant status and are still working in HA and their establishment.

(b) the retirement situation of the said public hospital staff in the coming ten years.

Asked by: Hon. CHAN Han-pan

Reply:

(a) A breakdown of the number of civil servants working in HA by rank and their establishment as at 1.4.2014 is at **Annex**.

(b) The numbers of civil servants working in HA predicted to retire at their normal retirement age in the next ten years are as follows -

Year	No. of retirees (projection)
2014-15	144
2015-16	134
2016-17	122
2017-18	128
2018-19	133
2019-20	146
2020-21	151
2021-22	153
2022-23	159
2023-24	138
Total	**1 408**

Annex

Civil Servants Working in the Hospital Authority
(as at 1.4.2014)

RANK	**Number of staff and establishment**
MEDICAL & HEALTH OFFICER GRADES	
Consultant D2	2
Consultant (Hospital Services)	5
Senior Medical & Health Officer	19
Associate Consultant	3
Medical & Health Officer	61
Sub-total	**90**
NURSING & ALLIED GRADES	
General Manager (Nursing)	1
Chief Nursing Officer	1
Senior Nursing Officer	17
Departmental Operations Manager	20
Ward Manager	88
Nurse Specialist	11
Nursing Officer	260
Nursing Officer (Education)	6
Registered Nurse	163
Senior Nursing Officer (Psychiatric)	5
Nursing Officer (Psychiatric)	82
Registered Nurse (Psychiatric)	60
Enrolled Nurse	59
Enrolled Nurse (Psychiatric)	81
Midwife	1
Sub-total	**855**

RANK	Number of staff and establishment
SUPPLEMENTARY MEDICAL GRADES	
Department Manager	13
Chief Dispenser	12
Senior Dispenser	81
Dispenser	154
Senior Medical Technologist	5
Medical Technologist	32
Medical Technologist (Hospital Services)	1
Medical Laboratory Technician I	4
Mould Laboratory Technologist	1
Senior Mould Laboratory Technician	1
Mould Laboratory Technician	2
Occupational Therapy Assistant	27
Pharmacist	5
Physicist	3
Senior Physiotherapist	5
Physiotherapist I	5
Prosthetist-Orthotist I	3
Senior Radiographer	15
Radiographer I	51
Scientific Officer (Medical)	4
Sub-total	**424**
HOSPITAL ADMINISTRATOR GRADE	
Senior Hospital Administrator	6
Hospital Administrator I	4
General Manager (Administrative Services)	3
Sub-total	**13**

RANK	Number of staff and establishment
OTHER DEPARTMENTAL GRADES	
Senior Artisan	2
Artisan	31
Cook	18
Darkroom Technician	11
Chief Electrical Technician	4
Senior Electrical Technician	1
Electrical Technician	8
Senior Foreman	1
Foreman	9
Chief Hospital Foreman	2
Senior Hospital Foreman	7
Hospital Foreman	12
Hostel Manager/Manageress	1
Laboratory Attendant	34
Laundry Manager	1
Laundry Worker	15
Linen Production Unit Supervisor	1
Mortuary Attendant	2
Operating Theatre Assistant	29
X-Ray Mechanic	3
Health Care Assistant	60
Operation Assistant II	1
Sub-total	**253**

RANK	**Number of staff and establishment**
MODEL SCALE I GRADES	
Ganger	2
Ward Attendant	75
Property Attendant	5
Workman I	10
Workman II	183
Sub-total	**275**
GENERAL GRADES	
Personal Secretary II	1
Telephone Operator	1
Sub-total	**2**
TOTAL	**1 912**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0648)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160

Question (Member Question No. 10):

Please provide information in respect of the following for the **past three years**:

(a) details of the actual number of inspections of all private hospitals (including maternity homes) and nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance.

(b) Why is that the number of inspections of registered nursing homes "not less than once" a year while the number of inspections of registered private hospital (including maternity homes) "not less than twice" a year? What are the circumstances that would result in the number of inspections to registered nursing homes to be "more than once" and the number of inspections to registered private hospital (including maternity homes) to be "more than twice"?

Asked by: Hon. CHAN Han-pan

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 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 the past three years are provided below:

	Number of inspections		
	2011	2012	2013
Private hospitals (including maternity homes)	134	106	126
Nursing Homes	112	131	139

(b) DH conducts inspections for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events. In view of the complexity of hospital services, the target number of inspections set for private hospitals is higher than that for nursing homes.

Reply Serial No.

FHB(H)194

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0649)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 128 Page 47 (if applicable)

Question (Member Question No. 11):

Please provide the following information in table form:

(a) the year when tobacco duty was increased by the Government for the last three times, the percentage of increase and the number of persons who had ceased smoking between each time;

(b) the types of diseases, number of patients and health expenditures related to smoking or second-hand smoking for the past ten years.

Asked by: Hon. CHAN Han-pan

Reply:

(a) The table below shows the percentage increase in tobacco duty in 2001, 2009 and 2011 and smoking prevalence since 2007/08-

	2001*	**2007/8**	**2009***	**2010**	**2011***	**2012**
% increase in tobacco duty	5%	-	50%	-	41.5%	-
Daily smoking prevalence**	-	11.8%	-	11.1%	-	10.7%

* *Year with tobacco duty increase*

*** Source: Thematic Household Survey conducted by the Census and Statistics Department*

The smoking prevalence in 1982 was 23.3% .

(b) Regarding the number of deaths related to smoking and second hand smoke, the School of Public Health of the University of Hong Kong published a study report in 2006 on the estimated mortality figures and annual cost to tobacco-related diseases. The study reported that a total of 6 920 deaths (aged 35 and over) in Hong Kong in 1998 were caused by active smoking or second-hand smoke, in which 1 324 deaths were attributed to second-hand smoke. The results showed that the total annual cost of active and passive smoking in Hong Kong was $5.3 billion, which includes $2.6 billion for acute and chronic health care cost; $0.9 billion for long term care (mainly in nursing homes); and $1.8 billion for productivity losses.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0650)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161

Question (Member Question No. 12):

On providing genetic screening and counselling services, please advise on the following:

(a) Please list in table form the number of cases in which the Administration has assisted in genetic testing and timing of testing (e.g. pre-marriage, pre-pregnancy, gestation, postpartum) **for the past five years**.

(b) If the case is found to be not suitable for pregnancy after testing, how would the Administration handle it?

(c) Generally, what will be checked for in genetic testing provided by the Administration? How long will it take?

(d) At present, at what places are the testing being offered? Under what circumstances can members of the public go and use such testing?

Asked by: Hon. CHAN Han-pan

Reply:

(a) Over the past five years, the Clinical Genetic Service (CGS) of the Department of Health has provided a total of 7 048 genetic tests, including 149 tests for prenatal cases (i.e. testing for pregnant women).

Year	Total no. of genetic tests	No. of tests for prenatal cases
2009	1 057	27
2010	1 017	23
2011	1 323	37
2012	1 890	33
2013	1 761	29
Total	**7 048**	**149**

(b) If a client or her foetus is diagnosed to have a genetic disease, the CGS will provide genetic counselling, so as to offer the client and her partner ample information about the genetic disease diagnosed, including symptoms, severity, availability of effective treatment, mode of inheritance, risk to future pregnancies, risk of occurrence of the disease within the family, and the means of prevention. The client will then decide herself whether to plan for pregnancy or whether to continue with an existing pregnancy.

(c) The genetic tests for chromosomal or genetic conditions provided by the CGS are customised according to the specific clinical features of the client. The time required by the CGS to complete a genetic test depends on the complexity of the techniques involved and the urgency of the particular case. For prenatal cases or other urgent cases, tests are usually completed within one to two weeks. For non-urgent cases, tests are usually completed within four months.

(d) For prenatal cases, the Prenatal Diagnostic and Counselling Service of Tsan Yuk Hospital under the Hospital Authority is the major service provider of genetic testing. Genetic tests for other cases are mainly managed by the CGS. We understand that the University of Hong Kong and the Chinese University of Hong Kong both have started to provide genetic services recently. Individuals who wish to receive genetic services may seek advice from his/her family doctor for a referral.

(Question Serial No. 0651)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164 (if applicable)

Question (Member Question No. 13):

Regarding the provision of dental service to the special needs group, please advise on the following:

(a) Please set out in table form the number of hospital patients, emergency cases and patients with special oral healthcare needs in dental clinics of the Department of Health (DH) **for the past three years** respectively.

(b) What is the median waiting time of patients with special oral healthcare needs for DH's dental service?

(c) Apart from DH's dental clinics, has the Administration provided other oral healthcare or care services for the special needs group?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The numbers of hospital patients, emergency cases and patients with special oral healthcare needs in dental clinics of the Department of Health (DH) in 2011, 2012 and 2013 were as follows:

	2011 (Actual)	2012 (Actual)	2013 (Actual)
No. of attendances of hospital patients	56 101	54 554	55 818
No. of attendances of dental clinics emergency treatment	39 722	40 516	40 373
No. of patients of special needs group	10 130	10 086	10 677

For hospital patients and emergency cases in dental clinics of DH, only statistics on the number of attendances are kept and the figures for the number of patients are not readily available.

(b) The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in seven public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners. All consultation appointments in the OMS&DUs would be triaged according to the urgency and nature of dental conditions. OMS&DUs would offer same day appointments for those cases warranting immediate attention, and appointments within two weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital would also be conducted within one working day. The waiting time for elective consultation in the OMS&DUs ranges from 34 months to 47 months. The median waiting time of patients with special oral healthcare needs is not available.

(c) The School Dental Care Service (SDCS) of the DH also provides annual dental check-up and basic preventive and restorative dental treatment to all primary school students. In addition, starting from the 2013-14 school year, the Government has further stepped up the support measures for students with intellectual disability and/or physical disability (such as cerebral palsy) by allowing these students, who attend special schools participating in the SDCS, to continue to enjoy the dental services under the SDCS irrespective of which grades they are in until they reach the age of 18. If necessary, the SDCS would refer these students to the OMS&DU for further dental treatment.

Apart from the SDCS, in order to promote good oral health for the mild and moderate intellectual disabled children in special schools, the Oral Health Education Unit (OHEU) of the DH is conducting the "Dandelion Oral Care Action" oral health promotion programme. The OHEU collaborates with schools and parents to take care of the oral health of this group of children, and teach them the correct toothbrushing and flossing techniques. It is expected that the children could clean their own teeth independently when they leave school. Currently, there are 28 special schools participating in the programme.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.

Reply Serial No.

FHB(H)197

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0652)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 14):

Regarding child assessment centres, please advise on:

(a) the median waiting time for appointment of new cases;

(b) the median waiting time for assessment of new cases, as well as the average assessment hours in general;

(c) the median waiting time for assessment report of new cases.

Asked by: Hon. CHAN Han-pan

Reply:

(a) From 2011-12 to 2013-14, nearly all new cases were seen within three weeks.

(b) Assessments for about 90% of newly registered cases were completed within six months in 2013. The Department of Health has not compiled statistics on the median waiting time for assessment of new cases.

Assessment time for each client ranges from about one to four hours, depending on the nature of assessment required and the professional disciplines involved.

(c) A summary report of the assessment will be given to the parents concerned at the end of the assessment session. Comprehensive medical reports of the children will be provided within four weeks to those parents who have made applications for such reports to the Child Assessment Service (CAS). Moreover, upon request by the parents concerned and with their consent as well as having regard to the individual circumstances and needs of the child, the CAS will send a detailed assessment report to the relevant educational psychologist or to the relevant professionals of the rehabilitation service unit to which the case has been referred within eight weeks.

Reply Serial No.

FHB(H)198

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0654)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 16):

Regarding the Elderly Health Care Voucher Scheme ("the Scheme"), please:

(a) set out in table form the scope of application of the vouchers (such as dental services, body check etc.) **since the launch of the Scheme**;

(b) advise on the number of applicants each year **since the launch of the Scheme**. How many persons were unable to use up all vouchers each year or retained them for use in the following year? How many vouchers have expired?

Asked by: Hon. CHAN Han-pan

Reply:

(a) Under the Scheme, local residents aged 70 or above are eligible to receive vouchers to subsidise their use of primary care services provided by ten categories of private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. A breakdown of the voucher claim transactions by the enrolled healthcare service providers since the launch of the Scheme on 1 January 2009 is as follows:

Healthcare professionals	Total number of voucher claim transactions (up to end-December 2013)
Medical Practitioners	3 332 418
Chinese Medicine Practitioners	425 475
Dentists	85 136
Occupational Therapists	322
Physiotherapists	14 396
Medical Laboratory Technologists	4 307
Radiographers	3 889

Healthcare professionals	Total number of voucher claim transactions (up to end-December 2013)
Nurses	1 620
Chiropractors	1 940
Optometrists	4 200
Total:	3 873 703

(b) Since the launch of the Scheme in January 2009, the number of eligible elders who had made use of vouchers and among them those who had unspent vouchers carried forward for use in the following year are provided as follows:

As at 31 Dec of the year	Cumulative number of eligible elders who had made use of vouchers	Number of eligible elders with unspent vouchers
2009	190 000	67 000
2010	300 000	168 000
2011	387 000	235 000
2012	471 000	328 000
2013	556 000	439 000

At present, eligible elders can accumulate any unspent vouchers for use in subsequent years, subject to a financial ceiling of $3,000. As at January 2014, among the elders enrolled in the eHealth System, about 337 000 vouchers (or $16.85 million in voucher value) in excess of the financial ceiling were forfeited. Upon the increase of the annual voucher amount from $1,000 to $2,000 this year, the financial ceiling on unspent vouchers will be adjusted from $3,000 to $4,000.

Examination of Estimates of Expenditure 2014-15

CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)199

(Question Serial No. 0655)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 164 (if applicable)

Question (Member Question No. 18):

Regarding the two Chinese Medicine Clinics run by the Tung Wah Group of Hospitals subvented by the Department of Health, please advise on the following:

(a) list out the establishment and number of healthcare staff, including Chinese medicine practitioners, nurses, auxiliary nurses, dispensers etc. of the two Chinese Medicine Clinics for the past three years.

(b) the number of attendances of the two Chinese Medicine Clinics in the past three years. What are the illnesses and specialties involved?

(c) the median waiting time for consultation for patients attending the two Chinese Medicine Clinics in the past three years.

Asked by: Hon. CHAN Han-pan

Reply:

(a) The Department of Health subvents the Tung Wah Group of Hospitals to provide free Chinese medicine services at its two general outpatient clinics, i.e. Kwong Wah Hospital Chinese Medicine General Outpatient Clinic (KCGC) and Tung Wah Hospital Chinese Medicine General Outpatient Clinic (TCGC). The establishments of the two Chinese Medicine Clinics for 2011, 2012 and 2013 respectively are set out below:

	2011		2012		2013	
	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC
Chinese Medicine Practitioner (Bone-setting Service)	3	1	3	1	3	1
Chinese Medicine Practitioner (Herbalist Service)	1	1	1	1	1	1
Herbalist Assistant	5	2	5	2	5	2
Clerk	1	1	1	1	1	1
Workman II	2	2	1	2	0	1
General Service Assistant	1	0	2	0	3	1
Total	13	7	13	7	13	7

(b) KCGC and TCGC provide free bone-setting and herbalist services for the public. The annual numbers of attendances of the two Chinese Medicine Clinics for these services in 2011, 2012 and 2013 respectively are set out below:

	2011		2012		2013	
	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC
Bone-setting service*	274 050	54 863	310 642	59 034	313 087	58 096
Herbalist service	6 244	5 428	6 813	4 359	13 421	7 191
Total	280 294	60 291	317 455	63 393	326 508	65 287

* The number of attendances for bone-setting service includes those patients obtaining herbal paste from the clinics without consultation.

(c) To make an appointment for medical consultation with the Chinese medicine practitioner at KCGC or TCGC, each patient needs to get a chit, either for the morning or afternoon consultation session, from the auto-machine or the counter at the two clinics. If all the time slots of that day have already been allocated, the patient then has to return to the clinic on another day and get an appointment following the same procedures. The daily numbers of chits offered by the two Chinese Medicine Clinics are as follows:

	Daily number of chits offered	
	KCGC	TCGC
Bone-setting service	240	80
Herbalist service	35	35
Herbal paste	No limit	No limit

In view of the above, it is difficult to estimate the median waiting time for consultation for patients attending the two Chinese Medicine Clinics in the past three years.

CONTROLLING OFFICER'S REPLY

FHB(H)200

(Question Serial No. 0656)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 169

Question (Member Question No. 19):

Regarding the vaccination subsidy programmes (the programmes), please answer the following –

a) please list out the number of participants in respective groups under the programmes, since launching of the programmes;
b) the number of vaccines procured each year under the scheme and the additional number of vaccines procured for the peak periods for seasonal influenza ; and
c) how many vaccines have been disposed due to overstocking or expiry ?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide pneumococcal and influenza vaccination to eligible groups –

- 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;

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

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme, which commenced on 2 December 2013 by phases and will be completed on 30 June 2014. The programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary.

The statistics on the number of people in respective groups who have received vaccination through the aforementioned programme/schemes are detailed at the Annex.

(b) The following figures are the quantities of seasonal influenza vaccines that the government procured under Government Vaccination Programme since the recent three years:

Year	Number of doses
2011-12	300 000
2012-13	285 000
2013-14	285 000

(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. There is time lag between vaccine expiry date and the actual disposal date. About 28 000 doses expired in 2012 and 13 000 doses expired in 2013 will be disposed by DH.

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	2011-12	2012-13	2013-14 (as at 16.3.2014)
		No. of recipients	No. of recipients	No. of recipients
Children between the age of 6 months and less than 6 years	GVP	2 700	2 700	2 600
	CIVSS	43 700	60 400	60 800
Elderly aged 65 or above	GVP	176 500	180 500	171 200
	EVSS	120 900	141 700	156 600
Others#	GVP	53 900	58 600	60 500
Total:		**397 700**	**443 900**	**451 700**

\# Others include (a) health care workers; (b) poultry workers; (c) pig farmers or pig-slaughtering industry personnel; and (d) pregnant women or people aged 50 to below 65 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges, etc.

Pneumococcal vaccination* for the elderly under GVP and EVSS

Target groups	Vaccination programme	2011-12	2012-13	2013-14 (as at 16.3.2014)
		No. of recipients^	No. of recipients^	No. of recipients^
Elderly aged 65 or above*	GVP	15 000	13 000	12 300
	EVSS	14 000	18 000	19 400
Total:		**29 000**	**31 000**	**31 700**

* Elders aged 65 or above do not require repeated pneumococcal vaccination
^ Refers to new recipients only

Childhood PCV13 Booster Vaccination Programme ※

	No. of recipients (as at 17.3.2014)
Eligible paediatric patients receiving vaccination at Hospital Authority institutions	326
Eligible children receiving vaccination at Maternal and Child Health Centres	1 163
Eligible children receiving vaccination at enrolled private doctors	17 855

The Programme commenced on 2 December 2013 by phases and will be completed on 30 June 2014.

(Question Serial No. 0976)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question (Member Question No. 23):

Would the Administration advise on the following:

(1) What were the expenditure, their functions and staff establishment of the Public Health Section, the Chinese Medicines Section, the Chinese Medicine Council Secretariat, the Chinese Medicines Information and Research Section and the Chinese Medicine Development Committee Secretariat under the Assistant Director of Health (Traditional Chinese Medicine) in the past three years respectively?

(2) Would the Administration state specifically what were the amount of expenditure and manpower of the above sections and secretariats used on public relations and external liaison matters in the past three years?

Asked by: Hon. CHAN Han-pan

Reply:

(1) The Chinese Medicine Division (CMD) of the Department of Health was set up in 1997. The CMD has set up a total of five sections over the past years with the following functions-

Public Health Section
Managing adverse incidents and health promotion relating to Chinese medicine (CM), collaborating with local and international partners for promoting CM, supporting the work of the World Health Organization Collaborating Centre for Traditional Medicine (WHO CC for TM).

Chinese Medicines Section
Implementing and enforcing the Chinese Medicine Ordinance (Cap. 549) (CMO) through licensing of Chinese medicines traders and registration of proprietary Chinese medicines.

Chinese Medicine Council Secretariat
Providing support to the Chinese Medicine Council of Hong Kong, which is a statutory body established under the CMO to implement various regulatory measures for CM practice and Chinese medicines.

Chinese Medicines Information and Research Section
Developing the Hong Kong Chinese Materia Medica Standards (HKCMMS), which are reference standards for commonly used Chinese herbal medicines in Hong Kong.

Chinese Medicine Development Committee (CMDC) Secretariat
Providing support to the CMDC, which is an advisory body set up in February 2013 to give recommendations to the Government concerning the direction and long-term strategy of the future development of CM in Hong Kong.

The expenditure and staff establishment to support the above functions in the past three financial years are as follows -

Financial Year	Total Expenditure Including Staff Cost ($ million)	Staff Establishment (Grade)
2011-12	138.4	2 Medical and Health Officers 25 Pharmacists 13 Scientific Officers (Medical) 4 Foremen 33 General Grades Officers
2012-13	128.6	2 Medical and Health Officers 25 Pharmacists 13 Scientific Officers (Medical) 4 Foremen 51 General Grades Officers
2013-14	116.2 (revised estimate)	2 Medical and Health Officers 25 Pharmacists 13 Scientific Officers (Medical) 4 Foremen 52 General Grades Officers

(2) Major part of the CMD's efforts on public relations and external liaison matters in the past three years was to support the international development of traditional medicine, including the designation of the CMD as the WHO CC for TM in Hong Kong. Relevant work included organising international meetings and training workshops, as well as developing and disseminating the reports "WHO Traditional Medicine Strategy (2014-23)" and "Regional Strategy for Traditional Medicine in the Western Pacific (2011-20)".

The CMD has also endeavored to enhance the standard of CM practice and promote the safe use of CM. To help the general public gain better understanding about CM, the CMD has been organising health promotion activities, including a roving exhibition across the 18 districts.

Since the above publicity and liaison works have been absorbed by the existing manpower and provision in the CMD, breakdowns of relevant expenditure and manpower are not available.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1756)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 168 (if applicable)

Question (Member Question No. 30):

Programme (8) indicates that the number of civil servants working in the Hospital Authority (HA) will decrease from 2 297 in 2012 to the estimated 1 912 in 2014. In this connection, would the Administration inform this Committee the details of the wastage of staff, including wastage figures, the type of posts concerned and the reasons for wastage? Has the Administration explored whether the staff wastage will have any significant implication on the work of relevant sections in the Department of Health and the HA? Does the Administration have any plan to recruit staff to fill the vacancies?

Asked by: Hon. CHAN Kin-por

Reply:

The number of civil servants working in HA will decrease from 2 297 in 2012 to the estimated figure of 1 912 in 2014. The estimated reduction of 385 civil servants during the period is due to natural wastage including retirement. A breakdown of the staff concerned by rank is at **Annex**. HA will cover the loss of this anticipated capacity through internal redeployment and/or by recruitment of new staff on HA terms of employment to ensure that its service would not be affected. The above staff wastage has no implication on the work of the Department of Health.

Annex

Wastage Figures of Civil Servants working in the Hospital Authority in 2012-13 and 2013-14

RANK	Staff Wastage		Total
	2012-13	2013-14	
MEDICAL & HEALTH OFFICER GRADES			
Consultant (D2)	0	1	**1**
Senior Medical & Health Officer	2	2	**4**
Medical & Health Officer	2	0	**2**
Sub-total	**4**	**3**	**7**
NURSING & ALLIED GRADES			
Senior Nursing Officer	2	1	**3**
Departmental Operations Manager	3	0	**3**
Ward Manager	10	13	**23**
Nurse Specialist	2	0	**2**
Nursing Officer	29	18	**47**
Registered Nurse	15	7	**22**
Nursing Officer (Psychiatric)	2	3	**5**
Registered Nurse (Psychiatric)	5	3	**8**
Enrolled Nurse	15	6	**21**
Enrolled Nurse (Psychiatric)	6	6	**12**
Sub-total	**89**	**57**	**146**
SUPPLEMENTARY MEDICAL GRADES			
Department Manager	1	2	**3**
Senior Dispenser	1	7	**8**
Dispenser	7	0	**7**
Senior Medical Technologist	0	1	**1**
Medical Technologist	0	1	**1**
Associate Medical Technologist	0	1	**1**
Mould Laboratory Technician	0	1	**1**
Occupational Therapy Assistant	5	7	**12**
Pharmacist	0	1	**1**
Senior Radiographer	0	1	**1**
Sub-total	**14**	**22**	**36**
HOSPITAL ADMINISTRATOR GRADE			
Senior Hospital Administrator	2	0	**2**
Sub-total	**2**	**0**	**2**

RANK	Staff Wastage		Total
	2012-13	2013-14	
OTHER DEPARTMENTAL GRADES			
Artisan	6	6	**12**
Cook	5	3	**8**
Darkroom Technician	0	3	**3**
Senior Foreman	0	1	**1**
Foreman	1	0	**1**
Chief Hospital Foreman	0	1	**1**
Senior Hospital Foreman	0	2	**2**
Hospital Foreman	2	3	**5**
Laboratory Attendant	3	4	**7**
Laundry Worker	3	3	**6**
Machinist	1	0	**1**
Mortuary Attendant	1	1	**2**
Operating Theatre Assistant	1	3	**4**
Health Care Assistant	16	11	**27**
Sub-total	**39**	**41**	**80**
MODEL SCALE I GRADES			
Barber	0	2	**2**
Ganger	1	1	**2**
Ward Attendant	20	12	**32**
Property Attendant	5	2	**7**
Workman I	4	1	**5**
Workman II	34	30	**64**
Sub-total	**64**	**48**	**112**
GENERAL GRADES			
Telephone Operator	1	0	**1**
Motor Driver	1	0	**1**
Sub-total	**2**	**0**	**2**
Total	**214**	**171**	**385**

(Question Serial No. 1057)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 10):

Over the years, the physical environment of existing Elderly Health Centres (EHCs) has been enhanced and upgraded by the Government through renovation, relocation and/or expansion to improve accessibility and facilitate smoother work flow. However, the Government has no plan to expand the service of the EHCs. With ageing population in Hong Kong, there will be an increasing demand for the service of the EHCs by the elderly. Please advise on the following:

1. Based on the fact that there are at present 18 districts in the territory, list out by district the number of elderly people waiting for the service of the EHCs.
2. What is the average waiting time (in months) for the service of the EHCs in each district in 2012 and 2013? Please list out the details by year and district.
3. List out by district the number of elderly people who died while waiting for the service.
4. At present, each EHC has a permanent establishment of one doctor and two to three nurses. With ageing population in Hong Kong, there will be an increasing demand for the service of the EHCs by the elderly. Will the Government allocate additional resources to increase the manpower of healthcare professionals at the EHCs in order to cope with the service demand and shorten the waiting time by the elderly? If yes, how will the measures be implemented? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

1. The numbers of elders on the waiting list for the 18 Elderly Health Centers (EHCs) are listed below :

EHC	Number of elders on the waiting list (as at December 2013)
Sai Ying Pun	965
Shau Kei Wan	1 196
Wan Chai	1 760
Aberdeen	463
Nam Shan	880
Lam Tin	533

EHC	Number of elders on the waiting list (as at December 2013)
Yau Ma Tei	997
San Po Kong	347
Kowloon City	746
Lek Yuen	1 426
Shek Wu Hui	340
Tseung Kwan O	1 228
Tai Po	713
Tung Chung	832
Tsuen Wan	973
Tuen Mun Wu Hong	946
Kwai Shing	465
Yuen Long	331

2. The median waiting times (in months) for the 18 EHCs in 2012 and 2013 are listed below :

EHC	Year 2012	Year 2013
Sai Ying Pun	13.4	22.8
Shau Kei Wan	14.4	21.5
Wan Chai	25.8	27.8
Aberdeen	6.7	11.5
Nam Shan	16.2	17.3
Lam Tin	4.6	11.1
Yau Ma Tei	23.7	25.4
San Po Kong	10.0	15.9
Kowloon City	16.4	23.4
Lek Yuen	36.2	22.8
Shek Wu Hui	9.9	10.8
Tseung Kwan O	14.5	20.5
Tai Po	21.9	28.6
Tung Chung	9.5	10.4
Tsuen Wan	11.3	12.7
Tuen Mun Wu Hong	9.9	15.0
Kwai Shing	6.5	10.4
Yuen Long	7.5	8.7

3. The Elderly Health Service does not have information on the number of elders who died while waiting for enrolling as members of the EHCs.

4. To enhance the service of EHCs, a provision of $3.3 million in 2014-15 has been earmarked for creating a clinical team, following by a provision of $6.5 million in a full year from 2015-16 and onwards for creating another clinical team in 2015-16. Each clinical team will consist of one doctor, three nurses and two clerical staff. It is anticipated that each clinical team will handle an additional 2 125 enrolments for health assessment and an additional 9 500 attendances for health assessment or consultation each year.

   Besides, to facilitate early identification of risk factors as well as promote healthy ageing, the Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organisations (NGOs) to provide voluntary, protocol-based, subsidised health assessment to 10 000 elders aged 70 or above over a two-year period. The health assessment seeks to identify elders' risk factors (including lifestyle practices) and diseases so that they 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.

(Question Serial No. 1066)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 46):

Regarding child assessment centres of the Department of Health, would the Administration please advise on:

(a) the annual number of new cases confirmed as autistic spectrum disorder in children aged 2 to 6 at the six child assessment centres for 2010-11 to 2013-14 respectively;

(b) the annual number of children diagnosed with developmental disabilities through child assessment service for 2012-13 to 2013-14. Please set out the details by types of developmental disabilities.

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The numbers of Autistic Spectrum Disorder (ASD) cases newly diagnosed at the six child assessment centres for 2010-11 to 2013-14 are as follows –

	2010-11	2011-12	2012-13	2013-14 (provisional figure)
Autistic Spectrum Disorder (below 6 years old)	1 441	1 369	1 307	1 259

(b) The numbers of newly diagnosed cases of developmental conditions for 2012-13 and 2013-14 are as follows –

Developmental conditions	**Number of cases**	
	2012-13	**2013-14 (provisional figure)**
Attention Problem / Disorders	2 218	2 347
Autistic Spectrum Disorder	1 545	1 455
Borderline Developmental Delay	1 897	1 914
Developmental Motor Coordination Problems / Disorders	1 790	1 936
Dyslexia and Mathematics Learning Disorder	509	468
Hearing loss (moderate to profound grade)	95	91
Language Delay / Disorders and Speech Problems	2 848	3 157
Physical Impairment (i.e. Cerebral Palsy)	49	55
Significant Developmental Delay / Mental Retardation	1 080	1 224
Visual Impairment (Blind or Low Vision)	41	41

Note: A child might have more than one developmental condition / problem.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3280)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 273):

Please provide the following information, broken down by government dental clinic, for the past three years (2011-12, 2012-13 and 2013-14 (for months with available data)).

(1) The maximum number of persons (non-civil servants) who could be provided with pain relief and extraction services per session on average, and the actual number of persons (non-civil servants) receiving treatment per session on average.

(2) The age distribution of attendees.

(3) The number of attendees who were Comprehensive Social Security Assistance recipients.

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 2011-12, 2012-13 and 2013-14, the maximum numbers of disc allocated per GP session are as follows:

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session**		
		2011-12	**2012-13**	**2013-14** ***(as at January 2014)***
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			84
	Thursday (AM)			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

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (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

In financial years 2011-12, 2012-13 and 2013-14, the average numbers of attendances per GP session are as follows:

Dental clinic with GP sessions	Service session	Average no. of attendances per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	75	78	81
	Thursday (AM)	38	39	41
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			61
	Thursday (AM)			31
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	81	82	82
Kennedy Town Community Complex Dental Clinic	Monday (AM)	52	53	56
	Friday (AM)	52	53	56
Fanling Health Centre Dental Clinic	Tuesday (AM)	45	47	57
Mona Fong Dental Clinic	Thursday (PM)	39	38	38
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	39	39	40
Tsuen Wan Dental Clinic	Tuesday (AM)	81	82	80
	Friday (AM)	81	82	80
Yan Oi Dental Clinic	Wednesday (AM)	42	41	41

Dental clinic with GP sessions	Service session	Average no. of attendances per session		
		2011-12	**2012-13**	**2013-14** ***(as at January 2014)***
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	40	40	40
	Friday (AM)	40	40	40
Tai O Dental Clinic	2nd Thursday (AM) of each month	11	12	15
Cheung Chau Dental Clinic	1st Friday (AM) of each month	21	19	21

(2) In the financial years 2011-12, 2012-13 and 2013-14, the breakdown by age groups for the number of attendances of GP sessions is as follows:

	% Distribution of attendances by age group		
Age group	**2011-12**	**2012-13**	**2013-14** ***(as at January 2014)***
0-18	2.3%	2.2%	2.1%
19-42	13.8%	13.7%	13.4%
43-60	29.5%	29.2%	28.8%
61 or above	54.4%	54.9%	55.7%

(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 therefore not available.

(Question Serial No. 0090)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 163 (if applicable)

Question (Member Question No. 34):

Regarding publicity and education programmes on smoking prevention and cessation, what were the respective annual expenditures in the past three years (i.e. 2011-12 to 2013-14)? How many clients utilised the smoking cessation service provided by the Department of Health (DH) in 2012 and 2013 respectively? What were the respective percentages of adolescents aged under 18 and women among these clients? What were the cessation rates at one year after receiving the smoking cessation service?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures / provisions of tobacco control activities managed by the Tobacco Control Office (TCO) of DH from 2011-12 to 2013-14, broken down by types of activities, are shown 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, as these services form an integral part of the respective DH's services, such expenditure is included in Programme 3 and could not be separately identified.

Relevant statistics on the smoking cessation services provided by DH are as below -

	2012	2013
Smoking Cessation Hotline enquiries (no. of calls received)	13 262	13 079
Clinic attendance	108	81
% of women clients	17.6%	6.2%
% of adolescent clients aged under 18	9.3%	0%
Smoking cessation rate at one year after treatment (*Note*)	33.9%*	Not yet available

* *Note: This smoking cessation rate at one year after treatment was comparable to that in overseas countries.*

To provide service for adolescent smokers, DH has collaborated with the School of Nursing of the University of Hong Kong to operate a youth-oriented quit-line 'Youth Quitline'. The Youth Quitline offers smoking cessation telephone counselling service to youth smokers aged 25 or below. The Youth Quitline has handled 399 and 814 calls in 2012 and 2013.

DH subvents Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) to provide community-based smoking cessation services, education for the public, training for health care professionals and conduct research projects. Relevant statistics are as below -

	TWGHS		POH	
	2012	**2013**	**2012**	**2013**
Smoking cessation services (no. of clients served)	2 538	3 698	1 524	1094
Smoking cessation rate at one year after treatment	36.2%	Not yet available	24.0%	Not yet available
Attendance at health education and promotion activities	12 244	25 613	8 160	16 578

Expenditures of the Department of Health on Tobacco Control

	2011-12 ($ million)	**2012-13** ($ million)	**2013-14 Revised Estimate** ($ million)
Enforcement			
Programme 1: Statutory Functions	40.1	39.6	37.5
Health Education and Smoking Cessation			
Programme 3: Health Promotion	72.6	102.6	115.7
(a) General health education and promotion of smoking cessation			
TCO	*29.7*	*46.3*	*43.8*
Subvention: Council on Smoking and Health (COSH)	*14.9*	*20.7*	*22.0*
Sub-total	***44.6***	***67.0***	***65.8***
(b) Provision for smoking cessation services and related services to Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*21.0*	*26.5*	*34.7*
Subvention to Pok Oi Hospital	*5.8*	*6.0*	*7.3*
Subvention to Po Leung Kuk	*1.2*	*1.7*	*2.1*
Subvention to Lok Sin Tong		*1.4*	*1.9*
Subvention to United Christian Nethersole Community Health Service			*2.6*
Subvention to Life Education Activity Programme			*1.3*
Sub-total	***28.0***	***35.6***	***49.9***
Total	**112.7**	**142.2**	**153.2**

Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2606)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 160 (if applicable)

Question (Member Question No. 3)

1. Regarding enforcing laws on tobacco control, please set out the number of prosecutions instituted against persons smoking in the no smoking areas for 2012-13 and 2013-14 respectively.

2. Please set out the actual and revised expenditures as well as the estimated provision of the Tobacco Control Office (TCO) for 2012-13, 2013-14 and 2014-15.

3. Please set out the staff establishment of TCO for 2012-13, 2013-14 and 2014-15.

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. The numbers of fixed penalty notices (FPNs) / summonses issued by the Tobacco Control Office (TCO) in 2012 and 2013 for smoking offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows –

	2012	2013
FPNs issued (for smoking offences)	8 019	8 330
Summonses issued (for smoking offences)	179	232
Total	**8 198**	**8 562**

2. The expenditures / provisions of the Department of Health on tobacco control in 2012-13, 2013-14 and 2014-15 are shown at **Annex 1**.

3. The staff establishment of TCO in 2012-13, 2013-14 and 2014-15 are shown at **Annex 2**.

Annex 1

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

	2012-13 Actual ($ million)	**2013-14 Revised Estimate** ($ million)	**2014-15 Estimate** ($ million)
Enforcement			
Programme 1: Statutory Functions	39.6	37.5	39.1
Health Education and Smoking Cessation			
Programme 3: Health Promotion	102.6	115.7	117.9
(a) General health education and promotion of smoking cessation			
TCO	*46.3*	*43.8*	*45.9*
Subvention: Council on Smoking and Health	*20.7*	*22.0*	*21.2*
Sub-total	***67.0***	***65.8***	***67.1***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*26.5*	*34.7*	*34.7*
Subvention to Pok Oi Hospital	*6.0*	*7.3*	*7.8*
Subvention to Po Leung Kuk	*1.7*	*2.1*	*2.0*
Subvention to Lok Sin Tong	*1.4*	*1.9*	*1.4*
Subvention to United Christian Nethersole Community Health Service		*2.6*	*2.6*
Subvention to Life Education Activity Programme		*1.3*	*2.3*
Sub-total	***35.6***	***49.9***	***50.8***
Total	**142.2**	**153.2**	**157.0**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2012-13	2013-14	2014-15 Estimate
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	1	1	1
Police Officer	5	5	5
Tobacco Control Inspector	0	0	0
Overseer/ Senior Foreman/ Foreman	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9
Sub-total	***107***	***107***	***107***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	2	1	1
Scientific Officer (Medical)	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	3	3
Hospital Administrator II/ Health Promotion Officer	6	4	4
Sub-total	***14***	***10***	***10***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	19	17	17
Motor Driver	1	1	1
Sub-total	***24***	***22***	***22***
Total no. of staff:	**146**	**140**	**140**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2607)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 4):

1. Regarding the launch of "Outreach Dental Care Programme for the Elderly" as a regular programme, what is the estimated expenditure for 2014-15?

2. In 2014-15, how many outreach teams will be able to start the services under the Programme? What are the service districts and the number of residential care homes involved?

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. We have earmarked a provision of $25.1 million in 2014-15 for launching the Outreach Dental Care Programme for the Elderly (ODCP).

2. In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project). A total of 24 outreach teams from 13 non-governmental organisations (NGOs) have been set up since and they provide basic dental services to elders in about 740 RCHEs and DEs (as at end-February 2014).

Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the Outreach Pilot Project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. In addition, the pool of beneficiaries will be expanded to cover elders in similar health conditions, including those residing in the infirmary units under the Hospital Authority and nursing homes registered with the Department of Health. We are finalising the implementation details of ODCP for launching the Programme later this year.

Reply Serial No.

FHB(H)209

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2608)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161 (if applicable)

Question (Member Question No. 5):

1. On enhancing primary care services, please set out the actual and revised expenditures as well as the estimated provision on primary care services for 2012-13, 2013-14 and 2014-15.

Asked by: Hon. HO Chun-yan, Albert

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 is $88 million respectively in 2012-13, 2013-14 and 2014-15. Other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified.

FHB(H)210

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2609)

Head: (37) Department of Health

Subhead(No. & title): (661) Minor plant, vehicles and equipment (block vote)

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 172 (if applicable)

Question(Member Question No. 7):

Regarding Subhead 661, the estimated expenditure for 2014-15 represents an increase of more than $27 million over the revised estimate for 2013-14. Please set out respectively the names of the minor plant, vehicles and equipment which have to be acquired/replaced in 2014-15 and the expenditures involved.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The minor plant, vehicles and equipment which have to be acquired/replaced in 2014-15 are as follows-

	Amount $ million
(A) Minor plant	
- Air conditioning systems	12.6
- Electrical installations	9.3
- Lifts and escalators	2.4
- Fire services, pumping installations and others	2.0
Sub-total (A)	26.3
(B) Minor equipment	
- Equipment for Dental Service (such as dental units and accessories, X-ray systems and accessories, etc.)	20.2
- Equipment for Public Health Laboratory Service (such as sterilisers, automated systems for pathogen identification, etc.)	12.0
- Mobile refrigerated mortuary units for Forensic Pathology Service	6.1
- Genetic analyser for Clinical Genetic Service	1.7
- Mobile radiological emergency consequence assessment system for Radiation Health Unit	1.2
- Other minor equipment for various Services	3.1
Sub-total (B)	44.3
Total (A) + (B)	70.6

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)211

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2613)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 11):

Please list out the number of enrolment and the average waiting time in each of the 18 Elderly Health Centres respectively.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The numbers of enrolment and the median waiting times (in months) for Elderly Health Centres (EHCs) are listed below:

EHC	Number of enrolment (as at December 2013)	Median waiting time (months)
Sai Ying Pun	2 120	22.8
Shau Kei Wan	2 196	21.5
Wan Chai	2 156	27.8
Aberdeen	2 124	11.5
Nam Shan	2 193	17.3
Lam Tin	2 218	11.1
Yau Ma Tei	2 079	25.4
San Po Kong	2 121	15.9
Kowloon City	2 193	23.4
Lek Yuen	2 121	22.8
Shek Wu Hui	2 119	10.8
Tseung Kwan O	2 136	20.5
Tai Po	2 125	28.6
Tung Chung	2 224	10.4
Tsuen Wan	2 092	12.7
Tuen Mun Wu Hong	2 109	15.0
Kwai Shing	2 212	10.4
Yuen Long	2 198	8.7

Reply Serial No.

FHB(H)212

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2614)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 164 (if applicable)

Question (Member Question No. 12):

1. Regarding the two Chinese Medicine Clinics of the Tung Wah Group of Hospitals subvented by the Department of Health, what are the amounts of subvention for 2012-13, 2013-14 and 2014-15 respectively?

2. What is the basis for determining the amount of subvention?

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. The Department of Health subvents the Tung Wah Group of Hospitals to provide free Chinese medicine services at its two general outpatient clinics, namely the Kwong Wah Hospital Chinese Medicine General Outpatient Clinic and the Tung Wah Hospital Chinese Medicine General Outpatient Clinic. The amounts of subvention for these two clinics for 2012-13, 2013-14 and 2014-15 are as follows -

Financial Year	Amount ($ million)
2012-13 (Actual)	3.0
2013-14 (Revised Estimate)	3.1
2014-15 (Estimate)	3.2

2. The amount of subvention to these two Clinics is determined with a view to allowing them to provide their services to patients free of charge.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2615)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 6):

Regarding the use of elderly health care vouchers, please provide the frequency of use by the following categories:

	2012	2013
Medical Practitioner		
Chinese Medicine Practitioner		
Dentist		
Chiropractor		
Registered and Enrolled Nurse		
Physiotherapist		
Occupational Therapist		
Radiographer		
Medical Laboratory Technologist		
Optometrist		

Asked by: Hon. HO Chun-yan, Albert

Reply:

The annual number of voucher claim transactions broken down by types of healthcare professionals in 2012 and 2013 is provided below:

Healthcare professionals	2012	2013
Medical Practitioners	812 872	1 229 078
Chinese Medicine Practitioners	98 189	190 017
Dentists	19 239	36 783
Occupational Therapists	101	79
Physiotherapists	3 058	6 922
Medical Laboratory Technologists	935	1 941
Radiographers	867	1 507
Nurses	334	317
Chiropractors	377	823
Optometrists	1 228	2 972
Total:	937 200	1 470 439

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)214

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2355)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 161 (if applicable)

Question (Member Question No. 37):

In view of the recent influenza A (H7N9) virus outbreak in some regions in the Mainland as well as the sporadic cases in Hong Kong, would the Administration please advise this Committee on the following:

(1) Has the Administration assessed the risks of an outbreak of the influenza virus in Hong Kong and whether a financial provision is required for conducting researches on the relevant antibodies and vaccines? If yes, what are the details; if no, what are the reasons?

(2) In case there is an outbreak of the influenza virus and other epidemic viruses in Hong Kong, what is the Administration's emergency response plan? How shall the financial resources be deployed to provide all-round protection and comprehensive education for the public?

Asked by: Hon. LAM Kin-fung, Jeffrey

Reply:

(1) The Centre for Health Protection of the Department of Health has put in place surveillance mechanisms to monitor both local and global epidemiological situation and trends of influenza, and has regularly assessed the risk of outbreak of novel influenza in Hong Kong.

The Administration also has established a mechanism to coordinate the health and medical research (including researches on flu vaccines) conducted by locally-based academics, researchers, and healthcare practitioners from the public and private sectors, where the funding applications for health and medical researches would be processed by the Health and Medical Research Fund.

(2) The Administration has promulgated the "Preparedness Plan for Influenza Pandemic 2012", which sets out the response measures under three response levels, namely Alert, Serious and Emergency. The plan is an updated version based mainly on the framework of the previous plan having regard to experience in recent years including the human swine influenza pandemic in 2009. The related expenditure is absorbed within existing resources.

Reply Serial No.

FHB(H)215

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0465)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160 (if applicable)

Question (Member Question No. 33):

Under this Programme, regarding the registration applications from healthcare professionals processed, please advise on the types and numbers of applications and the average processing time of each application. Besides, the number of applications in 2014 is expected to increase by 300 compared to 2013. Does the Administration have sufficient manpower to cope with the work? If no, will the Government allocate additional resources and manpower for the work? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2013, the Department of Health processed about 5 200 applications for registration from healthcare professionals. The types and numbers of applications, and the average time required for approval are as follows:-

Healthcare Profession	No. of applications for registration processed in 2013	Average time required for approval
Chiropractors	13	2 - 3 months
Dental Hygienists (Enrolled)	23	1 – 2 months
Dentists	72	
- *Full registration*	*(59)*	2 - 3 weeks
- *Specialist registration*	*(13)*	2 - 3 months
Medical Practitioners	1 220	
- *Full registration*	*(274)*	1 day
- *Provisional registration*	*(299)*	2 - 3 weeks
- *Limited registration*	*(192)*	2 weeks
- *Temporary registration*	*(102)*	2 weeks
- *Specialist registration*	*(353)*	2 - 3 months
Midwives	94	1 week

Healthcare Profession	No. of applications for registration processed in 2013	Average time required for approval
Nurses (Registered and Enrolled)	2 479	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	164	1 week
Registered Chinese Medicine Practitioners	272	30 days
Supplementary Healthcare Profession Practitioners - *Medical Laboratory Technologists* - *Occupational Therapists* - *Optometrists* - *Physiotherapists* - *Radiographers*	868	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 205	

The registration applications have to be processed according to the legislations governing the respective healthcare professions, and to be approved by the relevant statutory boards/councils or registrars. The time required for granting approval for registration applications from different healthcare professions varies given the different approval procedures involved.

The department expects that there would be 5 500 registration applications in 2014, representing a 5.7% increase as compared with those of last year. The department will absorb the additional workload by flexible redeployment of manpower resources.

Reply Serial No.

FHB(H)216

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0466)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160

Question (Member Question No. 35):

Under this Programme, the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance was 139 in 2013. Please advise on the average number of inspections for each nursing home.

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 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. In 2013, a total of 139 inspections to nursing homes were conducted. The average number of inspections for each nursing home is 2.5.

FHB(H)217

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0467)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160

Question (Member Question No. 34):

Under this Programme, the number of inspections of private hospitals (including maternity homes) registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance was 126 in 2013. Please advise on the average number of inspections for each private hospital and maternity home.

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 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. In 2013, a total of 126 inspections to private hospitals (including maternity homes) were conducted. The average number of inspections for each private hospital and maternity home is 6.

Reply Serial No.

FHB(H)218

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0468)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 36):

Under this Programme, the number of attendances for health assessment and medical consultation at Elderly Health Centres has remained unchanged for many years. Comparing the figure of 2013 to that of 2012, there was only an increase of 100. 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 number of attendances for health assessment and medical consultation at Elderly Health Centres (EHCs) is determined by the service capacity of EHCs. The total number of enrolment for elderly health services was about 38 600 in 2013. The median waiting time for enrolling as member of an EHC varies between EHCs, ranging from 8.7 months to 28.6 months in 2013.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)219

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0469)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 37):

Under this Programme, attendances at health education activities organised by Elderly Health Centres and Visiting Health Teams in 2013 increased substantially as compared with that in 2012, and it is estimated that attendances in 2014 will remain at the same level as in 2013. Does the Administration have sufficient manpower to cope with the work? If no, will the Government allocate additional resources and manpower for the work? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Elderly Health Service, 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 and their carers. Health education activities of various modalities, ranging from individual counselling to support groups and seminars are organised by EHCs and VHTs as appropriate. The target groups served by EHCs are elders aged 65 and above who have enrolled as members and their carers, whereas VHTs outreach to elders in the community and Residential Care Homes for the Elderly (RCHEs), and their carers. In order to cater for the growing ageing population as well as increasing training needs for carers working in RCHEs, more large-scale training activities were organised by VHTs in 2013, resulting in an increase of 2% in attendance in such health education activities.

Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0470)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 38):

Under this Programme, the number of laboratory tests relating to public health has been increasing substantially. In this regard, has the Department of Health earmarked sufficient resources, including manpower and resource arrangements, to meet the demand? 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:

The Department of Health (DH) has reserved sufficient resources including manpower to ensure that the public health laboratory services are up to international standards and adequate to fulfill service demand. Moreover, the DH has been making use of advanced technology, automation, testing strategies and manpower deployment to increase the capacity in laboratory testing. A sum of $14.4 million is allocated in 2014-15 for acquisition/replacement of equipment to enhance laboratory testing services.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0471)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 39):

Under this Programme, regarding a pilot colorectal cancer screening programme, please advise on the subsidy targets of the programme, timetable, details of work, as well as the manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot programme is $422 million for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0472)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 40):

Under this Programme, regarding the launch of "Outreach Dental Care Programme for the Elderly" as a regular programme, please advise on the work progress, details of work, manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project). A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) have been set up since and they provide basic dental services to about 62 000 elders in about 740 RCHEs and DEs. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the Outreach Pilot Project will be converted to a regular programme and renamed "the Outreach Dental Care Programme for the Elderly (ODCP)". We will introduce the following enhancements to the dental outreach services:

(a) increasing the block grant for each outreach dental team in the light of price increases in the past few years. This also helps the NGOs recruit more experienced dentists to undertake outreach dental work;

(b) expanding the scope of treatments and services to cover dental fillings, extractions, dentures, etc.; and

(c) strengthening the funding and logistical support for arranging escort services for elders to receive follow-up treatment at NGOs' clinics where necessary.

In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the Department of Health (DH). We will also step up publicity to encourage more RCHEs / DEs to join the programme and enhance the awareness of eligible elders and their families about the outreach services available. Furthermore, we will develop a kit to enhance the capabilities of caregivers of RCHEs and DEs in attending to the daily oral care needs of these elders.

We have earmarked a provision of $25.1 million and proposed creation of six civil service posts for DH in 2014-15 for launching the ODCP.

CONTROLLING OFFICER'S REPLY

FHB(H)223

(Question Serial No. 0476)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 41):

Under this Programme, regarding the Elderly Health Care Voucher Scheme, please list out 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 application of the health care vouchers regularly and expand the scope of use for the benefit of more elderly people?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Local residents aged 70 or above are eligible to receive vouchers to subsidise their use of primary care services provided by ten categories of private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists.

Apart from converting the Scheme from a pilot project into a recurrent programme in 2014, the Government proposes to further increase the annual voucher amount from $1,000 to $2,000 this year. The Government will continue to monitor the scheme operation and feedback from elders and healthcare service providers and consider introducing enhancements as appropriate.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0477)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (6) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 42):

Under this Programme, regarding the incorporation of varicella vaccine into the Hong Kong Childhood Immunisation Programme, please advise on the work plan, timetable, details of work, manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Based on the recommendation of the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the Department of Health (DH), the DH plans to introduce varicella (chickenpox) vaccine into the Hong Kong Childhood Immunisation Programme (HKCIP). The recommended schedule consists of two doses of varicella-containing vaccine. The first dose will be given together with other HKCIP vaccines at Maternal and Child Health Centres (MCHC) when children reach one year old. The second dose will be given by the School Immunisation Teams when these children reach primary one.

The DH is working on the implementation details and will make public announcement when appropriate. It is expected that the varicella vaccine would be provided in MCHCs in 2014. Taking reference to the registered live birth statistics of 2013, it is estimated that around 58 000 newborns will be eligible to receive varicella vaccine in the first 12 months of implementation.

A provision of $9.2 million to cover the vaccine cost has been included in 2014-15 draft estimate. Additional workload arising from the initiative will be absorbed by existing manpower of MCHCs and School Immunisation Teams.

Reply Serial No.

FHB(H)225

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2318)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161

Question (Member Question No. 49):

Under this Programme, as regards enhancing the regulation of healthcare institutions and supporting private hospital development via licensing, enforcement, surveillance, quality assurance and legislative review, please set out specifically 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 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 2014-15, an additional provision of $16.4 million has been earmarked for the creation of 12 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.

Reply Serial No.

FHB(H)226

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2319)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 169 (if applicable)

Question (Member Question No. 50):

Under this Programme, there will be an increase of 22 posts in the Department of Health in 2014-15. 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 increase of 22 posts under this Programme are at the **Annex**.

Annex

Posts to be created in 2014-15 under
Programme (1) – Statistory Functions

	Rank	No. of posts to be created	Annual recurrent cost of civil service post ($)
(a)	Enhancing the regulation of healthcare institutions and supporting the development of private healthcare services		
	Senior Medical and Health Officer	3	3,461,400
	Medical and Health Officer	3	2,646,900
	Senior Nursing Officer	1	772,920
	Nursing Officer	1	593,940
	Registered Nurse	1	374,400
	Scientific Officer (Medical)	1	772,920
	Executive Officer II	1	411,780
	Accounting Officer II	1	393,120
	Sub-total :	***12***	***9,427,380***
(b)	Developing Chinese medicine by strengthening the regulation of Chinese medicine (time-limited for three years from 2014-15 to 2016-17)		
	Scientific Officer (Medical)	1	772,920
	Sub-total :	***1***	***772,920***
(c)	Conversion of non-civil service contract positions to civil service posts for rationalising the professional support in Chinese Medicine Division		
	Pharmacist	6	4,637,520
	Scientific Officer (Medical)	3	2,318,760
	Sub-total :	***9***	***6,956,280***
	Total:	***22***	***17,156,580***

Reply Serial No.

FHB(H)227

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2321)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164

Question (Member Question No. 51):

Under this Programme, appointment time for new dermatology cases within 12 weeks is 55% and 53% 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 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 referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

CONTROLLING OFFICER'S REPLY

FHB(H)228

(Question Serial No. 3051)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 31):

In order to have an understanding of the support on the part of the Government for children with special education needs (learning diversity), please advise on:

(a) the Department of Health's current manpower deployment for the assessment service for children with learning diversity;
(b) the yearly average number of children served by the assessment service for children with learning diversity currently;
(c) in 2010-11 to 2012-13, the average waiting time for use of the assessment service for children with learning diversity;
(d) in 2010-11 to 2012-13, the mean age of the user of the assessment service for children with learning diversity;
(e) the number of school children with learning diversity in Hong Kong currently?.

Asked by: Hon. LEE Wai-king, Starry

Reply:

(a) The Child Assessment Service (CAS) of the Department of Health (DH) provides comprehensive assessment, 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 as at 1 March 2014 are as follows–

Grades	*Number of posts*
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	15
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5

Grades	*Number of posts*
Senior Clinical Psychologist / Clinical Psychologist	17
Occupational Therapist I	7
Physiotherapist I	5
Optometrist	2
Speech Therapist	10
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**135**

(b) In 2013, a total of 21 165 children were served by the six child assessment centres operated by the DH. Most of these children have special education needs.

(c) Nearly all new cases were seen within three weeks in the past three financial years from 2010-11 to 2012-13. Assessment for nearly 90% of newly registered cases was completed within six months in the above period. Statistics on the average waiting time for assessment by child assessment centres are not readily available.

(d) Statistics on the mean age of the users of the assessment service for children with special education needs are not readily available.

(e) CAS does not have the number of school children with special education needs in Hong Kong.

CONTROLLING OFFICER'S REPLY

FHB(H)229

(Question Serial No. 3212)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165

Question (Member Question No. 39):

At present, the Government focuses its efforts on providing emergency dental services for the public. Free emergency dental treatments are provided by the Department of Health through 11 government dental clinics. Dental services at "General Public Sessions" cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. Would the Government advise on:

(1) the number of service hours, the maximum service capacity, the actual number of attendances, the average time per consultation, the main services provided and the average cost per attendance of each dental clinic in the past year;

(2) whether it will review the actual public demand for dental services and consider extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics in the light of the review results in 2014-15? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Wai-king, Starry

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. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists also give professional advice with regard to the individual needs of patients.

In the financial year 2013-14, the number of service sessions, maximum numbers of disc allocated per GP session and number of attendances at GP sessions per clinic were as follows:

Dental clinic with GP sessions	**Service session**	**2013-14** *(as at January 2014)*		
		No. of service sessions	**Max. no. of discs allocated per session**	**No. of attendances**
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	20	84	2 473
	Thursday (AM)	21	42	

<table>
<tr><th rowspan="2">Dental clinic with GP sessions</th><th rowspan="2">Service session</th><th colspan="3">2013-14
(as at January 2014)</th></tr>
<tr><th>No. of service sessions</th><th>Max. no. of discs allocated per session</th><th>No. of attendances</th></tr>
<tr><td rowspan="2">Kowloon City Dental Clinic
(commences GP sessions with effect from 2.9.2013)</td><td>Monday (AM)</td><td>20</td><td>84</td><td rowspan="2">1 863</td></tr>
<tr><td>Thursday (AM)</td><td>21</td><td>42</td></tr>
<tr><td>Kwun Tong Jockey Club Dental Clinic</td><td>Wednesday (AM)</td><td>38</td><td>84</td><td>3 128</td></tr>
<tr><td rowspan="2">Kennedy Town Community Complex Dental Clinic</td><td>Monday (AM)</td><td>40</td><td>84</td><td rowspan="2">4 529</td></tr>
<tr><td>Friday (AM)</td><td>41</td><td>84</td></tr>
<tr><td>Fanling Health Centre Dental Clinic</td><td>Tuesday (AM)</td><td>43</td><td>50</td><td>1 945</td></tr>
<tr><td>Mona Fong Dental Clinic</td><td>Thursday (PM)</td><td>41</td><td>42</td><td>1 613</td></tr>
<tr><td>Tai Po Wong Siu Ching Dental Clinic</td><td>Thursday (AM)</td><td>41</td><td>42</td><td>1 631</td></tr>
<tr><td rowspan="2">Tsuen Wan Dental Clinic</td><td>Tuesday (AM)</td><td>43</td><td>84</td><td rowspan="2">6 683</td></tr>
<tr><td>Friday (AM)</td><td>41</td><td>84</td></tr>
<tr><td>Yan Oi Dental Clinic</td><td>Wednesday (AM)</td><td>38</td><td>42</td><td>1 570</td></tr>
<tr><td rowspan="2">Yuen Long Jockey Club Dental Clinic</td><td>Tuesday (AM)</td><td>43</td><td>42</td><td rowspan="2">3 285</td></tr>
<tr><td>Friday (AM)</td><td>37</td><td>42</td></tr>
<tr><td>Tai O Dental Clinic</td><td>2nd Thursday (AM) of each month</td><td>10</td><td>32</td><td>118</td></tr>
<tr><td>Cheung Chau Dental Clinic</td><td>1st Friday (AM) of each month</td><td>10</td><td>32</td><td>212</td></tr>
</table>

The "AM" service session of GP sessions refers to 9:00 am to 1:00 pm, and “PM” service session refers to 2:00 pm to 5:00 pm. We do not have the average time per consultation. Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

The expenditures incurred for the operation of the GP sessions are absorbed within the provision for dental services under Programme (4), hence breakdowns of the expenditures are not available. Figure on the average cost of service per attendance of each dental clinic is also not available.

(2) Proper oral health habits are keys to prevent dental diseases. In this regard, the Government’s policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. The 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, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2428)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 127 Page 46 (if applicable)

Question (Member Question No. 101):

It is stated in paragraph 127 of the Budget Speech that "In the coming five years, Government will allocate additional funding of over $420 million for the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups."

Would the Administration please state clearly:

(1) What are the proposed screening methods, target age groups and number of participants (male and female)
of the pilot programme? Which institution will be responsible for the implementation?

(2) On what criteria are subject groups of the pilot programme selected? In what ways are the target groups recruited?

(3) If the preliminary test result is positive, under what circumstances will the subject be recommended for a more precise / comprehensive examination, such as colonoscopy / sigmoidoscopy? Which institution will conduct such examination? Will the Government subsidise the necessary costs?

(4) Please list out in detail the allocation mode of the funding of $420 million, including administration costs, expenditures on apparatus and appliances, outsourced services (if any) by year.

(5) What are the costs in respect of combinations of the various screening methods and different ranges of age groups? Please provide the information in the following table form:

Range of age groups	Number of subjects	Screening method	Cost per case	Total cost

(6) If it is promoted as a population-based screening, what will be the costs? Please provide the information in the preceding table form.

(7) Will the screening adopt a public-private-partnership mode?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot programme is $422 million

for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2432)

Head:	(37) Department of Health
Subhead (No. & title):	(-) Not Specified
Programme:	(2) Disease Prevention
Controlling Officer:	Director of Health (Dr. Constance CHAN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 21):

Would the Administration please set out in detail, by types of sexually transmitted infections (STIs), the number of attendances at social hygiene clinics of the Department of Health, the number/percentage/mean age of male and female attendees and the unit cost of treatment for 2009-10 to 2013-14?

Types of STIs	Male (no.)	Male (%)	Female (no.)	Female (%)	Total attendances	Mean age of male	Mean age of female	Cost of treatment

Asked by: Hon. LEUNG Ka-lau

Reply:

The numbers of attendances at the social hygiene clinics under the Department of Health (DH) over the past five calendar years are appended below –

Year	**Number of attendances***	
2009	98 428	(71:29)
2010	86 072	(68:32)
2011	79 818	(67:33)
2012	84 287	(69:31)
2013	88 066	(71:29)

* The figures in brackets refer to the male:female ratio of the attendances.

Non-gonococcal urethritis/non-specific genital infection (NGU/NSGI), genital warts (GW), gonorrhoea (GC), syphilis, and genital herpes (GH) are the five most common sexually transmitted infections (STIs) newly diagnosed/captured in the social hygiene clinics. The number of new diagnoses of these five STIs and other STIs over the past five calendar years are appended below –

Year	NGU/NSGI	GW	GC	Syphilis	GH	Other STIs	Total*
2009	6 928 (57:43)	2 140 (73:27)	1 401 (90:10)	1 024 (56:44)	603 (69:31)	1 593	13 689 (59:41)
2010	6 338 (53:47)	1 771 (71:29)	968 (88:12)	1 032 (51:49)	594 (69:31)	1 641	12 344 (55:45)
2011	5 805 (59:41)	1 677 (70:30)	1 202 (89:11)	989 (54:46)	583 (70:30)	1 524	11 780 (59:41)
2012	6 002 (58:42)	1 883 (70:30)	1 222 (89:11)	1 013 (52:48)	658 (65:35)	1 440	12 218 (59:41)
2013	6 451 (60:40)	1 902 (69:31)	1 211 (88:12)	999 (56:44)	888 (69:31)	1 461	12 912 (60:40)

* The figures in brackets refer to the male:female ratio of the new diagnoses.

The DH does not compile statistics on the mean age of attendees for individual STIs and the average unit cost for treating each type of STI.

(Question Serial No. 2433)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 169

Question (Member Question No. 22):

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 2012-13, 2013-14 and 2014-15(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;

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

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme, which commenced on 2 December 2013 by phases and will be completed on 30 June 2014. The programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary.

The statistics on vaccinations under these 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.

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	2011-12			2012-13			2013-14 (as at 16 Mar 2014)		
		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	2 700	Not applicable	9.7%	2 700	Not applicable	12.5%	2 600	Not applicable	12.7%
	CIVSS	43 700	3.5		60 400	7.9		60 800	7.9	
Elderly aged 65 or above	GVP	176 500	Not applicable	31.7%	180 500	Not applicable	32.8%	171 200	Not applicable	31.9%
	EVSS	120 900	15.7		141 700	18.4		156 600	20.4	
Total:		**343 800**	**19.2**		**385 300**	**26.3**		**391 200**	**28.3**	-

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/scheme	2011-12			2012-13			2013-14 (as at 16 Mar 2014)		
		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	15 000	Not applicable	38.6%	13 000	Not applicable	40%	12 300	Not applicable	41.4%
	EVSS	14 000	2.7		18 000	3.4		19 400	3.7	
Total:		**29 000**	**2.7**		**31 000**	**3.4**		**31 700**	**3.7**	

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

^ Refers to new recipients only.

△Based on the accumulated number of recipients

The Department of Health has reserved $28.9 million for CIVSS and $67.9 million for EVSS to meet the subsidy payments for 2014-15. Out of the $67.9 million under EVSS, $3.9 million is reserved for subsidy payments of pneumococcal vaccination.

Childhood PCV13 Booster Vaccination Programme(the Programme) ※

	No. of recipients (as at 17 Mar 2014)	Percentage of population in the age group
Eligible paediatric patients receiving vaccination at Hospital Authority institutions	326	
Eligible children receiving vaccination at Maternal and Child Health Centres	1 163	
Eligible children receiving vaccination at enrolled private doctors under Childhood Vaccination Subsidy Scheme (PCV13 booster)	17 855	
Total:	**19 344**	**18.5%##**

※The Programme commenced on 2 December 2013 by phases and will be completed on 30 June 2014.

Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster), being part of the Programme, also commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. Free vaccine is provided to the doctor's clinics and an injection fee of $50 for each dose of PCV13 given to eligible children will be reimbursed to the doctors through the e-Health System.

As at 17 March 2014, the cost of all PCV13 used under the Programme amounted to $6.5 million and the subsidies for private doctors amounted to $0.9 million.

##Some children received the PCV13 supplementary dose in private sector not covered by the scheme. As such, the actual coverage should be higher. It also does not reflect the overall coverage of PCV13 vaccination in the Childhood Immunisation Programme.

Total number of private doctors enrolled under CIVSS, EVSS and Childhood Vaccination Subsidy Scheme (PCV13 booster)

	2012-13 (as at 31 March 2013)	2013-14 (as at 16 March 2014)	2014-15 (Estimate)
Number of enrolled private doctors	1 620	1 633	1 600

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2434)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160

Question (Member Question No. 23)

The Department of Health (DH) states that the targets of the frequency of inspections of private hospitals (including maternity homes) and nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance are not less than twice a year and not less than once a year respectively. Please set out in detail in 2013-14:

(a) the breakdown and numbers of inspections of private hospitals, maternity homes and nursing homes 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 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. In 2013, the numbers of inspections to private hospitals (including maternity homes) and nursing homes are provided below:

	Number of inspections in 2013
Private hospitals (including maternity homes)	126
Nursing Homes	139

(b) The Office for Registration of Healthcare Institutions of DH regulates private hospitals, nursing homes and maternity homes through conducting inspections to ensure compliance with the Ordinance and the COP. The key areas for inspections would be those covered by the Ordinance and the COP, which include 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. The findings will be documented in inspection and investigation reports. In 2013-14, the number of posts involved in the enforcement of the Ordinance is 17.5.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)234

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2653)

Head:	(37) Department of Health
Subhead(No. & title):	(-) Not Specified
Programme:	(1) Statutory Function
Controlling Officer:	Director of Health (Dr. Constance CHAN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 169 (if applicable)

Question(Member Question No. 27):

An additional provision for 2014-15 is required by the Department of Health for "enhancing the regulation of healthcare institutions and supporting development of private healthcare services", "running of one additional licensing examination of the Medical Council" and "an increase of 22 posts to meet operational needs". Please set out the estimated manpower and expenditure involved as well as the ranks and number of the additional posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

The additional manpower and provision for "enhancing the regulation of healthcare institutions and supporting development of private healthcare services" and "running of one additional licensing examination of the Medical Council" in 2014-15 are as follows-

	No. of posts	2014-15 Estimate $ million
Enhancing the regulation of healthcare institutions and supporting development of private healthcare services	12 (see **Annex**)	16.4
Running of one additional licensing examination of the Medical Council	0 (to be absorbed within existing manpower)	6.9

Details of the increase of 22 posts under this Programme are at **Annex**.

Annex

Posts proposed to be created in 2014-2015 under
Programme (1) – Statutory Functions

	Rank	No. of posts to be created	Annual recurrent cost of civil service post ($)
(a)	Enhancing the regulation of healthcare institutions and supporting the development of private healthcare services		
	Senior Medical and Health Officer	3	3,461,400
	Medical and Health Officer	3	2,646,900
	Senior Nursing Officer	1	772,920
	Nursing Officer	1	593,940
	Registered Nurse	1	374,400
	Scientific Officer (Medical)	1	772,920
	Executive Officer II	1	411,780
	Accounting Officer II	1	393,120
	Sub-total :	***12***	***9,427,380***
(b)	Developing Chinese medicine by strengthening the regulation of Chinese medicine (time-limited for three years from 2014-15 to 2016-17)		
	Scientific Officer (Medical)	1	772,920
	Sub-total :	***1***	***772,920***
(c)	Conversion of non-civil service contract positions to civil service posts for rationalising the professional support in Chinese Medicine Division		
	Pharmacist	6	4,637,520
	Scientific Officer (Medical)	3	2,318,760
	Sub-total :	***9***	***6,956,280***
	Total:	***22***	***17,156,580***

FHB(H)235

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2654)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 168 (if applicable)

Question (Member Question No. 29):

The Department of Health (DH) estimates that it has to manage 1 912 civil servants working in the Hospital Authority (HA) in 2014. Please:

(a) list out DH's expenditure involved in related management work as well as the number and ranks of the staff concerned;

(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 HA in 2014-15 is $8.2 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) Expenditure on the salaries and allowances of civil servants working in HA is fully reimbursed by HA. In the 2014-15 Estimates, gross provision of $956 million is shown under Subhead 003 Recoverable salaries and allowances, a breakdown of which is at **Annex**.

Annex

Breakdown of Gross Provision under Subhead 003 Recoverable salaries and allowances for Civil Servants Working in the Hospital Authority in 2014-15

GRADE	Number of staff (as at 1.4.2014)	Gross Provision ($'000)
Medical & Health Officer Grades	90	108,828
Nursing & Allied Grades	855	498,372
Supplementary Medical Grades	424	231,048
Hospital Administrator Grade	13	11,544
Other Departmental Grades	253	59,748
Model Scale I Grades	275	45,084
General Grades	2	540
TOTAL	**1 912**	**955,164**
Round up to		**956,000**

Reply Serial No.

FHB(H)236

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2655)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 159 (if applicable)

Question (Member Question No. 30):

It is planned that there will be an increase of 117 non-directorate posts in the Department of Health in 2014-15. Please advise on the ranks, remunerations and duties of these posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

There will be a net increase of 117 posts in the Department of Health in 2014-15. Details of these posts are at the **Annex**.

Annex

Proposed Creation and Deletion of Posts in Department of Health in 2014-15

Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme (1) – Statutory Functions		
(a) Enhancing the regulation of healthcare institutions and supporting the development of private healthcare services		
Senior Medical and Health Officer	3	3,461,400
Medical and Health Officer	3	2,646,900
Senior Nursing Officer	1	772,920
Nursing Officer	1	593,940
Registered Nurse	1	374,400
Scientific Officer (Medical)	1	772,920
Executive Officer II	1	411,780
Accounting Officer II	1	393,120
Sub-total :	***12***	***9,427,380***
(b) Developing Chinese medicine by strengthening the regulation of Chinese medicine (time-limited for three years from 2014-15 to 2016-17)		
Scientific Officer (Medical)	1	772,920
Sub-total :	***1***	***772,920***
(c) Conversion of non-civil service contract positions to civil service posts for rationalising the professional support in Chinese Medicine Division		
Pharmacist	6	4,637,520
Scientific Officer (Medical)	3	2,318,760
Sub-total :	***9***	***6,956,280***
Total (Programme (1)) :	***22***	***17,156,580***
Programme (2) – Disease Prevention		
(a) Establishing a team to support the operation of the new Clinical Information Management System (time-limited for five years from 2014-15 to 2018-19)		
Medical and Health Officer	2	1,764,600
Senior Systems Manager	1	1,153,800
Systems Manager	4	3,383,520
Analyst/Programmer I	2	1,243,800
Analyst/Programmer II	10	4,117,800
Executive Officer II	1	411,780
Sub-total :	***20***	***12,075,300***

	Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(b)	Launching the "Outreach Dental Care Programme for the Elderly"as a regular programme		
	Senior Dental Officer	1	1,153,800
	Dental Officer	1	808,440
	Senior Executive Officer	1	845,880
	Executive Officer II	1	411,780
	Accounting Officer II	1	393,120
	Assistant Clerical Officer	1	222,420
	Sub-total	***6***	***3,835,440***
(c)	Developing a pilot colorectal cancer screening programme for persons at specific ages (time-limited for five years from 2014-15 to 2018-19)		
	Senior Medical and Health Officer	1	1,153,800
	Medical and Health Officer	2	1,764,600
	Nursing Officer	2	1,187,880
	Registered Nurse	1	374,400
	Treasury Accountant	1	808,440
	Statistical Officer I	1	472,140
	Sub-total :	***8***	***5,761,260***
(d)	Enhancing the services of the Elderly Health Centres		
	Medical and Health Officer	1	882,300
	Nursing Officer	1	593,940
	Registered Nurse	2	748,800
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	1	173,520
	Sub-total :	***6***	***2,620,980***
(e)	Conversion of non-civil service contract positions to civil service posts for rationalising the administrative support to the Elderly Health Care Voucher Scheme		
	Executive Officer I	1	621,900
	Executive Officer II	2	823,560
	Assistant Clerical Officer	2	444,840
	Clerical Assistant	2	347,040
	Sub-total :	***7***	***2,237,340***
(f)	Conversion of non-civil service contract position to civil service post for managing and steering development and maintenance of computer systems of the Department		
	Senior Systems Manager	1	1,153,800
	Sub-total :	***1***	***1,153,800***

	Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(g)	Lapse of time-limited posts for development of electronic health records		
	Medical and Health Officer	-1	-882,300
	Senior Systems Manager	-1	-1,153,800
	Systems Manager	-2	-1,691,760
	Analyst/Programmer I	-2	-1,243,800
	Analyst/Programmer II	-2	-823,560
	Sub-total :	***-8***	***-5,795,220***
	Total (Programme (2)) :	***40***	***21,888,900***

Programme (7)– Medical and Dental Treatment for Civil Servants

	Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(a)	Enhancing the dental services for civil service eligible persons		
	Senior Dental Officer	1	1,153,800
	Dental Officer	9	7,275,960
	Senior Dental Surgery Assistant	1	393,120
	Dental Surgery Assistant	10	2,508,600
	Dental Hygienist	1	265,980
	Laboratory Attendant	1	184,920
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	3	520,560
	Workman II	3	413,820
	Sub-total :	***30***	***12,939,180***
(b)	Strengthening administrative support for families clinics and planning of clinic projects under Programme (7)		
	Executive Officer I	1	621,900
	Hospital Administrator II	1	393,120
	Sub-total :	***2***	***1,015,020***
(c)	Providing dedicated oral-maxillofacial and dental surgery services for civil service eligible persons		
	Senior Dental Officer	4	4,615,200
	Senior Dental Surgery Assistant	2	786,240
	Dental Surgery Assistant	2	501,720
	Clerical Officer	1	356,640
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	1	173,520
	Workman II	1	137,940
	Sub-total :	***12***	***6,793,680***
(d)	Expanding the dental clinic at Kwun Tong Jockey Club Clinic upon its reprovisioning		
	Senior Dental Officer	1	1,153,800

	Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
	Dental Officer	3	2,425,320
	Senior Dental Surgery Assistant	1	393,120
	Dental Surgery Assistant	3	752,580
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	1	173,520
	Workman II	1	137,940
	Sub-total :	***11***	***5,258,700***
	Total (Programme (7)) :	***55***	***26,006,580***
	Posts supporting more than one programme		
(a)	Strengthening the support on supplies related matters		
	Chief Supplies Officer	1	960,000
	Senior Supplies Officer	-1	-772,920
	Supplies Officer	1	593,940
	Property Attendant	-1	-149,340
	Sub-total :	***0***	***631,680***
	Total (Across Programmes) :	***0***	***631,680***
Total (Overall) :		***117***	***65,683,740***

CONTROLLING OFFICER'S REPLY

FHB(H)237

(Question Serial No. 2656)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164

Question (Member Question No. 31):

One of its key performance measures of curative services provided by the Department of Health (DH) is "appointment time for new dermatology cases within 12 weeks (% of cases)". The target is set to be over 90% while the percentages were 55% and 53% in 2012 and 2013 respectively and it is expected that the percentage will remain at 53% in 2014. Meanwhile, the attendances at dermatology outpatient clinics were 242 500 in both 2012 and 2013. It is now expected that the figure in the coming year will remain unchanged. In this connection, would the authority concerned advise on the following:

(a) the resources allocated to dermatology specialised service by DH in 2012-13, 2013-14 and the resources to be allocated in 2014-15(estimate);

(b) in view of the fact that the actual percentages have been persistently lower than the target of "appointment time for new dermatology cases within 12 weeks (% of cases)" for years, does the Government have any improvement measures? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) Expenditures/provisions for dermatology specialised service provided by the Department of Health (DH) in 2012-13, 2013-14 and 2014-15 are as follows -

	$ million
2012-13 (Actual):	122.2
2013-14 (Revised Estimate):	122.2
2014-15 (Estimate):	127.5

(b) The median waiting time for new dermatology appointment was less than 12 weeks. The 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 referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

Reply Serial No.

FHB(H)238

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2657)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question(Member Question No. 114):

Under Programme (1) Statutory Functions, the revised provision for 2013-14 of the Department of Health was 8.9% lower than the original estimate for 2013-14. What are the reasons for that? Please set out in detail the major revisions in the revised estimate and state the impacts on services and manpower.

Asked by: Hon. LEUNG Ka-lau

Reply:

The revised estimate for 2013-14 is 8.9% lower than the original estimate. This is mainly due to the re-scheduling of the replacement of the thermoluminescent dosimetry system, upgrading of the standard radiological dosimetry calibration facility and procurement of mobile refrigerated mortuary units under Capital Account. The revision has no impact on the services or manpower of the Department of Health.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2658)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 161 (if applicable)

Question (Member Question No. 115):

Under Programme (2) Disease Prevention, the provision for the subvented sector in 2014-15 increased by 49.6% as compared with 2013-14. What are the reasons for that? Please set out in detail the names of the subvented organisations and the amount of provision for 2013-14 and 2014-15 respectively.

Asked by: Hon. LEUNG Ka-lau

Reply:

Apart from providing subvention to the family planning services provided by the Family Planning Association of Hong Kong, to facilitate early identification of risk factors and health problems of elderly people as well as promote healthy ageing, the Government has also launched the "Elderly Health Assessment Pilot Programme" (EHAPP) in collaboration with nine non-governmental organisations (NGOs) since July 2013 by providing voluntary, protocol-based and subsidised health assessment to 10 000 elderly people aged 70 or above over a period of two years. In addition, provision has been included in 2014-15 for engaging NGOs to launch the "Outreach Dental Care Programme for the Elderly" (ODCP). The increase in the provision in 2014-15 under this programme area is mainly due to an increase in the subvention to the EHAPP and the additional provision for launching the ODCP. The respective amounts of subvention under this programme in 2013-14 and 2014-15 are set out below:

	2013-14 Revised Estimate ($ million)	2014-15 Draft Estimate ($ million)
(A) Family Planning Services Family Planning Association of Hong Kong	46.7	46.2
(B) EHAPP*	2.3	7.2
(C) ODCP[@]	-	19.9
Total	49.0	73.3

* The EHAPP covers the period from July 2013 to July 2015. A breakdown of estimated funding grants to the NGOs is at Annex.

[@] NGOs will be invited to participate in the ODCP to be launched in 2014.

Breakdown of estimated funding grants to the Non-governmental organisations for implementing the Elderly Health Assessment Pilot Programme (based on a subsidy of $1,200 per elder)#

Name of Non-governmental Organisations	2013-14 Revised Estimate ($)	2014-15 Draft Estimate ($)
Evangel Hospital	228,000	720,000
United Christian Nethersole Community Health Service	969,000	3,060,000
Chai Wan Baptist Church Community Health Centre Limited	114,000	360,000
Po Leung Kuk	114,000	360,000
The Lok Sin Tong Benevolent Society, Kowloon	85,500	270,000
Hong Kong Sheng Kung Hui Welfare Council	513,000	1,620,000
Tung Wah Group of Hospitals	57,000	180,000
Sik Sik Yuen	57,000	180,000
Haven of Hope Christian Service	142,500	450,000
Total :	2,280,000 (Round up to : $2.3 million)	7,200,000

The Government has earmarked a sum of $12 million for the EHAPP. The payment to NGOs will be made in 2013-14, 2014-15 and 2015-16.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2689)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160 (if applicable)

Question (Member Question No. 202):

Regarding "inspection of licensed retail drug premises" under the "performance indicators" of the Department of Health, please set out the types of non-compliance, manpower, expenditure involved in the inspection work as well as the number and types of prosecutions and successful prosecutions in 2012-13 and 2013-14.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Drug Office of the Department of Health conducts surprise inspections of licensed drug retailers regularly to ensure their compliance with the relevant legislation, including the Pharmacy and Poisons Ordinance (Cap. 138) (PPO), Antibiotics Ordinance (Cap. 137) (ABO) and Dangerous Drugs Ordinance (Cap. 134) (DDO). Since the manpower and expenditure required for the above inspections have been absorbed within the overall provision of the Drug Office, breakdowns of manpower and expenditure are not available.

The enforcement figures in 2012-13 and 2013-14 are as follows:-

	2012-13	2013-14 (up to February 2014)
No. of inspections of licensed drug retailers	8 631	8 388
No. of licensed drug retailers prosecuted	40	22
No. of licensed drug retailers convicted by type of offences: *		
(a) convicted for offences under the PPO, e.g. illegal sale of prescription medicine, illegal sale of Part I poisons, sale of unregistered pharmaceutical products	28 (One of which also involved an offence under the ABO)	22 (Four of which also involved offences under the ABO)
(b) convicted for offences under the ABO, e.g. illegal sale and possession of antibiotics	4 (One of which also involved an offence under the PPO)	9 (Four of which also involved an offence under the PPO)

	2012-13	2013-14 (up to February 2014)
(c) convicted for offences under the DDO	0	0

* Due to the lead time between prosecution and conviction, the two events may not take place in the same financial year. As such, the total number of convictions in a financial year may not be same as the total number of cases prosecuted in that financial year.

Reply Serial No.

FHB(H)241

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2460)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 425):

The estimated provisions of the dental clinics in Hong Kong in 2014-15, and set out the expenditures of the following dental clinics.

Kowloon City Dental Clinic
Ha Kwai Chung Government Dental Clinic
Tai Po Wong Siu Ching Dental Clinic
Tai O Dental Clinic
Yan Oi Dental Clinic
Yuen Long Jockey Club Dental Clinic
Madam Yung Fung Shee Dental Clinic
Pamela Youde Government Dental Clinic
Tuen Mun Hospital Oral Maxillofacial Surgery & Dental Unit
Sai Kung Mona Fong Dental Clinic
North District Hospital Oral Maxillofacial Surgery & Dental Unit
Queen Elizabeth Hospital Oral Maxillofacial Surgery & Dental Unit
Western Dental Clinic
Sai Ying Pun Dental Clinic 8/F
Sai Ying Pun Dental Clinic 3/F
Li Po Chun Dental Clinic
Tung Chung Dental Clinic
Pamela Youde Nethersole Eastern Hospital Oral Maxillofacial Surgery & Dental Unit
Yau Ma Tei Jockey Club Dental Clinic 6/F
Yau Ma Tei Jockey Club Dental Clinic 7/F
Queensway Government Offices Dental Clinic
Cheung Sha Wan Government Offices Dental Clinic

Cheung Chau Dental Clinic

Castle Peak Hospital Dental Clinic

Prince of Wales Hospital Oral Maxillofacial Surgery & Dental Unit

Aberdeen Jockey Club Dental Clinic

Hong Kong Police College Dental Clinic

Chai Wan Government Dental Clinic

Harbour Building Dental Clinic

Harbour Building Orthodontic Clinic

Fanling Health Centre Dental Clinic

Tsuen Wan Dental Clinic

Tsuen Wan Government Offices Dental Clinic

Ma On Shan Dental Clinic

Victoria Road Dental Clinic

Kennedy Town Community Complex Dental Clinic

Tseung Kwan O Dental Clinic

MacLehose Dental Centre 2/F

MacLehose Dental Centre 6/F

Kwai Chung Hospital Dental Clinic

Princess Margaret Hospital Oral Maxillofacial Surgery & Dental Unit

Queen Mary Hospital Oral Maxillofacial Surgery & Dental Unit

Tang Shiu Kin Dental Clinic

Wanchai Dental Clinic

Kwun Tong Yung Fung Shee Dental Clinic

Kwun Tong Jockey Club Dental Clinic

Asked by: Hon. LEUNG Kwok-hung

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. In addition, specialist oral maxillofacial surgery and dental treatment are provided by the Oral Maxillofacial Surgery & Dental Units (OMS&DUs) of DH in seven public hospitals for the referred hospital patients, patients with special oral health care needs and dental emergency. The 11 government dental clinics with GP sessions are listed below-

1. Kowloon City Dental Clinic (commences GP sessions with effect from 2 September 2013) *(*)*
2. Kwun Tong Jockey Club Dental Clinic
3. Kennedy Town Community Complex Dental Clinic
4. Fanling Health Centre Dental Clinic
5. Mona Fong Dental Clinic
6. Tai Po Wong Siu Ching Dental Clinic
7. Tsuen Wan Dental Clinic
8. Yan Oi Dental Clinic
9. Yuen Long Jockey Club Dental Clinic
10. Tai O Dental Clinic
11. Cheung Chau Dental Clinic

(*) *Before 2 September 2013, GP sessions were provided at Lee Kee Government Dental Clinic which was closed on 30 August 2013.*

The expenditures of the 11 government dental clinics with GP sessions and the seven OMS&DUs have been absorbed within the provisions for dental services under Programme (4), hence breakdowns of the expenditures are not available. In financial year 2014-15, the provision for dental services under Programme (4) is $56.2 million.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2461)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 173 (if applicable)

Question (Member Question No. 426):

What are the provisions earmarked for the salaries of Director of Health, Deputy Director of Health and Consultant in-charge of Dental Service respectively in 2014-15?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The provisions earmarked for the salaries of Director of Health, Deputy Director of Health and Consultant in-charge of Dental Service calculated on the basis of the respective notional annual mid-point salary values are $2,495,400, $2,019,000 and $1,904,564 respectively in 2014-15.

CONTROLLING OFFICER'S REPLY

FHB(H)243

(Question Serial No. 2462)

Head: (37) Department of Health

Subhead(No. & title): (000) Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 173 (if applicable)

Question(Member Question No. 427):

What are the estimated provisions for Health Care Voucher Unit, Primary Care Office, Chinese Medicine Division and Public Health Services Branch in 2014-15?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The provisions for Health Care Voucher Unit, Primary Care Office, Chinese Medicine Division and Public Health Services Branch in 2014-15 are as follows-

	Amount $ million
Health Care Voucher Unit	856.0
Primary Care Office	88.0
Chinese Medicine Division	118.0
Public Health Services Branch	736.7

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0181)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165

Question (Member Question No. 22):

1. Please list out by dental clinics with general public sessions (GP sessions) the number of attendances, maximum number of discs allocated, the expenditure and number of healthcare staff involved (including dentists and surgery assistants) for the past three financial years (i.e. 2011-12 to 2013-14).

2. Please list out by dental clinics with general public sessions (GP sessions) the number of patients attending GP sessions for the first time and attending several times and the number of cross-district patients for the past three financial years (i.e. 2011-12 to 2013-14).

3. Has the Government considered setting up additional dental clinics with GP sessions in various districts of Hong Kong or providing additional resources to enhance the quality and quantity of the existing services of dental clinics with GP sessions? If yes, what are the details and expenditures 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 free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years 2011-12, 2012-13 and 2013-14, the numbers of attendances at GP sessions for each clinic are as follows:

Dental clinic with GP sessions	Service session	No. of attendances		
		2011-12	**2012-13**	**2013-14** *(as at January 2014)*
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	5 398	5 779	2 473
	Thursday (AM)			
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			1 863
	Thursday (AM)			
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	4 038	4 021	3 128

Dental clinic with GP sessions	Service session	No. of attendances		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Kennedy Town Community Complex Dental Clinic	Monday (AM)	5 060	5 194	4 529
	Friday (AM)			
Fanling Health Centre Dental Clinic	Tuesday (AM)	2 138	2 128	1 945
Mona Fong Dental Clinic	Thursday (PM)	1 985	1 985	1 613
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	1 989	2 046	1 631
Tsuen Wan Dental Clinic	Tuesday (AM)	7 895	7 784	6 683
	Friday (AM)			
Yan Oi Dental Clinic	Wednesday (AM)	2 083	2 033	1 570
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	3 920	3 833	3 285
	Friday (AM)			
Tai O Dental Clinic	2nd Thursday (AM) of each month	130	146	118
Cheung Chau Dental Clinic	1st Friday (AM) of each month	250	230	212

In the financial years 2011-12, 2012-13 and 2013-14, the maximum numbers of disc allocated per GP session are as follows:

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			84
	Thursday (AM)			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
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

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	**2012-13**	**2013-14** *(as at January 2014)*
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

The expenditures incurred for the operation of the GP sessions are absorbed within the provision for dental services under Programme (4), hence breakdowns of the expenditures are not available. In the financial years 2011-12, 2012-13 and 2013-14, the annual expenditures on dental service under Programme (4) are as follows:

Financial Year	Annual Expenditure on Dental Service ($ million)
2011-12	47.1
2012-13	48.8
2013-14 (Revised Estimate)	47.1

The healthcare staff involved in GP sessions, which include dentists and dental surgery assistants, are as follows:

Dental clinic with GP sessions	Number of Healthcare Staff	
	Dentist	**Dental Surgery Assistant**
Lee Kee Government Dental Clinic (closed on 30.8.2013)	3	3
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	8	8
Kwun Tong Jockey Club Dental Clinic	2	2
Kennedy Town Community Complex Dental Clinic	7	7
Fanling Health Centre Dental Clinic	8	8
Mona Fong Dental Clinic	2	2
Tai Po Wong Siu Ching Dental Clinic	4	4
Tsuen Wan Dental Clinic	3	4
Yan Oi Dental Clinic	3	3
Yuen Long Jockey Club Dental Clinic	3	3
Tai O Dental Clinic	1	1
Cheung Chau Dental Clinic		

2. The DH does not have statistical breakdowns of the number of patients attending GP sessions for the first time and attending several times. The DH also does not maintain statistic on the number of cross-district patients.

3. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. The 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, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is less.

   Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

   In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

   In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

   We will continue our efforts in promotion and education to improve oral health of the public.

(Question Serial No. 0183)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 20):

Regarding the Elderly Health Centres (EHCs),

1. the "number of attendances for health assessment and medical consultation at elderly health centres" has decreased from 175 000 in 2012 to 167 000 in 2013. What are the main reasons for that?

2. please list by age groups respectively the number of attendances for medical consultation and the average cost per attendance per patient in each of the EHCs in the territory for the past three years (i.e. 2011 to 2013).

3. please list out the number of enrolment, the longest waiting time and the median waiting time in each of the EHCs in the territory for the past three years (i.e. 2011 to 2013).

4. does the Administration have any plan to enhance the services of the EHCs or set up additional EHCs in various districts to alleviate the problem of having to wait for an extremely long period of time for service? If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The drop in attendances for health assessment and medical consultation in 2013 was mainly due to the decrease in consultations for acute medical conditions. While there is a quota system determined by the service capacity of EHCs for health assessment, the attendances for medical consultation vary according to the fluctuation in demand by the Elderly Health Centre (EHC) members.

2. The age distribution of attendance statistics by head count for health assessment from 2011 to 2013 is provided below for reference:

Age Group	2011		2012		2013#	
	No. of attendance	Percentage	No. of attendance	Percentage	No. of attendance	Percentage
65 - 69	4 881	12.5%	4 781	12.3%	2 048	10.9%
70 - 74	9 693	24.9%	8 611	22.1%	3 816	20.3%
75 - 79	13 071	33.5%	12 596	32.4%	5 820	31.0%
80 - 84	7 942	20.4%	8 812	22.6%	4 797	25.5%

Age Group	2011		2012		2013#	
	No. of attendance	Percentage	No. of attendance	Percentage	No. of attendance	Percentage
85 and above	3 398	8.7%	4 127	10.6%	2 315	12.3%
Total	**38 985**	**100.0%**	**38 927**	**100.0%**	**18 796**	**100.0%**

\# Age distribution of the attendance statistics for health assessment for 2013 is up to June only as statistics for the full year of 2013 are not available yet.

The cost per attendance for health assessment and medical consultation in the financial years 2011-12, 2012-13 and 2013-14 are as follows:

Financial Year	Health Assessment	Medical Consultation
2011-12	$1,090	$432
2012-13	$1,140	$455
2013-14	$1,190	$470

3. The number of enrolments and median waiting time for enrolment for each of the 18 EHCs in the past three years are listed below. Among the 18 EHCs, the longest median waiting time for 2011, 2012 and 2013 is 43.5 months, 36.2 months and 28.6 months respectively.

EHC		2011	2012	2013
Sai Ying Pun	No. of enrolment	2 120	2 130	2 120
	Median waiting time (Months)	7.5	13.4	22.8
Shau Kei Wan	No. of enrolment	2 210	2 211	2 196
	Median waiting time (Months)	8.4	14.4	21.5
Wan Chai	No. of enrolment	2 153	2 141	2 156
	Median waiting time (Months)	25.4	25.8	27.8
Aberdeen	No. of enrolment	2 128	2 126	2 124
	Median waiting time (Months)	5.1	6.7	11.5
Nam Shan	No. of enrolment	2 206	2 206	2 193
	Median waiting time (Months)	13.8	16.2	17.3
Lam Tin	No. of enrolment	2 214	2 230	2 218
	Median waiting time (Months)	3.9	4.6	11.1
Yau Ma Tei	No. of enrolment	2 124	2 121	2 079
	Median waiting time (Months)	32.9	23.7	25.4
San Po Kong	No. of enrolment	2 122	2 121	2 121
	Median waiting time (Months)	11.4	10	15.9
Kowloon City	No. of enrolment	2 211	2 210	2 193
	Median waiting time (Months)	16.2	16.4	23.4
Lek Yuen	No. of enrolment	2 199	2 125	2 121
	Median waiting time (Months)	43.5	36.2	22.8
Shek Wu Hui	No. of enrolment	2 120	2 122	2 119
	Median waiting time (Months)	9.3	9.9	10.8
Tseung Kwan O	No. of enrolment	2 135	2 136	2 136
	Median waiting time (Months)	16.6	14.5	20.5

EHC		2011	2012	2013
Tai Po	No. of enrolment	2 124	2 124	2 125
	Median waiting time (Months)	17.5	21.9	28.6
Tung Chung	No. of enrolment	2 259	2 245	2 224
	Median waiting time (Months)	6.5	9.5	10.4
Tsuen Wan	No. of enrolment	2 109	2 117	2 092
	Median waiting time (Months)	19.7	11.3	12.7
Tuen Mun Wu Hong	No. of enrolment	2 130	2 133	2 109
	Median waiting time (Months)	8.9	9.9	15
Kwai Shing	No. of enrolment	2 202	2 212	2 212
	Median waiting time (Months)	6.2	6.5	10.4
Yuen Long	No. of enrolment	2 219	2 217	2 198
	Median waiting time (Months)	5.9	7.5	8.7

4. To enhance the services of EHC, a provision of $3.3 million is earmarked in 2014-15 for creating a clinical team and $6.5 million in a full year from 2015-16 and onwards for creating another clinical team. It is anticipated that each clinical team will handle an additional 2 125 enrolments for health assessment and a total of 9 500 attendances for health assessment and consultation each year.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1653)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question (Member Question No. 65):

On handling of residual medicines,

1. are there any services for the handling / collection of household residual medicines provided by the Department to the public currently? If yes, what are the details of the service and what were the expenditures for the past three financial years (2011-12 to 2013-14)? If no, will consideration be given to setting up the service?

2. The problem of household residual medicines is getting more and more serious and improper disposal will have impacts on the environment and public health. Does the Administration have any measures to improve the situation? Regarding the promotion and education to the public on the proper use of medicines, does the Administration have any plans?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. Currently, unwanted or residual medicines generated by healthcare institutions such as hospitals and clinics are classified as chemical waste. The storage, collection, transport and disposal of such waste has to meet the stringent requirements laid down respectively in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Chemical Waste)(General) Regulation (Cap. 354C). These control measures do not apply to the disposal of medicines by households, which are normally of small quantity and can be disposed as ordinary domestic waste. The Department of Health (DH) does not provide a collection service for medicines disposed by households.

   On the other hand, unused medicines dispensed by public hospitals or clinics operated under the Hospital Authority (HA) can be returned to HA for disposal. Figures of the expenditure incurred in providing the above service are not available.

2. The DH has been educating the public on the proper use of medicines through website, educational pamphlets and television commercials. In addition, during the dispensing of medicines to patients, advice would be given to patients that they should take the medicines in accordance with doctor's instructions as labelled and should not terminate the medication on their own. Patients are also encouraged to consult doctors about the use of their medicines if in doubts.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0626)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 32):

In 2014-15, the Department of Health (DH) will launch the "Outreach Dental Care Programme for the Elderly" as a regular programme. In this regard, please set out in table form:

1) the number of attendances for various services under the "Outreach Dental Care Programme for the Elderly" in 2013-14 and the estimated number of attendances for various services under the "Outreach Dental Care Programme for the Elderly" in 2014-15.

2) the number of attendances and age distribution of attendees under the "Outreach Dental Care Programme for the Elderly" in 2013-14 and the estimated number of attendances and age distribution of attendees under the "Outreach Dental Care Programme for the Elderly" in 2014-15 in various districts.

3) the expenditure on launching various services under the "Outreach Dental Care Programme for the Elderly" in 2013-14 and the estimated expenditure on various services under the "Outreach Dental Care Programme for the Elderly" in 2014-15.

4) the staffing arrangements of DH in 2013-14 and 2014-15 for launching the "Outreach Dental Care Programme for the Elderly".

5) the timetable for launching the "Outreach Dental Care Programme for the Elderly" as a regular programme in 2014-15.

Asked by: Hon. POON Siu-ping

Reply:

In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) have been set up since and a total of about 62 000 elders in about 740 RCHEs and DEs have been served under the Outreach Pilot Project involving about 100 000 attendances. Each of the 62 000 elders served by the outreach dental teams has received at least one annual check-up. Breakdown of other basic treatments received by the elders is as follows:-

Types of dental treatment received	No. of elders [Note]
(i) Scaling and polishing	14 247
(ii) Denture cleaning	2 870
(iii) Fluoride / X-ray	6 525

Note: More than one type of dental treatment may be received by the same elder.

The outreach dental teams do not keep statistics on the age profile of the elders they serve. Distribution of the RCHEs and DEs visited by the outreach dental teams by administrative district of the Social Welfare Department is as follows:-

Administrative District	No. of RCHEs and DEs served
Central, Western, Southern and Islands	86
Eastern and Wan Chai	90
Kwun Tong	43
Wong Tai Sin and Sai Kung	45
Kowloon City and Yau Tsim Mong	110
Sham Shui Po	60
Tsuen Wan and Kwai Tsing	95
Tuen Mun	45
Yuen Long	54
Sha Tin	40
Tai Po and North	73
TOTAL	**741**

The expenditure for the Outreach Pilot Project was about $66 million (up to end-February 2014).

Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme (i.e. the Programme) in 2014 to continue to provide outreach dental services to about 66 000 elders in these homes and centres. Under the regular Programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the Department of Health (DH). We are finalising the implementation details for launching the Programme later this year.

We have earmarked a provision of $25.1 million and proposed creation of six civil service posts for DH in 2014-15 for launching the Programme.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2997)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161 (if applicable)

Question(Member Question No. 35):

The specific work of the Department of Health (DH) under the programme of disease prevention includes providing woman health service, maternal health service, cervical screening service, reducing preventable death and ill-health among pregnant women, infants and children, etc. DH's revised estimate for this programme for 2013-14 is over $2,631 million and for the 2014-15 estimate, a provision of over $2,907 million will be allocated for this programme, which is over $276 million (10.5%) higher than the revised estimate for 2013-14. In this connection, would DH provide a breakdown of the items and manpower resources involved and the actual distribution of expenditures for the change of budget in 2014-15? If no, what are the reasons?

Asked by: Hon. QUAT, Elizabeth

Reply:

Provision for 2014-15 is $276.7 million (10.5%) higher than the revised estimate for 2013-14. This is mainly due to additional provision for (a) meeting the estimated funding for the enhanced Elderly Health Care Voucher Scheme, (b) meeting claims under subsidised vaccination schemes, (c) carrying out preparatory work of a pilot programme to subsidise colorectal cancer screening for specific groups, (d) launching the "Outreach Dental Care Programme for the Elderly" as a recurrent programme and (e) the net increase of 40 posts in 2014-15 to meet operational needs, partly offset by a one-off funding of $350.0 million injected into the AIDS Trust Fund in 2013-14 as endorsed by the Finance Committee of the Legislative Council in December 2013.

Reply Serial No.

FHB(H)249

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2998)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164 (if applicable)

Question(Member Question No. 36):

The specific work of the Department of Health (DH) under the programme of curative care includes giving Bacillus Calmette-Guerin (BCG) vaccination to new born babies, etc. DH's revised estimate for this programme in 2013-14 is $747 million, which is 5.8% lower than the original estimate of over $792 million. As for the 2014-15 estimate, however, the Government shall allocate a provision of over $820 million for the programme of curative care, which is over $73 million (9.8%) higher than the revised estimate for 2013-14, representing a significant change. In this connection:

(1) Would DH please give a detailed account of the reasons for the decrease of 5.8% of the revised estimate for 2013-14 as compared with the original estimate and provide a breakdown of the items and manpower resources involved and the distribution of actual expenditures? If no, what are the reasons?

(2) While DH has explained the reasons for the increase in provision for 2014-15, would DH please provide a breakdown of the items, manpower resources and financial arrangements involved? If no, what are the reasons?

Asked by: Hon. QUAT, Elizabeth

Reply:

(1) The revised estimate for 2013-14 is 5.8% lower than the original estimate. This is mainly due to the re-scheduling of the acquisition/replacement of X-ray machine for Tuberculosis and Chest Service and Dental Service under Capital Account.

(2) Provision for 2014-15 is 9.8% higher than the revised estimate for 2013-14. This is mainly due to (a) additional provision for drug expenditure and disposable consumable items; and (b) increase in cash flow requirement for procurement of equipment.

(Question Serial No. 1466)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 29):

Since the Elderly Health Care Voucher Scheme (the Scheme) was launched, my office has received reflections from many elders that they did not know how to apply for and use the health care vouchers. They also indicated that there were lots of restrictions with the Scheme (e.g. the health care vouchers could not be used in private dental clinics).

What were the percentage changes in the number of doctors participating in the Scheme in various districts for the past three years? What were the numbers of elderly beneficiaries? What is the estimated percentage increase in the number of beneficiaries in this financial year? Will dental services be covered by the Scheme in 2014-15?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

Under the Scheme, local residents aged 70 or above are eligible to receive vouchers to subsidise their use of primary care services provided by ten categories of private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists.

At present, the Scheme is designed to allow greatest convenience for the participating elders. Vouchers are issued and used through an electronic system. Elders do not need to register, collect or carry vouchers. When elders want to use vouchers, they just need to visit the clinics of enrolled healthcare service providers, show their Hong Kong Identity Card and sign a consent form. As at end-December 2013, over 400 dentists have enrolled in the Scheme to provide services to eligible elders through 561 places of practice in 18 districts, and more than 85 000 voucher claim transactions were made with a total voucher expenditure of about $36 million.

The number of healthcare service providers enrolled in the Scheme and the percentage change in the past three years are as follows:

	As at 31.12.2011	As at 31.12.2012	As at 31.12.2013
(a) Number of enrolled healthcare service providers	3 066 (involving 3 976 places of practice)	3 627 (involving 4 945 places of practice)	3 976 (involving 5 543 places of practice)
(b) Percentage change of (a) as compared to that in the previous year	+12%	+18%	+10%

The number of places of practices under the Scheme broken down by enrolled healthcare professionals and districts in the past three years are at the Annex**.**

The table below shows the number of elders who had made use of vouchers and its percentage as compared to the eligible elderly population over the past five years:

	As at 31.12.2009	As at 31.12.2010	As at 31.12.2011	As at 31.12.2012	As at 31.12.2013
(a) Cumulative number of elders who had made use of vouchers	190 000	300 000	387 000	471 000	556 000
(b) Number of eligible elders (i.e. elders aged 70 or above) *	671 000	688 000	707 000	714 000	724 000
(c) Percentage of eligible elders who had made use of vouchers [i.e. (a) / (b)x100%]	28%	44%	55%	66%	77%

We hope that after the enhancement measures under the Scheme have been implemented this year, the percentage of eligible elders making use of vouchers will further raise to 80% or beyond.

** Source: Hong Kong Population Projections 2010 – 2039 and Hong Kong Population Projections 2012 – 2041, Census and Statistics Department*

Annex

Breakdown of the places of practices by enrolled healthcare professionals and districts
(Position as at 31 December 2011)

District \ Healthcare Professionals	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	126	73	35	4	27	3	4	3	10	3	288
Eastern	136	57	29	4	14	0	0	0	0	0	240
Southern	38	10	8	0	3	0	0	0	0	0	59
Wan Chai	103	83	30	5	32	1	0	6	0	6	266
Kowloon City	126	39	14	3	33	0	0	15	0	36	266
Kwun Tong	166	112	52	8	11	10	11	21	1	2	394
Sham Shui Po	75	79	7	3	10	3	1	0	0	0	178
Wong Tai Sin	72	67	20	0	4	0	0	0	0	37	200
Yau Tsim Mong	236	176	54	11	75	10	8	16	14	1	601
Sha Tin	94	66	20	2	19	0	0	5	1	0	207
Tai Po	61	68	25	2	4	2	2	14	0	0	178
Sai Kung	95	41	9	1	9	3	3	0	0	1	162
North	48	36	6	0	1	1	0	0	0	0	92
Kwai Tsing	88	48	16	2	9	0	0	3	0	36	202
Tsuen Wan	117	78	12	4	19	4	5	5	4	0	248
Tuen Mun	84	71	7	3	6	0	1	2	0	0	174
Yuen Long	97	59	11	0	5	0	0	1	0	0	173
Islands	32	12	1	0	3	0	0	0	0	0	48
Total	**1 794**	**1 175**	**356**	**52**	**284**	**37**	**35**	**91**	**30**	**122**	**3 976**

Breakdown of the places of practices by enrolled healthcare professionals and districts
(Position as at 31 December 2012)

District \ Healthcare Professionals	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	139	91	37	4	27	3	5	3	13	8	330
Eastern	143	83	41	8	19	0	0	2	0	10	306
Southern	39	36	9	0	2	1	1	0	0	0	88
Wan Chai	117	128	40	5	37	3	2	6	0	45	383
Kowloon City	126	54	21	3	36	1	0	19	1	58	319
Kwun Tong	188	141	60	8	11	10	8	22	1	4	453
Sham Shui Po	88	110	11	5	13	4	1	1	0	1	234
Wong Tai Sin	74	81	22	0	4	0	0	1	0	58	240
Yau Tsim Mong	272	208	65	12	94	14	9	17	17	81	789
Sha Tin	109	76	23	2	19	0	0	5	1	26	261
Tai Po	72	82	27	1	3	2	2	15	0	2	206
Sai Kung	98	57	8	5	14	3	2	3	0	7	197
North	61	42	7	0	1	1	0	0	0	1	113
Kwai Tsing	103	66	21	3	10	0	0	3	1	57	264
Tsuen Wan	121	110	12	4	21	5	6	6	6	6	297
Tuen Mun	93	110	9	2	7	0	1	2	0	2	226
Yuen Long	110	53	15	0	5	0	0	2	4	2	191
Islands	33	11	2	0	2	0	0	0	0	0	48
Total	**1 986**	**1 539**	**430**	**62**	**325**	**47**	**37**	**107**	**44**	**368**	**4 945**

Breakdown of the places of practices by enrolled healthcare professionals and districts
(Position as at 31 December 2013)

District \ Healthcare Professionals	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	153	97	40	8	33	3	4	2	14	7	361
Eastern	152	112	46	7	23	0	0	6	5	16	367
Southern	39	37	11	0	2	1	1	0	0	0	91
Wan Chai	122	148	43	3	42	3	1	9	3	47	421
Kowloon City	129	66	34	6	38	1	0	20	1	68	363
Kwun Tong	189	158	75	13	20	10	6	26	3	4	504
Sham Shui Po	93	117	12	3	14	4	1	1	0	1	246
Wong Tai Sin	77	74	29	0	6	0	0	1	0	68	255
Yau Tsim Mong	294	242	80	12	107	15	8	25	35	86	904
Sha Tin	110	91	29	7	24	0	0	8	1	29	299
Tai Po	76	89	35	1	4	2	2	19	0	3	231
Sai Kung	105	68	17	6	15	3	1	3	0	8	226
North	51	56	16	0	2	1	0	0	8	1	135
Kwai Tsing	100	66	27	3	10	0	0	4	1	66	277
Tsuen Wan	126	117	22	4	22	6	5	8	7	8	325
Tuen Mun	108	117	17	2	9	0	1	2	0	3	259
Yuen Long	130	59	25	0	6	0	0	4	5	1	230
Islands	32	12	3	0	2	0	0	0	0	0	49
Total	**2 086**	**1 726**	**561**	**75**	**379**	**49**	**30**	**138**	**83**	**416**	**5 543**

CONTROLLING OFFICER'S REPLY

FHB(H)251

(Question Serial No. 1467)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 30):

The Department of Health (DH) indicates that it will promote and implement the enhancement measures under the Elderly Health Care Voucher Scheme in the current financial year. What are the details of the enhancement measures? What is the anticipated percentage increase in the number of elderly beneficiaries?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

Details of the enhancement measures under the Elderly Health Care Voucher Scheme (the Scheme) in 2014 are as follows:

(a) converting the Scheme from a pilot project into a recurrent programme for the elderly; and
(b) doubling the annual voucher amount for each eligible elder from $1,000 to $2,000.

At present, eligible elders can accumulate any unspent vouchers for use in subsequent years, subject to a financial ceiling of $3,000. Upon the increase of the annual voucher amount from $1,000 to $2,000 this year, the financial ceiling on unspent vouchers will be adjusted from $3,000 to $4,000.

The annual voucher amount for each eligible elder in the first three years from 2009 to 2011 was $250, which was then increased to $500 in 2012 and was further raised to $1,000 in 2013. Both the number of elders who had made use of vouchers and its percentage as compared to the eligible elderly population increased steadily over the years, detailed as follows:

	As at 31.12.2009	As at 31.12.2010	As at 31.12.2011	As at 31.12.2012	As at 31.12.2013
(a) Cumulative number of elders who had made use of vouchers	190 000	300 000	387 000	471 000	556 000
(b) Number of eligible elders (i.e. elders aged 70 or above) *	671 000	688 000	707 000	714 000	724 000
(c) Percentage of eligible elders who had made use of vouchers [i.e. (a) / (b)x100%]	28%	44%	55%	66%	77%

We hope that after the above enhancement measures have been implemented, the percentage of eligible elders making use of vouchers will further raise to 80% or beyond.

** Source: Hong Kong Population Projections 2010 – 2039 and Hong Kong Population Projections 2012 – 2041, Census and Statistics Department*

FHB(H)252

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1468)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 31):

A pilot colorectal cancer screening programme for persons at specific ages is newly added in the Budget. What age levels will be covered under the programme? What is the anticipated number of beneficiaries?

How much resources will be reserved and what is the expenditure earmarked in the estimate for the financial year 2014-15 for the implementation of the above programme?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot project is $422 million for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3283)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 25):

In the Estimates for 2014-15, the "Outreach Dental Care Programme for the Elderly" (hereinafter called "the Programme") will be launched as a regular programme. What are the details of the Programme? What are the estimated expenditure and number of elders benefited?

At present, elders who rely mainly on the public out-patient dental services always complain that the major dental treatment offered is extraction. Services of high medical costs such as root canal treatment and crowning are not provided. Will the Programme provide services such as root canal treatment and crowning in view of the above situation? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres, including dental check-up, scaling and polishing and any other necessary pain relief and emergency treatments. Having regard to the positive feedback from both the recipients of the free dental service and the participating non-governmental organisations, the pilot project will be converted to a regular programme (i.e. the Programme) in 2014 to continue to provide outreach dental services to about 66 000 elders in these homes and centres. Under the regular Programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the Department of Health.

We have earmarked a provision of $25.1 million in 2014-15 for launching the Programme.

Reply Serial No.

FHB(H)254

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2945)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 159 (if applicable)

Question (Member Question No. 120):

What is the estimate of the Tobacco Control Office (TCO) of the Department of Health in 2014-15? What were the number of enforcement actions taken and the number of prosecutions instituted by TCO last year?

Asked by: Hon. WONG Yuk-man

Reply:

The expenditures / provisions of the Tobacco Control Office (TCO) in 2014-15 are at **Annex**.

TCO conducts inspections of all venues concerned in response to smoking complaints. In 2013, TCO received 18 079 complaints, conducted 27 461 inspections, and issued 8 330 fixed penalty notices and 232 summonses for smoking offences. In addition, 99 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).

Annex

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

($ million)

	2014-15 Estimate
Enforcement	
Programme 1: Statutory Functions	39.1
Health Education and Smoking Cessation	
Programme 3: Health Promotion	117.9
(a) General health education and promotion of smoking cessation	
TCO	*45.9*
Subvention: Council on Smoking and Health (COSH)	*21.2*
Sub-total	***67.1***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations	
Subvention to Tung Wah Group of Hospitals	*34.7*
Subvention to Pok Oi Hospital	*7.8*
Subvention to Po Leung Kuk	*2.0*
Subvention to Lok Sin Tong	*1.4*
Subvention to United Christian Nethersole Community Health Service	*2.6*
Subvention to Life Education Activity Programme	*2.3*
Sub-total	***50.8***
Total	**157.0**

Reply Serial No.

FHB(H)255

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2946)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 121):

In Kowloon West, elderly health centres (EHCs) have only been set up in Nam Shan Estate, Kowloon City and Yau Ma Tei. How many cases of enrolment, health assessment and treatment were handled by these three centres last year? What is the plan of the Department of Health (DH) to identify sites for new EHCs this year? If there is no such plan for new EHCs, will the DH expand the three existing EHCs?

Asked by: Hon. WONG Yuk-man

Reply:

The numbers of enrolment, health assessment and medical consultation handled by these three Elderly Health Centres (EHCs) in 2013 are listed below. There is no plan to open new EHC nor expand the existing three EHCs at present.

EHC	Enrolment	Health Assessment	Medical Consultation
Nam Shan	2 193	2 193	4 890
Yau Ma Tei	2 079	2 079	4 515
Kowloon City	2 193	2 193	4 503

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)256

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2959)

Head: (708) Capital Works Reserve Fund: Capital Subventions and Major Systems and Equipment

Subhead (No. & title) : (8003MR) Expansion of Tseung Kwan O Hospital

Programme: Not Specified

Controlling Officer: Director of Architectural Services (K K LEUNG)

Director of Bureau: Secretary for Food and Health

This question originates from : Estimates on Expenditure Volume 2 Page 60

Question (Member Question No. 47):

Capital Subventions

Medical Subventions

Subhead：8003MR Expansion of Tseung Kwan O Hospital

The approved estimate for "Expansion of Tseung Kwan O Hospital" project is $1.944 billion plus, the actual expenditure up to 31 March 2013 is $1.361 billion plus. While the balance of the approved estimate is $583 million plus, the revised estimate of 2013-14 is only $59 million plus and the estimate of 2014-15 is only $30 million.

What is the pay-out schedule of the remaining part of the approved estimate? How can the works progress be expedited to provide services to local residents as soon as possible? Could the Administration provide details of resource allocation for each of the facilities included in the project? If not, what is the reason?

Asked by: Hon. QUAT, Elizabeth

Reply:

The Expansion of Tseung Kwan O Hospital comprised the construction of a new ambulatory block (NAB) and the conversion/renovation works in the hospital main block (HMB). The NAB had already been completed and handed over to the Hospital Authority for operation in early 2012, while the conversion/renovation works in HMB were completed in end 2013.

Apart from the $59.5 million and $30 million to be spent in 2013-14 and 2014-15 respectively, the remaining part of the approved estimate will be spent from 2015-16 and beyond for settlement of final account and procurement of furniture and equipment.

The resources allocated to the NAB and HMB are $1,358.5 million and $586.4 million respectively.

FHB(H)257

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4344)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 55):

Would the government advise on:

(1) the provisions and manpower allocated to the study and consultation work for Hong Kong's healthcare financing reform since 2008 and the details of the uses of such provisions?

(2) the progress of the work mentioned in item (1) above?

Asked by: Hon. CHAN Han-pan

Reply:

(1) Confronted by the challenges brought about by the ageing population and increasing healthcare needs, the Government conducted two stages of public consultation on healthcare reform in 2008 and 2010 to look for ways to maintain the long-term sustainability of our healthcare system. In the First Stage Public Consultation, the Government consulted the public on a number of service reform proposals, including enhancing primary care, promoting public-private partnership in healthcare, developing electronic health record sharing, and strengthening public healthcare safety net. Six possible supplementary financing options were also put forth for public discussion, including increasing user fees for public healthcare services, social health insurance, mandatory medical savings accounts, voluntary private health insurance, mandatory private health insurance, and personal healthcare reserve (mandatory savings cum insurance). As the public expressed reservation about mandatory options as solution to address the long-term sustainability of healthcare financing, the Government put forth the Health Protection Scheme (HPS) proposal in the Second Stage Public Consultation conducted in 2010. Based on the outcome of the consultation, we set up a dedicated and time-limited Healthcare Planning and Development Office (HPDO) in January 2012 to formulate detailed proposals for implementing the HPS, alongside other healthcare reform initiatives viz. conducting a strategic review on healthcare manpower planning and professional development, and facilitating healthcare service development.

The HPDO is headed by one Administrative Officer (AO) 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. Due to increase in workload in the bureau, the HPDO has taken up extra responsibilities including the review of mental health policy and the review of the regulation of private healthcare facilities. The number of civil servants and annual expenditure of the HPDO from 2012-13 to 2013-14 are set out in the table below.

	2012-13	2013-14
Number of civil servants		
Administrative Officer (directorate)	3	3
Administrative Officer (non-directorate)	3	3
Medical and Health Officer	1	1
Executive Officer	6	6
secretarial and clerical staff	5	6
Annual expenditure (including staff costs and other expenses, e.g. consultancy fees)	$17.17 million (actual expenditure)	$27.33 million (revised estimate)

The difference in annual expenditure between 2012-13 and 2013-14 was partly accounted for by the fact that some of the civil service posts were only created in the middle or towards the end of the 2012-13 financial year, hence resulting in a lower staff cost in 2012-13 than in 2013-14; and partly due to the payment of fees in 2013-14 for a consultancy study commissioned by the HPDO to study the HPS.

The staff and expenditure involved in taking forward healthcare financing reform and the HPS from 2008-09 to 2011-12 formed an integral part of the Bureau's services and could not be separately identified.

(2) The Government is formulating detailed proposals for the implementation of the HPS with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)258

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5964)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 573):

What measures has the government taken to promote citizens' awareness about mental health? Please provide details and the amount spent on each measure taken by the government in 2012-13 and 2013-14, and the total planned expenditure in 2014-15.

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

The Government attaches great importance to the promotion of mental health. It has been our established policy to promote mental health, prevent mental health problems, while providing quality, affordable and accessible mental health services to persons with mental illness. The promotion of mental health is done through a multi-disciplinary and cross-sectoral approach involving a number of policy bureaux and departments. In most of the cases, the promotion of mental health and mental well-being is conducted alongside other health promotion programmes and initiatives. The expenditure on the promotion of mental health and mental well-being therefore cannot be separately accounted for as it is absorbed by the overall provision for various services by the Department of Health, the Hospital Authority and other government agencies.

Reply Serial No.

FHB(H)259

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5990)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(2) Subvention: Hospital Authority
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 717):

Regarding the redevelopment of Queen Mary Hospital, what work has been done by the Bureau and what is the expenditure involved? What work is to be done by the Bureau in 2014-15? What is the estimated expenditure involved?

Asked by: Hon. CHAN Ka-lok, Kenneth

Reply:

Subject to funding approval of the Finance Committee, the preparatory works for the redevelopment of Queen Mary Hospital, phase 1, including site investigations; minor studies and surveys; pre-contract consultancy for the main works; and decanting works, are planned to start in 2014 for completion in 2017. The cost estimate of the preparatory works is in the order of $1,600 million. The estimated expenditure in 2014-15 is $148.4 million. The Hospital Authority plans to start the main works in 2017 for completion of the entire phase 1 redevelopment project by 2023. Funding for the main works will be sought separately to dovetail with the implementation programme of the project.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)260

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3378)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 18):

Regarding the manpower planning of allied health professionals, will the Government advise on the following:

1. The employment statistics of allied health professionals in the past five years, including statistics on staff employed in the public, subvented and private sectors, the wastage rates of staff in the public and subvented sectors, and their average years of service.

2. With an ageing population in future, the demand for medical and social services will become greater. What are the manpower requirements for allied health professionals for the various services in the next ten years? Are the Government's existing policies able to cope with the demand?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

(1) The Department of Health has been conducting a series of Health Manpower Surveys (HMS) on the healthcare personnel practicing in Hong Kong on a regular basis, with a view to obtaining up-to-date information on their characteristics and employment status. According to the 2009 HMS on 16 types of healthcare personnel included in the health services functional constituency and the 2011 HMS on Physiotherapists, Occupational Therapists, Optometrists, Medical Laboratory Technologists and Radiographers, the estimated distribution of those economically active allied health personnel among different service sectors are set out in the following table –

Healthcare Profession	Estimated size of profession*	Service Sector				
		Hospital Authority	Government	Academic Sector	Subvented Sector	Private Sector
Audiologist	62	27.4%	11.3%	-	6.5%	54.8%
Audiology Technician	50	18%	6%	-	6%	70%
Chiropodist / Podiatrist	40	50%	-	-	7.5%	42.5%
Clinical Psychologist	403	22.8%	26.1%	6.5%	10.2%	34.5%
Dental Hygienist	190	-	5.8%	7.4%	-	86.8%
Dental Surgery Assistant	2 847	0.2%	9.2%	4.4%	0.6%	85.5%
Dental Technician / Technologist	318	0.6%	14.8%	9.7%	-	74.8%
Dental Therapist	455	-	65.1%	-	1.1%	33.8%

Healthcare Profession	Estimated size of profession*	Service Sector				
		Hospital Authority	Government	Academic Sector	Subvented Sector	Private Sector
Dietitian	312	23.7%	4.5%	1.3%	4.2%	66.3%
Dispenser	1 961	46.8%	2.9%	0.4%	2.3%	47.6%
Educational Psychologist	153	-	23.5%	20.9%	30.7%	24.8%
Medical Laboratory Technologist	2 850	43.9%	12.1%	7.9%		36%
Mould Laboratory Technician	34	70.6%	-	-	-	29.4%
Occupational Therapist	1 395	48.2%	3.8%	5.7%	33.6%	8.6%
Optometrist	2 000	2.6%	4.9%			92%
Orthoptist	30	40%	13.3%	-	-	46.7%
Physiotherapist	2 257	42.4%	1.4%	3.6%	19.6%	32.4%
Prosthetist / Orthotist	129	69.8%	-	2.3%	2.3%	25.6%
Radiographer	1 473	51.7%	5.6%			42.1%
Scientific Officer (Medical)	172	25.6%	39%	9.9%	-	25.6%
Speech Therapist	506	11.3%	3.8%	8.7%	42.3%	34%

Notes: *Refer to the estimated size of the profession as at 31 March of the survey year
Percentage may not add up to 100% due to rounding

We do not have information on the attrition rates of allied health professionals in the subvented and private sectors. For those employed by the Department of Health and Hospital Authority, the attrition rate ranges between 2% to 6% in 2013.

(2) 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's findings and recommendations will shed light on ways to ensure an adequate supply of healthcare professionals for the healthy and sustainable development of our healthcare system.

Reply Serial No.

FHB(H)261

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3387)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 30):

In the 2007-08 Policy Address, it was announced that the Government would "study the establishment of medical centres in paediatrics and neuroscience to upgrade our health care services". While the construction of a children's hospital is in progress as stated in the Estimates this year, nothing has been mentioned about the medical centre in neuroscience. According to the Government's reply to a written question raised in December 2013, a centre in neuroscience will be set up under the new Kai Tak general hospital.

1. Being a professional medical centre, a medical centre in neuroscience should be set up as an independent medical centre according to international experiences. Will the Government reconsider the relevant planning?
2. If the Government has not considered any re-planning, what will be the staff establishment and scale of the medical centre in neuroscience at the Kai Tak general hospital?
3. With an ageing population, the prevalence rate of diseases in neuroscience, including stroke, neuromuscular diseases, Parkinson's disease and dementia, will be on the rise. Does the Government have any long-term strategy to cope with the increasing demand?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

1. and 2. To meet the long-term demand for healthcare services and facilities in Kowloon, the Hospital Authority (HA) is conducting a strategic planning for the development of a new public general hospital in the Kai Tak Development Area. The review will be completed in 2014, after which HA will proceed with detailed planning and design of the hospital. The new hospital in Kai Tak will be an acute general hospital providing clinical services of major specialties, including accident and emergency services. A neuroscience centre will be set up under the new acute hospital in Kai Tak and in terms of operation, will make use of the support from various specialties in the new acute hospital. HA will consider the service model and staff deployment plans for the neuroscience centre at the detailed planning stage.

3. At present, patients suffering from neurological diseases may receive treatment under different specialties including medicine, neurosurgery and paediatrics. In general, all private hospitals provide neurological and/or neurosurgical services, including specialist out-patient, rehabilitative (physiotherapy) and in-patient services. In planning for the services of various specialties, HA has taken into consideration a number of factors including population growth and demographic changes, utilisation and estimated growth rate of services of individual specialties, possible changes in healthcare services utilisation pattern, etc. HA will regularly monitor the utilisation rate and trend of various healthcare services and ensure that the services can meet public demand through restructuring of hospital service delivery modes, hospital development projects and implementation of other suitable measures.

Reply Serial No.

FHB(H)262

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3401)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 49):

1. In the past 5 financial years, what was the average waiting time for different levels of emergency cases at the accident and emergency (A&E) departments?
2. In the past 5 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 Accident & Emergency (A&E) services of various triage categories at the Hospital Authority (HA) for 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14 (up to 31 December 2013) :

	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)**
2009-10	0	6	17	75	95
2010-11	0	6	17	74	101
2011-12	0	6	17	76	103
2012-13	0	7	21	90	114
2013-14 (up to 31 December 2013) [provisional]	0	7	26	104	124

2.

The table below sets out the attrition (wastage) number and the attrition (wastage) rate of full-time doctors and nurses in the A&E specialty from 2009-10 to 2013-14.

Full-time	**Attrition (Wastage) Number**				
	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14 (Rolling 12 months Jan 13 - Dec 13)**
Doctors	12	21	18	21	11
Nurses	20	28	43	42	32

Full-time	**Attrition (Wastage) Rate**				
	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14 (Rolling 12 months Jan 13 - Dec 13)**
Doctors	2.8%	5.1%	4.5%	5.3%	2.7%
Nurses	2.8%	3.9%	5.5%	5.2%	3.8%

The table below sets out the attrition (wastage) number and the attrition (wastage) rate of part-time doctors and nurses in the A&E specialty from 2009-10 to 2013-14.

Part-time	**Attrition (Wastage) Number**				
	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14 (Rolling 12 months Jan 13 - Dec 13)**
Doctors	1	3	6	6	8
Nurses	0	0	0	0	0

Part-time	**Attrition (Wastage) Rate**				
	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14 (Rolling 12 months Jan 13 - Dec 13)**
Doctors	30.8%	57.1%	72.0%	37.9%	39.5%
Nurses	N/A	N/A	N/A	N/A	N/A

Note:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis
(2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
(3) Rolling Attrition (Wastage) Rate = (Total no. of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

3.

To improve the A&E services, HA has introduced the following measures and has been 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;

(b) Augmenting doctor manpower through the following –

i) extra financial incentives, such as introducing special honorarium scheme, enhancing the fixed-rate honorarium and providing leave encashment;

ii) additional promotion mechanism for promoting frontline doctors with more than five years of post-fellowship experience in the specialty and consistently good performance to Associate Consultant;

iii) appointment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments with enhanced package; and

iv) recruitment of non-local doctors under limited registration for pressurised specialties such as A&E Departments since 2012;

(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 in non-emergency situations.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)263

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3402)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431-432 (if applicable)

Question (Member Question No. 50):

What is the median waiting time for first appointment at psychiatric specialist outpatient clinics in various hospital clusters over the past five years? 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 outpatient clinics (SOPC) in each cluster in the past five years (from 2009-10 to 2013-14).

Cluster	Median waiting time (weeks) for first appointment at psychiatric specialist out-patient clinics				
	2009-10	2010-11	2011-12	2012-13	2013-14 (as at 31 December 2013)
HKEC	1	<1	2	5	4
HKWC	7	4	4	5	8
KCC	3	4	5	4	7
KEC	5	5	8	9	10
KWC	4	4	4	15	15
NTEC	4	6	8	6	8
NTWC	2	4	7	6	8
Overall	4	4	6	7	8

Note:
The surge in the median waiting time in 2012-13 and 2013-14 in 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.

To help address the long waiting time and increasing service demand in psychiatric SOPC, Hospital Authority (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. In 2014-15, HA will further expand its child and adolescent psychiatric services in KWC and NTEC. HA will continue to review and monitor its service provision to ensure that its services can meet the needs of the patients.

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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)264

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3404)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 52):

1. Please tabulate the attrition rate (including departure and retirement) of government doctors for each specialty and cluster in the past five financial years.

2. Please provide the ratio of doctors (both public and private sectors) to population by cluster, as well as the ratio of the total number of doctors to Hong Kong population.

3. Has the Government drawn up any long term plan to increase the ratio of healthcare personnel (including doctors, nurses and therapists) to population? If yes, what are the timetable and objectives? What benchmarks will be used or which countries' experience will be drawn upon?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

(1)

The table below sets out the attrition rate of full-time doctors by major specialties in each cluster of the Hospital Authority (HA) in 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14.

Cluster	**Major Specialty**	**Full-time Attrition Rate**				
		2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14 (Rolling 12 months from 1 January to 31 December 2013)**
HKEC	Accident & Emergency	1.9%	7.8%	2.0%	1.9%	1.9%
	Anaesthesia	3.3%	6.9%	3.2%	3.1%	12.6%
	Family Medicine	8.7%	6.4%	4.0%	-	1.9%
	Intensive Care Unit	-	8.1%	-	-	-
	Medicine	4.9%	3.5%	2.1%	2.7%	1.4%
	Neurosurgery	-	-	-	9.8%	-
	Obstetrics & Gynaecology	16.4%	20.6%	9.7%	-	4.4%
	Ophthalmology	5.2%	5.2%	10.3%	10.5%	5.2%
	Orthopaedics & Traumatology	3.3%	3.2%	6.4%	3.2%	-
	Paediatrics	15.7%	7.7%	7.7%	13.8%	9.7%
	Pathology	12.3%	-	-	5.2%	10.2%
	Psychiatry	3.2%	-	-	3.1%	-
	Radiology	6.0%	5.8%	8.6%	2.7%	13.7%
	Surgery	-	4.1%	6.2%	8.3%	8.5%
	Others	4.0%	7.9%	8.1%	8.1%	7.9%
	Total	**5.2%**	**5.3%**	**4.1%**	**3.9%**	**4.4%**

Cluster	Major Specialty	Full-time Attrition Rate				
		2009-10	2010-11	2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
HKWC	Accident & Emergency	-	-	-	-	-
	Anaesthesia	9.9%	3.8%	9.6%	3.6%	7.0%
	Cardio-thoracic Surgery	10.3%	-	10.1%	-	-
	Family Medicine	6.5%	3.0%	2.8%	2.5%	2.5%
	Intensive Care Unit	-	16.8%	-	-	-
	Medicine	6.3%	3.9%	6.2%	6.1%	2.3%
	Neurosurgery	7.4%	-	-	-	8.2%
	Obstetrics & Gynaecology	-	4.0%	3.8%	11.3%	7.8%
	Ophthalmology	-	9.5%	-	-	-
	Orthopaedics & Traumatology	3.5%	-	10.1%	3.3%	-
	Paediatrics	2.6%	7.8%	2.5%	5.1%	2.4%
	Pathology	4.4%	4.4%	-	7.7%	15.9%
	Psychiatry	-	-	13.5%	12.1%	12.6%
	Radiology	2.9%	5.7%	5.4%	2.7%	2.7%
	Surgery	5.6%	5.4%	7.8%	6.4%	7.8%
	Others	-	-	3.8%	3.7%	7.5%
	Total	**4.5%**	**3.9%**	**5.6%**	**4.9%**	**4.7%**
KCC	Accident & Emergency	2.6%	11.1%	2.7%	10.9%	2.6%
	Anaesthesia	4.2%	-	-	-	-
	Cardio-thoracic Surgery	7.1%	15.3%	-	-	-
	Family Medicine	6.2%	4.0%	5.9%	3.9%	3.7%
	Intensive Care Unit	-	16.4%	-	-	-
	Medicine	5.9%	4.4%	1.4%	2.8%	2.1%
	Neurosurgery	-	6.4%	-	5.1%	4.9%
	Obstetrics & Gynaecology	12.0%	12.9%	-	3.7%	-
	Ophthalmology	2.7%	-	2.8%	5.4%	11.1%
	Orthopaedics & Traumatology	-	-	-	5.7%	2.9%
	Paediatrics	5.2%	5.4%	11.4%	2.8%	-
	Pathology	4.0%	-	-	7.3%	-
	Psychiatry	3.2%	12.8%	6.0%	-	6.1%
	Radiology	-	4.9%	2.3%	-	4.4%
	Surgery	6.0%	1.9%	5.9%	1.9%	3.7%
	Others	-	4.4%	6.7%	7.0%	4.7%
	Total	**4.2%**	**4.7%**	**3.1%**	**3.5%**	**3.0%**
KEC	Accident & Emergency	4.4%	-	11.5%	3.5%	1.8%
	Anaesthesia	4.9%	9.9%	5.1%	7.7%	2.5%
	Family Medicine	5.2%	4.0%	4.9%	3.5%	4.7%
	Intensive Care Unit	-	-	-	-	-
	Medicine	6.0%	1.6%	1.6%	6.1%	2.2%
	Neurosurgery	-	-	-	-	-
	Obstetrics & Gynaecology	-	7.7%	3.8%	7.3%	-
	Ophthalmology	13.9%	6.6%	-	16.2%	16.8%
	Orthopaedics & Traumatology	10.6%	10.6%	7.7%	2.6%	5.0%
	Paediatrics	-	10.2%	13.1%	5.3%	7.8%
	Pathology	5.6%	-	-	-	-
	Psychiatry	-	-	-	-	2.9%
	Radiology	-	-	4.2%	8.3%	4.0%
	Surgery	1.8%	-	5.2%	5.3%	3.6%
	Others	9.3%	9.6%	11.5%	-	-
	Total	**4.4%**	**3.8%**	**5.1%**	**4.8%**	**3.4%**

Cluster	Major Specialty	Full-time Attrition Rate				
		2009-10	2010-11	2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
KWC	Accident & Emergency	4.5%	6.3%	3.7%	8.7%	4.6%
	Anaesthesia	6.5%	3.9%	6.3%	7.5%	2.4%
	Family Medicine	4.6%	6.5%	5.6%	8.3%	1.4%
	Intensive Care Unit	-	6.3%	6.4%	-	-
	Medicine	6.0%	5.4%	4.7%	3.2%	4.2%
	Neurosurgery	8.0%	-	17.1%	4.6%	-
	Obstetrics & Gynaecology	10.4%	8.6%	-	-	-
	Ophthalmology	-	8.4%	22.1%	4.4%	4.4%
	Orthopaedics & Traumatology	1.5%	5.9%	4.3%	2.7%	2.7%
	Paediatrics	2.7%	9.6%	8.4%	5.6%	2.6%
	Pathology	-	2.2%	4.2%	4.3%	4.3%
	Psychiatry	3.0%	3.0%	1.4%	5.9%	1.5%
	Radiology	5.9%	3.7%	3.8%	5.5%	11.3%
	Surgery	5.5%	6.2%	1.8%	7.0%	2.6%
	Others	2.9%	-	-	2.1%	-
	Total	**4.7%**	**5.5%**	**4.8%**	**5.1%**	**3.1%**
NTEC	Accident & Emergency	1.4%	7.4%	7.7%	3.1%	4.9%
	Anaesthesia	5.3%	3.5%	3.5%	1.8%	1.7%
	Cardio-thoracic Surgery	-	-	-	-	-
	Family Medicine	6.7%	6.2%	2.4%	2.3%	4.7%
	Intensive Care Unit	8.7%	4.5%	-	3.8%	-
	Medicine	4.6%	5.7%	7.3%	2.8%	2.8%
	Neurosurgery	-	12.9%	-	13.8%	-
	Obstetrics & Gynaecology	12.6%	6.2%	6.2%	-	10.1%
	Ophthalmology	4.2%	21.3%	18.4%	-	-
	Orthopaedics & Traumatology	3.2%	9.9%	3.3%	3.3%	-
	Paediatrics	-	3.8%	3.8%	5.4%	7.2%
	Pathology	-	3.2%	-	3.1%	3.1%
	Psychiatry	-	6.9%	-	3.3%	3.3%
	Radiology	-	5.8%	-	2.6%	-
	Surgery	5.1%	1.3%	3.8%	-	3.7%
	Others	-	8.1%	4.0%	2.0%	1.9%
	Total	**3.6%**	**6.1%**	**4.4%**	**2.6%**	**3.1%**
NTWC	Accident & Emergency	1.5%	1.6%	1.7%	5.2%	-
	Anaesthesia	7.5%	-	6.4%	4.6%	7.1%
	Cardio-thoracic Surgery	-	-	-	-	-
	Family Medicine	5.5%	4.2%	5.9%	4.2%	6.7%
	Intensive Care Unit	7.0%	-	-	6.0%	10.9%
	Medicine	1.6%	9.1%	4.2%	5.8%	4.0%
	Neurosurgery	-	-	-	-	6.9%
	Obstetrics & Gynaecology	-	10.3%	3.4%	3.3%	6.6%
	Ophthalmology	-	5.4%	-	10.1%	5.2%
	Orthopaedics & Traumatology	2.4%	4.7%	2.3%	9.8%	4.6%
	Paediatrics	2.7%	-	5.4%	8.7%	-
	Pathology	10.3%	-	-	4.9%	15.3%
	Psychiatry	2.8%	8.2%	2.7%	6.6%	2.6%
	Radiology	-	-	3.3%	9.5%	9.3%
	Surgery	2.0%	-	1.8%	5.4%	3.6%
	Others	3.6%	-	10.0%	3.3%	3.2%
	Total	**2.9%**	**4.1%**	**3.6%**	**5.9%**	**4.7%**

Notes

1. Attrition includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition Rate and Part-time Attrition Rate respectively.

3. 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 table below sets out the number and ratio of doctors serving in HA per 1 000 population by cluster in 2013-14 (as at 31 December 2013). The number and ratio of doctors working in the private sector are not available.

Cluster	Number of doctors and ratio per 1000 geographical population* of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	580	0.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	605	1.1	Central & Western, Southern
KCC	692	1.4	Kowloon City, Yau Tsim
KEC	630	0.6	Kwun Tong, Sai Kung
KWC	1 298	0.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	878	0.7	Sha Tin, Tai Po, North
NTWC	713	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 396**	**0.8**	

* The statistical delineation of the geographical populations for KEC / NTEC and KEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services.

<u>Notes</u>

1. Population figures are based on the 2011 Population Census by the Census & Statistics Department and the latest projection by the Planning Department.

2. 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.

3. It should be noted that the ratio of doctors per 1 000 population varies among the 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 organisation 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.

(3)

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. We aim to conclude the review in 2014. Its findings and recommendations will shed light on ways to ensure an adequate supply of 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

Reply Serial No.

FHB(H)265

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3410)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 66):

Please provide a breakdown of the number of applications approved and the expenditure incurred in each of the past five years under the Samaritan Fund administered by the Hospital Authority.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The table below sets out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14 (up to 31 December 2013):

Items	**2009-10**	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 095	84.2
Non-drugs: Cardiac Pacemakers	435	21.8
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 640	56.6
Intraocular Lens	1 337	1.7
Home use equipment and appliances	69	0.6
Gamma knife surgeries in private hospital	32	2.2
Harvesting bone marrow in foreign countries	13	1.8
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	115	1.2
Total	4 736	170.1

Items	2010-11	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 354	150.5
Non-drugs: Cardiac Pacemakers	497	24.7
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 654	56.0
Intraocular Lens	1 596	1.8
Home use equipment and appliances	72	0.7
Gamma knife surgeries in private hospital	28	2.0
Harvesting bone marrow in foreign countries	12	1.3
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	108	1.4
Total	5 321	238.4

Items	2011-12	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 516	174.9
Non-drugs: Cardiac Pacemakers	536	25.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 555	55.3
Intraocular Lens	1 487	1.7
Home use equipment and appliances	53	0.6
Gamma knife surgeries in private hospital	26	2.0
Harvesting bone marrow in foreign countries	14	1.6
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	94	1.4
Total	5 281	262.8

Items	2012-13	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 745	241.6
Non-drugs: Cardiac Pacemakers	547	28.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 486	53.9
Intraocular Lens	1 220	1.4
Home use equipment and appliances	39	0.4
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	10	1.5
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	86	1.3
Total	5 134	328.5

Items	2013-14 (up to 31 December 2013)	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 545	206.6
Non-drugs: Cardiac Pacemakers	374	17.5
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventional cardiology	1 139	44.6
Intraocular Lens	1 104	1.6
Home use equipment and appliances	25	0.3
Gamma knife surgeries in private hospital	2	0.2
Harvesting bone marrow in foreign countries	7	1.2
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	50	1.1
Total	4 246	273.1

CONTROLLING OFFICER'S REPLY

(Question Serial No.3411)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not specified
Programme:	(2) Subvention: Hospital Authority
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 67):

Please list the current number of people waiting for specialist outpatient services and the waiting time in each District Council district.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The Hospital Authority (HA) encourages patients to seek medical attention from specialist outpatient (SOP) clinics in the clusters where they are residing to facilitate follow-up of their medical condition and provision of community support. However, it should be noted that cross-cluster utilisation of the service exists.

The corresponding catchment districts of HA's clusters are listed below:

- HKEC – Eastern, Wan Chai, Islands (excl. Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim
- KEC – Kwun Tong, Sai Kung
- KWC – Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

The table below sets out the number of SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine cases and their respective median (50th percentile) waiting time in each hospital cluster for 2013-14 (up to 31 December 2013).

2013-14 (up to 31 December 2013) [Provisional figures]

Cluster	Specialty	Number of new cases	Median waiting time (weeks)		
			Priority 1	Priority 2	Routine
HKEC	ENT	6 261	<1	3	34
	MED	8 854	1	3	13
	GYN	4 466	<1	3	14
	OPH	9 315	<1	7	15
	ORT	7 235	1	6	49
	PAE	1 002	1	5	13
	PSY	2 650	1	3	9
	SUR	10 153	1	6	15
HKWC	ENT	4 887	<1	6	23
	MED	9 210	<1	5	30
	GYN	5 974	1	4	16
	OPH	7 730	<1	4	17
	ORT	8 375	<1	3	14
	PAE	1 879	<1	5	17
	PSY	3 159	1	3	13
	SUR	11 085	1	5	22
KCC	ENT	12 152	<1	1	21
	MED	9 203	<1	4	38
	GYN	4 226	<1	4	8
	OPH	18 543	<1	2	53
	ORT	6 181	<1	2	54
	PAE	1 689	<1	6	15
	PSY	2 089	<1	4	16
	SUR	13 423	1	4	24
KEC	ENT	6 693	<1	6	52
	MED	14 216	1	7	41
	GYN	6 731	1	6	37
	OPH	13 714	<1	7	23
	ORT	12 238	<1	7	128
	PAE	3 169	<1	7	20
	PSY	5 589	1	5	50
	SUR	18 936	1	5	25

Cluster	Specialty	Number of new cases	Median waiting time (weeks)		
			Priority 1	Priority 2	Routine
KWC	ENT	13 093	<1	6	24
	MED	22 683	<1	6	42
	GYN	10 813	<1	6	20
	OPH	14 532	<1	6	43
	ORT	16 868	<1	5	55
	PAE	5 832	<1	6	10
	PSY	10 937	1	4	18
	SUR	29 061	1	6	37
NTEC	ENT	11 525	<1	3	55
	MED	16 105	<1	5	63
	GYN	9 387	<1	6	49
	OPH	15 455	<1	4	47
	ORT	16 475	<1	5	111
	PAE	3 128	<1	5	27
	PSY	6 746	1	4	37
	SUR	18 608	<1	5	27
NTWC	ENT	9 585	<1	3	27
	MED	7 733	1	6	36
	GYN	5 633	1	6	15
	OPH	15 192	<1	4	55
	ORT	9 979	1	4	69
	PAE	1 667	<1	6	13
	PSY	5 225	1	5	25
	SUR	17 536	1	7	48

Abbreviations

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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3446)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 115):

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 10 years?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The table below sets out the average cost per patient day by types of bed in the Hospital Authority for the past 10 years:

Year	Average cost per patient day			
	General (acute & convalescent) ($)	Infirmary ($)	Mentally Ill ($)	Mentally Handicapped ($)
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	4,180	1,360	2,150	1,220
2013-14 (Revised Estimate)	4,440	1,410	2,220	1,280

Reply Serial No.

FHB(H)268

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3449)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 433 (if applicable)

Question (Member Question No. 125):

(a) How many resources are currently deployed and will be deployed next year to women's specialist medical centres?
(b) Will the number of these centres be increased to meet women's needs?
(c) How many Chinese medicine clinics are there currently and how many will be set up next year?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

(a) & (b)

The provision for woman health service in the Department of Health (DH) is $30.9 million in 2013-14 (revised estimate) and $31.9 million in 2014-15 (estimate). DH is one of the providers of woman health service alongside with other organisations (such as non-governmental organisations (NGO), private hospitals and private doctors) in providing a wide array of health programmes for women. DH has no plan to increase the number of Woman Health Centres in 2014-15.

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 a gender basis and does not operate women's specialist medical centres. HA will constantly review both the service demand and supply of public medical services, having regard to population growth, demographic changes and updates in disease patterns, to ensure that any service gaps are addressed as appropriate.

(c)

The Government has committed to establishing public Chinese medicine clinics (CMCs) in 18 districts 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 HA, a NGO and a local university. The NGOs are responsible for the day-to-day operation of public CMCs. Up to now, we have set up 17 public CMCs. The remaining public CMC in the Islands District will be commissioned later this year.

CONTROLLING OFFICER'S REPLY

(Question Serial No.3456)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432-433 (if applicable)

Question (Member Question No. 139):

Please advise on the actual and estimated expenditure on general outpatient services for the past 5 financial years and the estimated expenditure for the next financial year.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

Public 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 table below sets out the costs for operating the general outpatient clinics (GOPCs) from 2009-10 to 2014-15 -

Year	General Outpatient Service Costs ($ million)
2009-10	1,369
2010-11	1,465
2011-12	1,776
2012-13	2,021
2013-14	2,161 (Revised Estimate)
2014-15	2,238 (Estimate)

The GOPC service costs include the direct staff costs (such as medical and nursing staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and equipment maintenance).

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 GOPC Public-Private Partnership Programme, the Shared Care Programme and smoking cessation service. Starting from 2012-13, some programmes have been turned into regular services and the corresponding costs have already been included as part of the overall general outpatient service costs.

Reply Serial No.

FHB(H)270

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3469)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431-432 (if applicable)

Question (Member Question No. 166):

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 detail information to advise this Committee on the following:

1. Among these patients, how many of them are new arrivals? How many of them come from single-parent families and how many are children? What are the gender composition and the age profile?

2. How many of them are victims or batterers of domestic violence? What are the gender composition and the age profile?

3. How many of the children witnessed domestic violence? What are the gender composition and 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 2013-14, the Programme has been extended to a total of 15 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Wong Tai Sin, Kowloon City, Sai Kung, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, North, Tuen Mun and Yuen Long). In 2014-15, the Programme will be further extended to cover all the 18 districts in Hong Kong.

As at 31 December 2013, the Programme has provided personalised and intensive community support to about 12 500 adult patients with SMI. The requested breakdowns are not available.

Reply Serial No.

FHB(H)271

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3474)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431-432 (if applicable)

Question (Member Question No. 172):

Please tabulate the following information:

1. Among psychiatric patients, how many of them are victims/batterers of domestic violence in the past 5 years? How many psychiatric patients are children and young persons who witnessed domestic violence? What are their percentages in the total number of psychiatric patients?

2. How many of them are new arrivals, ethnic minorities and sexual minorities? What are their respective percentages?

3. How long have they been attending follow-up appointments?

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

The Hospital Authority (HA) delivers a range of mental health services, including inpatient, outpatient, day hospital and community psychiatric services, using an integrated and multi-disciplinary approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers.

For 2013-14, HA provided support for a total of 205 400 psychiatric patients as at 31 December 2013. HA provides services to individual patients depending on their clinical and psychosocial needs. HA does not have statistics on the number of psychiatric patients who are new arrivals, ethnic minorities or sexual minorities, and the duration of their follow-up appointments.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)272

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3475)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 173):

Please tabulate the following information and advise this Committee on:

1. the number of patients seeking medical treatment as a result of domestic violence in the past 5 years;
2. the types and the duration of therapy required;
3. the number of cases requiring referrals to other organizations or government departments;
4. the number of patients requiring therapy from psychiatrists or psychologists, the duration of therapy and the ratios of children to young persons, male to female and victims to batterers; and
5. resources required per year.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

(1)

The Hospital Authority (HA) does not maintain statistics on medical treatment arising from domestic violence. The table below sets out the number of attendances under the category of child abuse, elderly abuse and spousal abuse extracted from the record of the Accident and Emergency (A&E) departments in the past five years (up to 31 December 2013):

	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14** (up to 31 December) (Provisional figures)
Number of A&E attendances under the category of child abuse, elderly abuse and spousal abuse	1 601	1 431	1 365	1 191	1 038

(2) - (5)

When a domestic violence victim attended an A&E department of HA, A&E doctor would take his/her medical history, perform physical examination, provide immediate treatment of the physical injuries and arrange for hospital admission, if necessary. The doctor would document the details in the medical record and advise the patient to report the incident to the Police at the Police Counter of the A&E department.

Under most circumstances, the patient would be referred to a Medical Social Worker (MSW) for further assessment and follow-up. The MSW would assess the social needs of the patients and provide counselling and shelter, if necessary.

Victims with unstable emotion would also be referred to psychiatrists and/or clinical psychologists for follow-up.

As HA does not maintain separate statistics on domestic violence victims, the amount of resources deployed for providing medical treatment for the patients concerned is not available.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)273

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4825)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 659):

Regarding the Outreach Dental Care Programme for the Elderly, will the Government inform this Committee of :

(a) the number of attendances of the elderly receiving the respective services, with a breakdown by type of service (e.g. dental examination, scaling and polishing, pain relief and emergency dental treatment) since the launch of the Pilot Project on Outreach Primary Dental Care Services for the Elderly; and

(b) the annual expenditures incurred by the pilot project since its launch and the estimated expenditure for next year.

Asked by: Hon CHEUNG Chiu-hung, Fernando

Reply:

(a) In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) have been set up since and a total of about 62 000 elders in RCHEs and DEs have been served under the Outreach Pilot Project involving about 100 000 attendances (up to end-February 2014). Each of the 62 000 elders served by the outreach dental teams has received at least one annual check-up. Breakdown of other basic treatments received by the elders is as follows:-

Types of dental treatment received	**No. of elders** *Note*
(i) Scaling and polishing	14 247
(ii) Denture cleaning	2 870
(iii) Fluoride / X-ray	6 525

Note: More than one type of dental treatment may be received by the same elder.

(b) The expenditure for the Outreach Pilot Project was about $66 million (up to end-February 2014). Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the Outreach Pilot Project will be converted to a regular programme in 2014. We have included a provision of $25.1 million under Head 37 – Department of Health in 2014-15 for launching the regular programme.

Reply Serial No.

FHB(H)274

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6416)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 329):

In the 2014 Policy Address, it is mentioned that the free outreach primary dental care services for the elderly in residential care homes or day care centres will be converted into a regular programme and the scope of services will be expanded to include fillings, extractions and dentures. In this connection, will the Administration advise this Committee on:

1. the number of attendances for the free outreach primary dental care services for the elderly in residential care homes or day care centres and the number of residential care homes and day care centres making use of the services in the past 5 years;
2. the estimated additional expenditure on fillings, extractions and dentures for each of the coming 3 years;
3. the estimated number of attendances for fillings, extractions and dentures for each of the coming 3 years; and
4. the types of dentures to be offered by the above dentures service?

Asked by: Hon. CHEUNG Kwok-che

Reply:

1. In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. A total of 24 outreach dental teams from 13 non-governmental organisations have been set up since and a total of about 62 000 elders in about 740 RCHEs and DEs have been served under the Outreach Pilot Project involving about 100 000 attendances (up to end-February 2014).

2.&3. Under the regular programme, an additional provision of $7 million in a full-year is required to meet the additional expenditure arising from the expanded scope of treatments and services to cover fillings, extractions, dentures, etc., which will be provided to the elders based on the professional assessment of the outreach dentists and only with the consent of the elders concerned or their families.

4. The dental prosthesis to be covered by the regular programme includes complete dentures, partial dentures, crowns and bridges, which are in line with the Dental Grant under the Comprehensive Social Security Assistance Scheme.

Reply Serial No.

FHB(H)275

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6470)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 245):

The Government said that it would earmark additional resources this year to provide new generation drugs for psychiatric patients in need and strengthen manpower to enhance in-patient and out-patient services. In this connection:

1. What is the amount of additional provision to be allocated by HA this year and how many types of new generation psychiatric drugs will be provided for patients in need?

2. Please list the number of psychiatrists and psychiatric nurses and their turnover in each year between 2010 and 2013. How many additional psychiatrists and psychiatric nurses will HA employ in 2014 to enhance in-patient and out-patient services?

3. Please list the number of community psychiatric nurses and their turnover in each year between 2010 and 2013. How many additional community psychiatric nurses will HA employ in 2014 to provide mental health assessment and suitable ambulatory services for patients?

4. Will HA provide psychiatric specialist out-patient services in the evening and on public holidays? If so, at which hospitals or clinics and in what ways? If not, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(1)

Over the years, the Hospital Authority (HA) has taken measures to increase the use of second generation psychiatric drugs with less disabling side effects. In 2014-15, HA will further expand the provision of second generation psychiatric drugs including new anti-psychotics and anti-dementia drugs. It is estimated that there will be an additional recurrent expenditure of about $32 million each year to benefit around 10 700 patients under suitable clinical conditions. HA will continue to keep in view the development of new psychiatric drugs and review the use of these drugs through the established mechanism.

(2) & (3)

The table below sets out the number of psychiatric doctors, psychiatric nurses and community psychiatric nurses (CPNs) working in psychiatric stream in HA in the past five years (from 2009-10 to 2013-14). The attrition rate of psychiatric doctors and psychiatric nurses ranged between 2.0% and 5.1% during the period.

	Psychiatric doctors[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including CPNs)**	**Community Psychiatric Nurses**[1 & 4] **(CPNs)**
2009-10	310	1896	146
2010-11	317	1944	141
2011-12	334	2161	125
2012-13	332	2296	127
2013-14 (as at 31 December 2013)	337	2368	131

Notes:

1. The manpower figures above are calculated on full-time equivalent (FTE) including permanent, contract and temporary staff in HA's workforce, but excluding those working for HA headquarters. Individual figures may not add up to the total due to rounding.

2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns.

3. Psychiatry nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals as well as all nurses in psychiatric stream.

4. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.

Mental health services at the HA are provided by multi-disciplinary teams including psychiatrists, psychiatric nurses and community psychiatric nurses. HA will continue to assess regularly its manpower requirements and make appropriate arrangements to meet service needs.

(4)

HA provides multi-disciplinary services to mental patients according to their clinical needs. Chronic patients requiring follow-up consultation will be assigned a visiting time slot after each appointment. As special out-patient clinics (SOPCs) are not intended for the provision of emergency services, patients in need should go to the accident and emergency departments of hospitals where the necessary staffing, equipment and ancillary facilities are in place for appropriate treatment and comprehensive care. To ensure efficient use of SOPC resources and having regard to manpower availability, HA at present has no plan to provide psychiatric specialist out-patient services at night or on public holidays. HA has nevertheless set up designated depot clinics in all the seven clusters to provide depot injection treatment during non-office hours to facilitate patients in need.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)276

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6471)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 247):

The Government has indicated that additional resources will be allocated this year to extend the Case Management Programme for patients with severe mental illness (SMI) to cover all 18 districts in Hong Kong. Some organisations of mental patients are of the view that the support for mental patients living alone is seriously inadequate. They pointed out that case managers only visit these patients at long intervals and are therefore unable to help tackle the problems these patients are facing. Besides, the workload of over 60 cases per case manager is too heavy. Please advise on the following:

1. What is the number of mental patients currently receiving treatment according to the statistics of the Hospital Authority (HA)? Among these patients, how many patients with SMI are suitable for receiving intensive support under the Case Management Programme in the community? Please list by HA cluster the number of mental patients in each year from 2010 to 2013.

2. What is the number of case managers employed by the HA as at the end of March this year? What is the total expenditure on their remunerations?

3. What is the minimum number of cases each case manager is required by the HA to handle each year? What is the average number of cases actually handled by each case manager at present?

4. What is the number of additional case managers the HA plans to recruit in 2014? How can the HA provide appropriate support and help tackle the problems faced by its service targets?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in the Hospital Authority (HA) from 2010-11 to 2012-13 and 2013:

	Total no. of psychiatric patients treated	**No. of patients diagnosed with SMI**
2010-11	176 100	43 500
2011-12	186 900	44 600
2012-13	197 600	45 500
2013-14 (provisional figures up to 31 December 2013)	205 400	46 100 (Full year, provisional figure of 2013)

Note: Figures are rounded to the nearest hundred

To enhance community support for patients with SMI, HA in April 2010 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 SMI. The Programme has been expanded by phase and in 2014-15 it will cover all 18 districts in Hong Kong.

As at 31 December 2013, HA has recruited a total of 248 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised support to about 12 500 patients with SMI under the Programme. In 2014-15, it is estimated that an additional 39 case managers including nurses and allied health professionals will be recruited to provide support for about 1 950 more patients.

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 being supported and the experience of the individual case manager. On average, each case manager will take care of about 40-60 patients with SMI at any one time. The workload of each case manager is regularly reviewed, so are the progress and needs of the patients they support. HA will continue to recruit case managers to support the Programme and to review its service capacity.

FHB(H)277

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6480)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431-432 (if applicable)

Question (Member Question No. 639):

What were Hospital Authority's definitions of "domestic violence cases" in the past 5 years? Were there any changes in the definitions or defining features of "domestic violence cases"? If so, what are the details. If not, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

Accident and Emergency (A&E) departments of the Hospital Authority (HA) use standardised codes for cases of various nature such as those of child abuse, elderly abuse and spousal abuse ("Domestic Violence" is not among the classification categories).

When a patient suspected to be a victim of abuse attends an A&E department of HA, the A&E doctor will examine the patient's history, perform physical examination, provide immediate treatment for the physical injuries and arrange for hospital admission, if necessary. The doctor will document the details in the patient's medical record and advise the patient to report the incident to the Police at the Police Counter of the A&E department.

Under most circumstances, the patient will be referred to a Medical Social Worker (MSW) for further assessment and follow-up. The MSW will assess the social needs of the patient, and provide counselling and shelter if necessary.

Victims with unstable emotion will also be referred to psychiatrists and/or clinical psychologists for follow-up.

Reply Serial No.

FHB(H)278

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3313)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 57):

Earlier on, a 19-year-old tertiary student suspected of having depression was, after attending a medical consultation, arranged to receive specialist treatment next year. The student in the end committed suicide by jumping to his death. The tragedy reflects the acute shortage of specialist out-patient services and psychiatric treatment services in Hong Kong. Patients have to wait a year or even longer in order to receive treatment. In this regard, has the Hospital Authority earmarked any financial resources in 2014-15 to improve the quality of the above services so that patients do not have to wait a very long time?

Asked by: Hon. CHUNG Shu-kun, Christopher

Reply:

In 2014-15, the Hospital Authority (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 to three more districts (Yau Tsim Mong, Tai Po and Tsuen Wan (plus North Lantau)). The additional recurrent expenditure for 2014-15 is estimated at $27.7 million.

To facilitate early discharge and better community re-integration, in 2014-15, HA will enhance the therapeutic components in psychiatric in-patient admission wards in all seven clusters. The additional recurrent expenditure is estimated at around $19.2 million.

About $3.8 million has been earmarked to strengthen psychiatric consultation liaison services in 2014-15. Experienced psychiatric nurses will be recruited to offer pro-active assessment and early intervention to patients with symptoms of depression, psychosis, with suicide risk or violence tendency at the Accident and Emergency Department of the North District Hospital to facilitate early identification and management of patients having symptoms of mental disorders.

To meet the rising demand for child and adolescent psychiatric service, HA will further expand its child and adolescent psychiatric services in the Kowloon West Cluster and the New Territories East Cluster in 2014-15. The additional recurrent expenditure is estimated at around $12.5 million.

Over the years, HA has taken measures to increase the use of second generation psychiatric drugs with less disabling side effects. In 2014-15, HA will further expand the provision of second generation psychiatric drugs including anti-psychotics and anti-dementia drugs. It is estimated that an additional recurrent expenditure of about $32 million each year will be incurred to benefit around 10 700 patients under suitable clinical conditions.

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

Examination of Estimates of Expenditure 2014-15

CONTROLLING OFFICER'S REPLY

Reply Serial No.

FHB(H)279

(Question Serial No. 4581)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority, (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430

Question (Member Question No. 77):

1. Regarding the expenses on entertainment and gifts of your bureau and the departments under its purview over the past 3 years, please provide details using the table below:

Bureau/ branch/ department and year	Estimated expenses on entertainment and gifts in the year	Actual expenses on entertainment and gifts in the year	Cap on entertainment expenses (including beverages) per head for the year	Cap on gift expenses per guest for the year	Number of receptions held and total number of guests entertained in the year

2. Regarding the expenses on entertainment and gifts of your bureau and the departments under its purview in 2013-14, please provide details using the table below:

Bureau/ branch/ department	Date of reception (day/ month/ year)	Departments/ organisations and titles of the guests entertained (grouped by department/ organisation and indicating the number of guests)	Food expenses incurred in the reception	Beverage expenses incurred in the reception	Gift expenses incurred in the reception	Venue of the reception (department office/ restaurant in government facilities/ private restaurant/ others (please specify))

3. Please provide the estimated expenses on entertainment and gifts for 2014-15 using the table below:

Bureau/ branch/ department	Estimated provision for expenses on entertainment and gifts	Cap on entertainment expenses per guest	Cap on gift expenses per guest

Asked by: Hon. HO Sau-lan, Cyd

Reply:

As a general rule, all politically appointed officials and civil servants should observe the same principles and act in accordance with the relevant regulations and administrative guidelines when providing official entertainment in the form of meals. Government officers are required to exercise prudent judgement and economy when entertaining guest(s) for official purposes in order to avoid any public perception of extravagance. According to the existing general guidelines, the expenditure limits on official meals should not exceed $450 per person for lunch or $600 per person for dinner, inclusive of all expenses incurred on food and beverages consumed on the occasion, service charges and tips. The actual expenditure on official entertainment incurred by the Food and Health Bureau (Health Branch) and the Department of Health (under the Health portfolio) in the past three years, and the provision earmarked for 2014-15 are listed in the table below:

Year	Expenditure on official entertainment ($ million)	
	Food and Health Bureau (Health Branch)	Department of Health
2011-12	0.06	0.51
2012-13	0.17	0.29
2013-14 (as at 17.3.2014)	0.14	0.11
2014-15 (Estimate)	0.15	0.15

In line with the Government's green policy, public officers should as far as possible refrain from bestowing gifts/souvenirs to others during the conduct of official activities. According to the existing guidelines, where bestowal of gifts/souvenirs is necessary or unavoidable due to operational, protocol or other reasons, the gift/souvenir items should not be lavish or extravagant and the number should be kept to a minimum. Also, the exchange of gifts/souvenirs should only be made from organisation to organisation. As we do not maintain separate accounts for the expenses on the procurement of gifts and souvenirs, we do not have the relevant statistics.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)280

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4609)

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

Subhead (No. & title): (-) Not Specified

Programme: (1)Health, (2)Subvention: Hospital Authority, (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 108):

Regarding the studies (if any) conducted by your bureau and the departments under its purview 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 (2012-13 and 2013-14):

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 (2014-15)? 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 A.

(b) Information on consultancy studies under planning is at Annex B.

(c) Consultancy proposals are evaluated in accordance with the procedures laid down in the Stores and Procurement Regulations. Consulting firms 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 consultant.

Annex A

Studies on public policy and strategic public policy for which funds had been allocated in 2012-13 and 2013-14

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 Ltd	By invitation of proposals	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	Findings are being considered by the Food and Health Bureau	Consultancy report will be released through the website of Food and Health Bureau when the public consultation on Health Protection Scheme is launched.
The University of Hong Kong	By invitation of quotations	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	Completed	Results of this study have been considered by the Food and Health Bureau for formulation of its tobacco control policy.	Results of the survey have been published in Appendix 2 to Thematic Household Survey Report No. 53 of Census and Statistics Department.
PharmOut Pty Limited	By invitation of proposals	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 August 2014.

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?
The University of Hong Kong	By invitation of quotations	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 updating of DHA to 2010/11 has been completed with results released through FHB website and the updating of DHA to 2011/12 is still in progress and the results are expected to be released in late 2014.

Projects for which funds have been reserved for conducting consultancy study in 2014-15

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?
To be selected	By invitation of quotations	Project to update the Hong Kong Domestic Health Accounts (DHA) to 2012/13 and provision of related professional support services	1,430,000 (estimate)	Sept 2014	Under planning	Contract not yet awarded	The project is expected to be completed in late 2015 and the results will be released through the website of Food and Health Bureau.
To be selected	By invitation of quotations	School-based survey on smoking among students 2014/15: 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	1,430,000 (estimate)	Mid 2014	Under planning	Contract not yet awarded	The survey will be conducted in the 2014/15 school year and survey results are expected to be released in late 2015/ early 2016 via the next round of Thematic Household Survey report on related topic.

CONTROLLING OFFICER'S REPLY

FHB(H)281

(Question Serial No. 4636)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority, (3) Subvention: Prince Philip. Dental Hospital.

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page

Question (Member Question No. 135):

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 in 2011-12 to 2013-14 as per following table:

Project/ Programme	Details, objective and whether it is related to the Framework Agreement on Hong Kong /Guangdong Co-operation (the Framework Agreement)	Expenditure involved	Mainland official and 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 in 2014-15, please provide information as per following table:

Project/ Programme	Details, objective and whether it is related to the Framework Agreement on Hong Kong /Guangdong Co-operation (the Framework Agreement)	Expenditure involved	Mainland official and 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 been 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? How much financial and manpower resources have been earmarked in the estimates of 2014-15?

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.

The FHB and relevant departments/organisations have been working with the Mainland authorities on the six aforementioned areas of cooperation. Details are set out 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. These arrangements have greatly facilitated business expansion of Hong Kong's medical service in Guangdong Province. Twelve types of statutory healthcare professionals who are registered to practise in Hong Kong are allowed to provide short-term services in the Mainland. The Government will continue to work in collaboration with the Mainland health authorities to explore other liberalisation measures for early and pilot implementation in Guangdong Province and to enhance communication with the local healthcare professionals to facilitate their practice and setting up of medical institutions in the Mainland.

(ii) To delveop cooperation in hospital management, scientific research technology exchange and training of healthcare professionals

The Hospital Authority (HA) and the Health and Family Planning Commission of Guangdong Province have been organising mutual visits and exchanges on hospital management from time to time. The HA has since 2007 provided professional training courses for nurses in Guangdong Province to strengthen their knowledge and skills in specialist nursing. The HA will continue to strengthen cooperation and exchange with Guangdong Province.

(iii) To make medical services more accessible

The HA and the Health and Family Planning Commission of Shenzhen Municipality have run a pilot scheme since the first quarter of 2011 to facilitate the transfer of patient records from two designated Shenzhen hospitals to two designated HA hospitals. The scheme is applicable on a voluntary basis to patients who are Hong Kong residents and in stable condition. The Government is 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 on-going exchanges with the Guangdong Food and Drug Administration on a range of topics of mutual interest. Designated contact points have been established for communication on Chinese medicine related poisoning and adverse incidents. Cooperation in expertise exchange will continue.

Under the Hong Kong Chinese Materia Medica Standards project, the 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 China Food and Drug Administration has been taking up research work for some Chinese herbal medicines under the project.

In October 2013, the FHB and the State Administration of Traditional Chinese Medicine renewed the cooperation agreement on Chinese medicine to strengthen their communication. The FHB and the DH will continue maintaining close liaison with the Mainland on matters relating to Chinese medicine, and carry out relevant exchange activities as appropriate.

(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. The three places also organise, from time to time, drills and workshops to enhance exchange and to test the tripartite coordination mechanism for handling cross-border public health emergencies. The Government 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 Government exchanges relevant information with the Mainland and Macao authorities concerned. The 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. The Government will continue to strengthen the coordination and cooperation with the relevant Mainland authorities to promote drug safety and drug development.

Work in these respects has been absorbed into regular duties of the Administration, hence the FHB does not have a breakdown of the financial expenditure and manpower involved.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4671)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 167):

Regarding the Public-Private Interface – Electronic Patient Record (PPI-ePR) Sharing Pilot Project, please advise on:

1. the numbers of patients, private doctors and private medical institutions that have participated in the project in each of the past 5 years (2009-2010 to 2013-2014) ;

2. the details of the use and operation of the PPI-ePR sharing system; and

3. the channels through which patients can enquire and complain about matters concerning privacy, security measures and technical system support. Please also provide a breakdown of the numbers of such enquiries and complaints in the past 5 years.

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(1)

PPI-ePR	**2009-10** (as at Mar 2010)	**2010-11** (as at Mar 2011)	**2011-12** (as at Mar 2012)	**2012-13** (as at Mar 2013)	**2013-14** (up to end Feb 2014)
Total no. of patients enrolled (cumulative no.)	88,098	138,794	213,692	288,666	349,123
No. of private medical practitioners enrolled (cumulative no.)	1,259	1,552	1,821	2,073	2,267
No. of private hospitals enrolled	12	13	*12	^11	11
No. of private healthcare providers or NGOs enrolled (cumulative no.)	10 Organizations (including 40 centres)	43 Organizations (including 289 centres)	64 Organizations (including 379 centres)	73 Organizations (including 413 centres)	75 Organizations (including 432 centres)

Remark:

* The Jockey Club Cancer Rehabilitation Centre has been categorized under "NGO" instead of "private hospital" w.e.f. April 2011.

^ The Hong Kong Central Hospital has withdrawn from PPI-ePR w.e.f. August 2012.

(2)

PPI-ePR allows a duly authorised healthcare professional with the consent of a patient to access online the patient's clinical information stored at the Hospital Authority (HA). It supports timely access and sharing of clinical information for continuity of patient care. Healthcare professionals may access PPI-ePR only on a "need-to-know" basis and under the "patient-under-care" principle.

Clinical information gathered during the care encounter within the HA corporate environment is stored in a clinical data repository. The participating healthcare professionals are given a two-factor authentication to ensure security. Participation in PPI-ePR is based on the patient's express and informed consent and on a voluntary basis. In order to prevent unauthorised access of clinical information, the patient enrolled in the pilot will also be provided with a password. Patient will be required to produce the password to the participating healthcare professional to allow the healthcare professionals' access to the patient's record. A SMS message will be sent to the patient's mobile phone whenever the records are being accessed.

As at end February 2014, 82.5% of the enrolled private medical practitioners had accessed PPI-ePR, with 875,000 ePR access made, and 59.8% of the records of the enrolled patients had been accessed.

(3)

Members of the public and PPI-ePR participants can direct their enquiries or complaints to the PPI-ePR Programme Office via telephone hotline, email, post and fax. The no. of enquiries and complaints from 2009–10 to 2013–14 (up to end February 2014) are as follows:-

Financial Year	No. of Enquiries#	No. of Complaints#
2009–10	5,105	1
2010–11	12,060	0
2011–12	14,056	1
2012–13	17,202	6
2013–14 *(up to end Feb 2014)*	15,607	2

There is no available breakdown of the nature of the enquiries. As for the 10 complaints received, they are not directly related to patient privacy, security measure or system technology.

Reply Serial No.

FHB(H)283

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4672)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health, (2) Subvention: Hospital Authority, (3) Subvention: Prince Philip Dental Hospital

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 168):

(a) Do the Administration and its medical institutions keep a breakdown of enquiries and requests for assistance received as well as services provided in the past 5 years (2009-2013) in relation to people of different sexual orientation or gender identities? If so, please provide the data. If not, please give the reasons and advise whether the Administration has met the obligations under the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, and the Hong Kong Bill of Rights Ordinance.

(b) Has the Administration and its medical institutions established an internal audit mechanism to conduct regular reviews of cases involving people of different sexual orientation or gender identities in order to ensure that such cases have been handled in a fair manner?

(c) Has the Administration assessed the needs of people of different sexual orientation or gender identities for various types of existing healthcare services? If so, what are the details? If not, what are the reasons?

(d) Has the Administration issued guidelines to front-line staff on provision of services to people of different sexual orientation or gender identities? If so, what are the details? If not, please give the reasons and advise whether the Administration will consider drawing up such guidelines.

(e) Has the Administration regularly assessed whether front-line staff has sufficient knowledge about people of different sexual orientation or gender identities?

(f) Has the Administration provided training for front-line staff on provision of services to people of different sexual orientation or gender identities? If so, what are the details of the training in the past 3 years (2011-12 to 2013-14)? If not, please give the reasons and advise 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) The Department of Health (DH) provides services to all eligible clients irrespective of their sexual orientation or gender (including transgendered persons). Hence, generally, we would not maintain the

requested data except that of the 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 service 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 2009 and 2013 are at **Annex A**. Statistics on provision of clinical and laboratory service to clients of gender identity disorder (GID) by CGS are at **Annex B**.

The Hospital Authority (HA) provides public healthcare services based on types of disease and on specialty basis to cater for the divergent healthcare needs of the population. The HA does not capture statistics related to enquiries and requests for assistance from people of different sexual orientation or transgendered persons. The number of patients with GID who received psychiatric services in the HA's psychiatric specialist outpatient clinics from 2009-10 to 2013-14 are summarized at **Annex C**.

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 on professions supplementary to dentistry rather than the provision of public dental service. The Hospital does not keep record of enquires or requests for assistance from people of different sexual orientation or transgendered persons.

(b) The provision of medical services is based on clinical need, irrespective of the patient's sexual orientation or gender identity. Thus, no separate review for cases involving different sexual orientation or gender identities is needed.

The psychiatric services provided for patients with GID vary on a case-by-case basis depending on individual patients' specific clinical and psychosocial needs. The HA will continue to review and monitor its service provision to ensure that its services meet the needs of the patients.

(c) 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, the 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.

(d) 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. The 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.

For specific service provided by the SPP, corresponding to the principles laid down by the ACA's Strategies, the 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 professional code of practices, all healthcare professionals shall at all times respect the dignity, uniqueness, values and culture of patients. The HA would keep in view the relevant need and consider drawing up guidelines on provision to services to specific groups of patients as and when necessary.

(e) The DH keeps in view the need to enhance the knowledge of its staff about people of different sexual orientation or gender identities. In particular, assistance has been and will continue to be provided to new recruits through enrolling them in relevant training.

(f) FHB officers are invited to attend seminars on the Code which are organized by the Constitutional and Mainland Affairs Bureau, in collaboration with the Civil Service Training and Development Institute.

The DH has organised seminars on "Equal Opportunities at Workplace" for staff since 2011. In these seminars, the trainers 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, 510 and 369 staff attended these seminars in 2011, 2012 and 2013 respectively. In addition, DH staff are also encouraged to attend training centrally organised for civil servants to refresh and enhance their knowledge about people of different sexual orientation or gender identities.

The 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. Related e-learning programs are also provided to staff to refresh their knowledge and skills. These training programmes are regularly enhanced in response to the identification of training need of a particular area as appropriate.

Annex A

Attendance Statistics of Special Preventive Programme

		2009		2010		2011		2012		2013		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	2	0	0	0	0	0	0	0	0	0	2
	15 - 19	50	19	46	36	14	36	56	24	80	33	246	148
	20 - 24	186	131	229	125	270	124	367	187	370	179	1 422	746
	25 - 29	543	206	397	240	471	242	593	329	600	296	2 604	1 313
	30 - 34	485	239	395	268	457	314	692	366	615	343	2 644	1 530
	35 - 39	583	374	534	426	584	341	595	450	530	407	2 826	1 998
	40 - 44	590	333	590	364	557	426	658	439	552	491	2 947	2 053
	45 - 49	649	171	679	162	722	216	690	212	649	281	3 389	1 042
	50 - 54	490	162	595	148	597	128	611	161	581	139	2 874	738
	55 - 59	367	49	371	42	425	35	442	60	426	86	2 031	272
	60 - 64	209	52	213	55	223	63	290	62	250	65	1 185	297
	65 - 69	131	29	143	40	159	67	177	48	204	51	814	235
	70 - 74	122	12	170	16	143	7	176	5	132	13	743	53
	75 - 79	75	7	78	5	77	10	58	17	72	12	360	51
	80 - 84	8	0	8	0	7	0	26	0	26	1	75	1
	85 and above	8	0	7	0	10	0	23	1	15	0	63	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	37	0	33	0	26	0	50	0	43	0	189	0
	20 - 24	239	0	281	0	320	0	385	4	559	0	1 784	4
	25 - 29	542	0	569	0	596	0	737	0	919	0	3 363	0
	30 - 34	678	0	788	0	825	0	1 043	2	1 063	0	4 397	2
	35 - 39	972	0	1 114	0	993	0	1 048	0	1 124	0	5 251	0
	40 - 44	946	4	1 059	3	1 072	4	1 252	2	1 178	0	5 507	13
	45 - 49	544	0	650	0	818	0	1 023	1	1 089	3	4 124	4
	50 - 54	243	0	351	0	361	0	393	0	406	0	1 754	0

	55 - 59	91	0	139	0	199	0	209	0	207	0	845	0
	60 - 64	63	0	78	0	106	0	143	0	150	0	540	0
	65 - 69	33	0	26	0	29	0	25	0	39	0	152	0
	70 - 74	44	0	64	0	46	0	45	0	28	0	227	0
	75 - 79	13	0	7	0	11	0	21	0	34	0	86	0
	80 - 84	2	0	0	0	2	0	3	0	2	0	9	0
	85 and above	3	0	4	0	3	0	4	0	4	0	18	0
	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	2	0	2	0	2	0	0	0	0	0	6	0
	20 - 24	14	5	7	2	6	0	0	0	0	0	27	7
	25 - 29	116	10	68	12	50	15	15	14	12	4	261	55
Injecting drug use	30 - 34	188	21	86	3	66	15	47	15	80	8	467	62
	35 - 39	116	2	109	15	107	8	88	11	92	14	512	50
	40 - 44	46	6	106	6	73	11	81	8	92	5	398	36
	45 - 49	15	0	30	0	35	0	27	0	42	0	149	0
	50 - 54	43	0	32	0	49	0	40	0	20	0	184	0
	55 - 59	11	0	31	0	25	0	22	0	21	0	110	0
	60 - 64	0	0	0	0	0	0	4	0	0	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
	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	3	0	5	0	1	0	0	0	0	0	9
	20 - 24	0	0	0	0	13	2	5	6	2	7	20	15
	25 - 29	0	0	2	0	0	0	0	0	9	0	11	0
	30 - 34	2	0	2	0	0	0	0	7	0	0	4	7

Blood/ Blood product recipien	35 - 39	9	24	8	15	3	4	2	0	0	0	22	43
	40 - 44	29	13	28	12	29	24	20	12	9	19	115	80
	45 - 49	28	0	22	0	13	5	17	8	18	3	98	16
	50 - 54	3	0	9	0	15	0	12	0	11	14	50	14
	55 - 59	15	0	12	0	5	0	2	0	3	0	37	0
	60 - 64	0	0	0	0	6	0	12	0	11	0	29	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	5	1	3	0	1	2	2	2	2	0	13	5
	5 - 9	16	0	3	3	8	0	5	2	12	2	44	7
	10 - 14	3	2	2	4	10	4	9	2	6	6	30	18
	15 - 19	24	17	19	30	33	22	26	24	60	25	162	118
	20 - 24	32	63	44	91	57	73	81	125	113	148	327	500
	25 - 29	47	67	69	103	67	101	82	98	123	113	388	482
	30 - 34	53	56	40	80	69	53	146	88	184	112	492	389
	35 - 39	58	80	46	76	40	87	93	84	121	77	358	404
	40 - 44	48	111	44	101	39	80	49	83	105	89	285	464
	45 - 49	46	86	28	118	39	95	46	138	129	99	288	536
	50 - 54	43	94	43	93	32	90	28	107	110	91	256	475
	55 - 59	29	68	15	59	20	61	31	92	85	71	180	351
	60 - 64	20	24	21	26	19	23	18	24	37	18	115	115
	65 - 69	7	6	13	3	32	1	19	3	37	10	108	23
	70 - 74	3	1	4	2	1	7	7	1	21	2	36	13
	75 - 79	4	3	6	0	5	0	9	1	2	2	26	6
	80 - 84	1	0	0	0	0	0	1	0	7	0	9	0
	85 and above	0	3	2	2	0	0	0	0	2	4	4	9
	Total	10 022	2 556	10 574	2 791	11 092	2 797	12 881	3 325	13 525	3 343	58 094	14 812
Undetermined		12		69		115		90		172		458	
Yearly Total		**12 590**		**13 434**		**14 004**		**16 296**		**17 040**		**73 364**	

* 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 five years

Year	2009	2010	2011	2012	2013
Number of patients	3	0	13	33	38

Annex C

The number of patients with gender identity disorder (GID) who received psychiatric services in the psychiatric specialist outpatient clinics of the Hospital Authority (HA) from 2009-10 to 2013-14

Year	Number of patients with GID who received psychiatric services in HA's psychiatric specialist outpatient clinics
2009-10	45
2010-11	58
2011-12	75
2012-13	108
2013-14 (up to 31 December 2013)	112

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4674)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 – 432 (if applicable)

Question (Member Question No. 170):

(a) Please provide detailed information on the current provision of pre-operative and post-operative counselling for sex reassignment surgery (SRS) by the Hospital Authority (HA). What are the ranks of the staff involved?

(b) How many patients have received SRS and pre-operative and post-operative counselling from the HA in the past 5 years (2009-2013)?

(c) How many SRS are being handled by the HA? Please provide the number of cases at pre-operative and post-operative phases separately.

(d) How long does the process of counselling last for in each case on average? Please provide information on pre-operative and post-operative counselling separately.

(e) Would the HA take into consideration the age of the patient when determining the number of counselling sessions to be completed before the surgery?

Asked by: Hon. HO Sau-lan, Cyd

Reply:

(a) The counselling service currently offered by 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 of different ranks.

(b) & (c) The number of persons who received sex re-assignment counselling service and surgery from 2009-10 to 2013-14 are as follows-

Year	Number of persons who received sex re-assignment counselling service in HA psychiatric specialist outpatient clinics	Number of sex re-assignment surgery performed
2009-10	45	2
2010-11	58	4
2011-12	75	4
2012-13	108	4
2013-14 (up to 31 December 2013)	112	7

Currently, 13 persons are undergoing or waiting for sex re-assignment surgery.

(d) & (e) The whole process of counselling service will last for at least two years, including a minimum 12-month successful real-life experience (i.e. social gender role change) before the surgery. The consultation time for counselling service varies on a case-by-case basis depending on individual patient’s specific clinical and psychosocial needs. HA does not have breakdown on the above in respect of cases before and after sex assignment surgery.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4107)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 53):

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 the following information by cluster under the Hospital Authority:

(a) the number of geriatric community nurses, the number of elderly persons and the ratio of geriatric community nurses to local elderly persons at present and in the past 3 years;
(b) the number of elderly persons served by each geriatric community nurse, the number of cases requiring long-term follow-up action, and for each case, the number of visits per year and the time for each 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 (CNs) from 843 000 in 2013-14 to 845 000 in 2014-15. HA plans to increase the number of CNs from 447 in the 2013-14 revised estimates to 450 in 2014-15. CNs serve clients of all ages including geriatrics in the community. The proportion of home visits made by CNs for geriatric patients is about 85% in 2013-14.

The table below sets out the number of CNs and their ratio to local elderly persons in 2011-12, 2012-13 and 2013-14 (as at 31 December 2013).

Cluster	No. of CN[1]	Elderly population[2]	No. of CN to 1 000 elderly population[3] ratio	Catchment Districts
2011-12 (as at 31 March 2012)				
HKEC	49	120 800	0.40	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	26	74 000	0.36	Central & Western, Southern
KCC	33	77 700	0.42	Kowloon City, Yau Tsim
KEC	86	140 800	0.61	Kwun Tong, Sai Kung
KWC	140	289 100	0.48	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	60	136 800	0.43	Sha Tin, Tai Po, North
NTWC	45	102 000	0.44	Tuen Mun, Yuen Long
Total:	**439**	**941 400**	**0.47**	

Cluster	No. of CN[(1)]	Elderly population[(2)]	No. of CN to 1 000 elderly population[(3)] ratio	Catchment Districts
2012-13 (as at 31 March 2013)				
HKEC	54	125 800	0.43	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	27	76 900	0.35	Central & Western, Southern
KCC	32	80 700	0.40	Kowloon City, Yau Tsim
KEC	88	146 000	0.60	Kwun Tong, Sai Kung
KWC	140	298 200	0.47	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	55	144 500	0.38	Sha Tin, Tai Po, North
NTWC	50	108 100	0.46	Tuen Mun, Yuen Long
Total:	**446**	**980 300**	**0.46**	
2013-14 (as at 31 December 2013)				
HKEC	51	131 500	0.39	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	27	80 300	0.33	Central & Western, Southern
KCC	32	84 000	0.38	Kowloon City, Yau Tsim
KEC	87	150 500	0.58	Kwun Tong, Sai Kung
KWC	142	305 400	0.46	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	60	152 100	0.39	Sha Tin, Tai Po, North
NTWC	51	114 500	0.45	Tuen Mun, Yuen Long
Total:	**449**	**1 018 400**	**0.44**	

At present, each CN attends to about 180 patients on average per year. The table below sets out the number of successful home visits, the number of patients served, the number of successful home visits per patient and the average time for each successful home visit excluding travelling time in 2011-12, 2012-13 and 2013-14 (as at 31 December 2013).

Cluster	No. of successful home visits	No. of patients served	No. of successful home visits per patient	Average time (in minutes) per each successful home visit (net of travelling time)
2011-12 (as at 31 March 2012)				
HKEC	94 334	6 593	14.3	17.6
HKWC	56 207	3 174	17.7	18.2
KCC	63 173	2 524	25.0	20.3
KEC	156 000	10 135	15.4	20.4
KWC	247 518	14 907	16.6	21.0
NTEC	126 902	9 568	13.3	17.5
NTWC	79 177	4 047	19.6	18.6
Total:	**823 311**	**50 948**	**16.2**	**19.6**
2012-13 (as at 31 March 2013)				
HKEC	96 508	6 647	14.5	17.6
HKWC	52 581	3 044	17.3	18.2
KCC	65 097	2 518	25.9	22.7
KEC	159 068	10 839	14.7	21.7
KWC	250 407	15 503	16.2	21.9
NTEC	122 774	8 709	14.1	18.0
NTWC	83 015	4 217	19.7	21.0
Total:	**829 450**	**51 477**	**16.1**	**20.5**

Cluster	No. of successful home visits	No. of patients served	No. of successful home visits per patient	Average time (in minutes) per each successful home visit (net of travelling time)
2013-14 (as at 31 December 2013)				
HKEC	74 818	5 757	13.0	17.9
HKWC	41 533	2 795	14.9	18.7
KCC	50 036	2 195	22.8	22.6
KEC	121 311	8 749	13.9	21.4
KWC	186 833	12 937	14.4	22.5
NTEC	92 874	5 969	15.6	18.0
NTWC	59 195	3 515	16.8	22.0
Total:	**626 600**	**41 917**	**14.9**	**20.8**

Notes:

(1) No. of CN is the position as at end March of respective years (except for 2013-14 in which case the position is as at 31 December 2013). Individual figures may not add up to the total due to rounding.

(2) The statistical delineation of the geographical populations for KEC / NTEC and HKEC / KWC has been revised respectively in view of the new services provided to residents of the nearby districts by Tseung Kwan O Hospital and North Lantau Hospital since their commissioning of services. For easy comparison, figures starting from mid-2006 have also been adjusted accordingly.

The 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.

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

(3) It should be noted that the ratio of CN per 1 000 population varies among the 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 organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration; and

(b) the catchment areas of clusters for community nursing service may be different from the geographical delineation of population adopted by the Census & Statistics Department.

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

Reply Serial No.

FHB(H)286

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4108)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 54):

Under the Matters Requiring Special Attention, it is stated that the Hospital Authority would implement measures to improve patients' access to service. In this connection, would the Administration provide the details with breakdowns by service, the manpower and resources involved as well as the anticipated effectiveness?

Asked by: Hon. KWOK Ka-ki

Reply:

The Hospital Authority (HA) has earmarked a total of $287 million for 2014-15 to implement the following measures to improve patients' access to service:

(a) Provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle the cases;

(b) Increase General Outpatient Clinic episodic quota in Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster;

(c) Increase the number of new case attendance at Specialist Outpatient (SOP) Clinics and the total number of attendance at Family Medicine Specialist Clinics to better manage the SOP waiting lists and enhance SOP service as a whole;

(d) Establish a new joint replacement centre in New Territories West Cluster;

(e) Increase the number of operating theatre sessions to improve access to elective surgeries;

(f) Enhance radiological imaging services including computed tomography and ultrasound scanning services;

(g) Augment the lung function laboratory and endoscopy service in HA; and

(h) Enhance the pharmacy workforce to meet the increasing demand for SOP pharmacy services, implement 24-hour pharmacy services in two acute hospitals and extend the pharmacy service hours in five non-acute hospitals.

HA will deploy existing staff and recruit additional staff to cope with the implementation of the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

CONTROLLING OFFICER'S REPLY

FHB(H)287

(Question Serial No. 4109)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention – Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435

Question (Member Question No. 55):

It is mentioned under Matters Requiring Special Attention that 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. According to the Estimates, however, the HA will only increase 205 beds in 2014-15. In this connection, which hospital clusters will provide these beds? Has the Administration assessed whether the additional beds are sufficient to meet the increased demand in respective districts? What are the justifications for the results of the assessment?

Asked by: Hon. KWOK Ka-ki

Reply:

The table below sets out the breakdown the 205 additional hospital beds to be opened in 2014-15 by clusters:

Cluster	Number of hospital beds to be opened in 2014-15
HKEC	40
KCC	24
KEC	4
KWC	23
NTEC	62
NTWC	52
Overall HA	**205**

In planning for its services and allocating beds to different hospitals, 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, organisation of services of the clusters and hospitals as well as the service demand of local community.

To meet the medical needs of the community, HA has been planning a number of hospital construction/expansion/refurbishment projects to enhance its inpatient and ambulatory capacity, improve the service quality, and renew its building facilities. The Administration plans to spend $55 billion for the construction and redevelopment of several public hospitals. They include the construction of Tin Shui Wai Hospital and Hong Kong Children's Hospital; the preparatory works for the expansion of United Christian Hospital and redevelopment of Kwong Wah Hospital; the redevelopment of Queen Mary Hospital, phase 1 and Kwai Chung Hospital, as well as the expansion of Hong Kong Red Cross Blood Transfusion Service

Headquarters. With the grant of $13 billion approved by the Finance Committee in late 2013 for the HA to improve and upgrade its facilities through minor works projects over the next ten years, an additional of around 800 beds will be provided in 11 hospitals among other enhancement works.

Abbreviations

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

Reply Serial No.

FHB(H)288

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4110)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 56):

It is mentioned under Matters Requiring Special Attention that 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, particularly in high needs communities like the New Territories West Cluster, etc. In this connection, please advise on the details of such initiatives, the expenditure involved, the number of staff members required and their ranks.

Does the Administration have other plans to enhance medical services in the New Territories West Cluster? If so, please advise on the details of such plans, the expenditure involved, the number of staff members required and their ranks. If not, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

In 2014-15, the Hospital Authority (HA) will open a total of 52 beds in the New Territories West Cluster (NTWC), including 38 beds in Pok Oi Hospital (POH) and 14 beds in Tuen Mun Hospital, to meet growing service demand in the cluster.

Apart from the additional beds, the following major initiatives will be implemented in NTWC in 2014-15:

(a) Open a Geriatric Day Hospital with 20 day places in POH;

(b) Set up a new Joint Replacement Centre, which is the third in the territory[1];

(c) Open new operating theatre sessions in POH to provide sessions for joint replacement and other surgeries;

(d) Enhance day urology service in POH to shorten waiting time;

(e) Enhance radiological services in NTWC with additional Computed Tomorgaphy services;

(f) Increase general outpatient clinic episodic quotas to enhance accessibility for target groups;

(g) Enhance the quality of coronary care through extended support for emergency Percutaneous Coronary Intervention service;

(h) Enhance facilities and equipment provision for minimal invasive surgery; and

(i) Enhance the quality of operating theatre sterilisation.

[1] The other two Joint Replacement Centres are at Buddhist Hospital and Yan Chai Hospital.

HA has earmarked an additional provision of around $288 million for implementing initiatives, including the above, to better manage growing service demand and improve quality of medical services in NTWC. NTWC will deploy existing staff and recruit additional staff to maintain the existing services and implement the above initiatives. The detailed manpower requirements are being worked out and are not yet available.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4111)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 57):

For the Matters Requiring Special Attention, the Hospital Authority will introduce the services in North Lantau Hospital by phases. Will the Administration please advise on:

(a) the timetable for the planned introduction of various services in North Lantau Hospital?

(b) the estimated manpower required for the introduction of all the services, including the figures on healthcare staff of various ranks?

Asked by: Hon. KWOK Ka-ki

Reply:

(a)

The North Lantau Hospital (NLTH), which commenced services in September 2013, is currently providing 16-hour Accident & Emergency (A&E) services as well as ambulatory care services including medicine and psychiatric specialist out-patient clinics, a community health centre, allied health clinics and community care services. It also provides pharmacy, diagnostic radiology and pathology services.

The Hospital Authority will, having regard to the service needs and manpower availability, further roll out the services in phases. It is planned that the service hours of the NLTH A&E department will be extended to 24 hours by the third quarter of 2014. Outpatient services as well as inpatient services for specialties such as surgery, orthopaedics and traumatology, paediatrics and gynaecology, a day rehabilitation centre and an ambulatory surgery/day procedure centre will be introduced in phases.

(b)

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

Reply Serial No.

FHB(H)290

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4222)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 - 433 (if applicable)

Question (Member Question No. 259):

In the estimates of the Hospital Authority in 2014-15, has the Administration included any equipment or measures to improve the treatment for patients suffering from rare diseases? If yes, what are the details for each item? What are the resources and manpower involved for each item? If not, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

Currently, there is no common definition of rare diseases available worldwide, and the interpretation among countries with different characteristics of the respective health systems and situations. The Hospital Authority (HA) places high importance in providing optimal care for all patients based on available medical evidence while ensuring optimal and rational use of public resources. In 2008-09 and 2010-11, the Government allocated recurrent funding of $45 million in total to provide drug treatment for uncommon disorders. In 2014-15, the Government will allocate additional recurrent funding of $10 million for HA to manage the increasing demand for and sustaining the provision of drug treatment of uncommon disorders.

Drug treatment is provided through enzyme replacement therapy (ERT) for patients with specific lysosomal storage disorders through the assessment of an independent expert panel, which reviews the suitability of individual patients to receive ERT and the efficacy of such treatment on a case-by-case basis. Moreover, HA provides multi-disciplinary care and other conventional treatments for patients with uncommon disorders where appropriate, including rehabilitative care, pain alleviation, surgical treatment and bone marrow transplant.

HA will pay close attention to researches on uncommon disorders in the international medical sector, as well as development of health policy in management of uncommon disorders in other countries. HA will continue to maintain close contact with patient groups with a view to providing suitable medical services for patients with different diseases.

Reply Serial No.

FHB(H)291

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5545)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 36):

Does the Administration intend to take effective measures to reduce the waiting time for treatment at the Accident and Emergency Department of Prince of Wales Hospital? If yes, what are the details and expenditure involved? If no, what are the reasons?

Asked by: Hon. LAU Wai-hing, Emily

Reply:

In the past years, the Hospital Authority (HA) has introduced the following measures to improve the Accident and Emergency (A&E) services and strengthen healthcare support at A&E departments (including the one at the Prince of Wales Hospital (PWH)):

a) Implementing a pilot scheme since February 2013 to recruit additional medical and nursing staff to alleviate the work pressure in A&E departments.

b) Augmenting doctor manpower through the following:

   i) extra financial incentives, such as introducing special honorarium scheme, enhancing the fixed-rate honorarium and providing leave encashment;

   ii) additional promotion mechanism for promoting frontline doctors with more than five years of post-fellowship experience in the specialty and consistently good performance to Associate Consultant;

   iii) appointment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments with enhanced package; and

   iv) recruitment of non-local doctors under limited registration for pressurised specialties such as A&E departments since 2012.

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

In 2014-15, HA has earmarked $16 million to provide support sessions in 12 A&E departments (including PWH) during evenings, weekends and public holidays to handle cases.

The population of the New Territories East (NTE) districts (Sha Tin, Tai Po and North Districts) has increased from 1.20 million in 2007 to 1.26 million in 2013 with a particular surge in the proportion of elderly population. There is also an increasing cross-boundary demand for medical services. Apart from meeting the increasing demand of the NTE population, PWH at the same time has to fulfill its role as a university teaching hospital and a referral centre for major trauma involving more complicated cases. All these have led to heavy demand for healthcare services, particularly the A&E services, in PWH. To meet the increasing demand for A&E services, PWH closely monitors the utilisation of its services and has introduced the following additional contingency measures:

a) deploying doctors from other hospitals or departments (such as the department of Family Medicine) to the A&E department;

b) increasing the number of day beds for medical ambulatory care in a bid to divert the non-emergency cases of acute wards and alleviate the access block at A&E department;

c) enhancing community outreach service to reduce the need for admission of old aged home residents and to facilitate direct clinical admission to the convalescent hospitals to minimise the pressure to the A&E department; and

d) increasing the A&E nurse clinic sessions from two days a week to four days a week, subject to the manpower situation. Non-emergency and mild trauma cases will be treated by nurse specialists so that doctors could attend to patients who are in more critical conditions.

PWH will plan for a further increase in service capacity in the longer term through its Phase II redevelopment project to address the service needs of the community.

CONTROLLING OFFICER'S REPLY

FHB(H)292

(Question Serial No. 5552)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 47):

Regarding the plan to "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 Hong Kong East, New Territories East and New Territories West Clusters",

(a) please advise whether this includes the construction of a medical complex in Tai Po to improve medical services and increase consultation quota for general out-patient clinics in the district.

(b) If so, what are the details?

(c) If not, is the project included under other Subheads?

(d) If the answer to (c) is negative, what are the reasons?

Asked by: Hon. LAU Wai-hing, Emily

Reply:

General outpatient services provided by the Hospital Authority (HA) are primarily targeted at serving the elderly, the low-income group and the chronically ill. Patients under the care of general outpatient clinics (GOPCs) mainly comprise 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 flu, cold or gastroenteritis). At present, there are two GOPCs managed by HA in Tai Po district, namely, Tai Po Jockey Club GOPC and Wong Siu Ching Family Medicine Centre.

HA has always endeavoured to improve the services of GOPCs in Tai Po district through renovating clinic premises. The renovation of Tai Po Jockey Club GOPC was completed in 2010-11. The renovation project has streamlined the patient flow, improved the clinic environment and updated the clinic facilities to keep pace with the service development of GOPC. At the same time, HA has been trying to recruit additional staff to increase the service capacity of GOPCs.

In planning for the 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, growth rate of services of individual specialties and possible changes in healthcare service utilisation patterns, etc. To meet the long-term needs for healthcare services, a site in Tai Po has been reserved for the future development of primary healthcare facilities.

HA will continue to closely monitor the operation and service utilisation of GOPCs, and flexibly deploy manpower and other resources to enhance the efficiency and quality of general outpatient services to meet the demand for public primary care services.

Reply Serial No.

FHB(H)293

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5563)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435

Question (Member Question No. 58):

Regarding the plan to "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 Hong Kong East, New Territories East and New Territories West Clusters",

(a) please advise whether this includes expanding the North District Hospital, as well as improving the Accident & Emergency (A&E) services, introducing pediatrics, obstetrics and gynecology services, and further promoting Chinese medicine services in the North District by deploying additional resources.

(b) If so, what are the details?

(c) If not, are these measures included under other Subheads?

(d) If the answer to (c) is negative, what are the reasons?

(e) If the answer to (c) is in the affirmative, what are the details?

Asked by: Hon. LAU Wai-hing, Emily

Reply:

The Hospital Authority (HA) plans to open a total of 62 beds in the New Territories East Cluster (NTEC) in 2014-15 to meet the growing demand arising from population growth and ageing in the cluster. To improve patients' access to accident and emergency (A&E) service, HA will provide additional doctor sessions in the A&E departments of the hospitals in NTEC including the North District Hospital during evenings, weekends and public holidays to handle cases. NTEC will develop a clinical services plan for the cluster to address the service needs of the local population including the community in the North District.

HA constantly reviews the service demand and supply for healthcare services both for Hong Kong as a whole and for individual clusters / districts to ensure that service gaps are addressed as appropriate through the annual planning process.

Reply Serial No.

FHB(H)294

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6689)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 161 Page 61

Question (Member Question No. 21):

According to press reports, the Financial Secretary predicted a surge in expenditure for 2015-16 based on the assumption that expenditures of $50 billion earmarked to support healthcare reform and certain works projects would be recognised in the same financial year. As a result, the percentage of government expenditure in the Gross Domestic Product will rise to 22.4% and an estimated deficit of $28.3 billion will be recorded.

Please explain the specific arrangements for the $50 billion earmarked. Will the expenditure be recognised in phases or in one lump sum?

Asked by: Hon. LEE Wai-king, Starry

Reply:

In the 2008-2009 Budget Speech, the Government pledged to draw $50 billion from the fiscal reserves to assist the implementation of healthcare reform. The Government is formulating detailed proposals for the implementation of the Health Protection Scheme (HPS) with reference to the consultant's (PricewaterhouseCoopers Advisory Services Limited) advice, overseas experience, local circumstances and recommendations by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The Government plans to consult the public on the detailed proposals for the HPS in mid-2014. The Government will ensure proper and judicious use of the $50 billion fiscal reserve such that it contributes to the aim of healthcare reform by enhancing the long-term sustainability of our dual-track healthcare system amid an ageing population and the challenges posed by rising public expectation and advancement in medical technologies.

Reply Serial No.

FHB(H)295

CONTROLLING OFFICER'S REPLY

(Question Serial No.6149)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 708):

It was mentioned on page 432 of Estimates on Expenditure Volume 1 that:

"The Branch subvents the Hospital Authority to provide public medical services. The Hospital Authority is a statutory body established on 1 December 1990 under the Hospital Authority Ordinance (Cap. 113) to manage all public hospitals in Hong Kong. The Authority, with over 65 000 staff (full time equivalents as at 31 December 2013), manages 42 public hospitals and institutions, 48 specialist outpatient clinics and 73 general outpatient clinics."

Please list the number of patients who had to wait for over 1 year, 1.5 years, 2 years, 2.5 years, 3 years or more for their first appointment with each of the 48 specialist outpatient clinics in the past 5 years. Please list the total number of patients currently waiting for their first appointment with each of the 48 specialist outpatient clinics.

Asked by: Hon. LEUNG Kwok-hung

Reply:

The table below sets out the number of specialist outpatient new cases by major specialties and waiting time (i.e. less than 1 year, 1 year to less than 2 years, 2 years to less than 3 years and more than 3 years) in each hospital cluster of the Hospital Authority (HA) for 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14 (up to 31 December 2013). It should be noted that HA organises clinical services on a cluster basis and provides information on service utilisation on the same basis.

2009-10

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
HKEC	ENT	7 876	7 875	1	0	0
	MED	11 022	10 934	88	0	0
	GYN	4 969	4 969	0	0	0
	OPH	12 032	12 031	1	0	0
	ORT	7 941	7 382	559	0	0
	PAE	2 303	2 303	0	0	0
	PSY	3 806	3 804	2	0	0
	SUR	11 832	10 802	320	358	352
HKWC	ENT	5 694	5 694	0	0	0
	MED	9 693	9 682	8	1	2
	GYN	7 522	6 893	629	0	0
	OPH	7 233	6 338	895	0	0
	ORT	9 622	9 610	12	0	0
	PAE	3 424	3 414	10	0	0
	PSY	3 502	2 860	549	93	0
	SUR	12 500	10 433	805	531	731
KCC	ENT	14 014	14 014	0	0	0
	MED	10 012	9 860	152	0	0
	GYN	4 452	4 452	0	0	0
	OPH	23 137	23 137	0	0	0
	ORT	6 412	5 336	1 076	0	0
	PAE	1 780	1 780	0	0	0
	PSY	2 822	2 821	1	0	0
	SUR	14 801	14 408	393	0	0
KEC	ENT	8 753	8 752	1	0	0
	MED	16 534	11 802	4 732	0	0
	GYN	7 274	4 556	2 245	473	0
	OPH	14 284	9 645	72	4 567	0
	ORT	14 179	9 362	3 554	1 263	0
	PAE	3 345	3 258	47	40	0
	PSY	6 163	5 596	536	30	1
	SUR	20 854	12 165	3 566	5 122	1

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
KWC	ENT	14 699	12 217	2 482	0	0
	MED	26 655	25 905	684	66	0
	GYN	12 255	11 991	264	0	0
	OPH	17 497	17 496	1	0	0
	ORT	21 096	14 768	6 328	0	0
	PAE	6 942	6 934	0	1	7
	PSY	9 936	9 303	633	0	0
	SUR	35 476	26 028	5 839	2 195	1 414
NTEC	ENT	14 352	12 122	2 230	0	0
	MED	16 165	14 157	1 998	9	1
	GYN	11 304	10 512	746	46	0
	OPH	17 998	16 432	1 566	0	0
	ORT	18 500	13 871	4 625	4	0
	PAE	3 770	3 768	2	0	0
	PSY	8 062	7 174	630	173	85
	SUR	20 326	15 187	3 923	838	378
NTWC	ENT	10 688	6 859	3 829	0	0
	MED	11 772	11 770	2	0	0
	GYN	5 592	5 592	0	0	0
	OPH	16 631	16 627	4	0	0
	ORT	11 260	11 260	0	0	0
	PAE	2 201	2 201	0	0	0
	PSY	5 479	5 468	11	0	0
	SUR	18 448	17 583	339	26	500

2010-11

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
HKEC	ENT	8 093	8 093	0	0	0
	MED	11 815	11 710	105	0	0
	GYN	5 107	5 107	0	0	0
	OPH	12 912	12 629	283	0	0
	ORT	9 021	9 021	0	0	0
	PAE	1 480	1 480	0	0	0
	PSY	3 674	3 674	0	0	0
	SUR	11 913	10 937	294	589	93
HKWC	ENT	6 113	6 112	1	0	0
	MED	10 522	10 499	20	3	0
	GYN	6 528	5 907	621	0	0
	OPH	8 392	8 373	19	0	0
	ORT	9 508	9 506	2	0	0
	PAE	3 635	3 399	236	0	0
	PSY	4 060	3 513	291	256	0
	SUR	12 020	10 148	966	419	487
KCC	ENT	14 166	14 166	0	0	0
	MED	10 449	10 160	289	0	0
	GYN	4 553	4 553	0	0	0
	OPH	25 373	25 370	3	0	0
	ORT	7 026	6 984	42	0	0
	PAE	1 982	1 982	0	0	0
	PSY	2 791	2 781	10	0	0
	SUR	15 436	14 751	685	0	0
KEC	ENT	10 787	10 222	565	0	0
	MED	17 280	15 997	1 282	1	0
	GYN	7 328	4 661	959	1 708	0
	OPH	15 647	11 342	156	3 084	1 065
	ORT	15 306	11 092	3 615	599	0
	PAE	3 958	3 902	9	47	0
	PSY	6 288	5 574	634	80	0
	SUR	21 150	12 669	2 688	5 793	0

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
KWC	ENT	14 980	12 738	2 242	0	0
	MED	28 268	26 686	1 104	478	0
	GYN	11 877	11 578	44	255	0
	OPH	18 381	18 381	0	0	0
	ORT	20 400	12 800	7 540	60	0
	PAE	7 781	7 769	0	12	0
	PSY	10 449	10 446	3	0	0
	SUR	34 848	26 677	6 037	1 774	360
NTEC	ENT	14 748	12 425	2 323	0	0
	MED	17 279	14 604	2 672	3	0
	GYN	11 063	9 776	1 280	7	0
	OPH	19 729	16 565	3 164	0	0
	ORT	20 063	14 384	5 678	1	0
	PAE	4 339	4 339	0	0	0
	PSY	8 667	7 364	640	487	176
	SUR	20 060	15 592	3 798	670	0
NTWC	ENT	11 514	9 641	1 873	0	0
	MED	11 315	11 157	158	0	0
	GYN	5 835	5 835	0	0	0
	OPH	18 038	17 993	45	0	0
	ORT	12 097	11 767	330	0	0
	PAE	2 333	2 333	0	0	0
	PSY	5 624	5 624	0	0	0
	SUR	19 678	19 111	115	2	450

2011-12

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
HKEC	ENT	7 718	7 714	4	0	0
	MED	11 370	10 868	501	1	0
	GYN	5 115	5 115	0	0	0
	OPH	11 592	11 126	466	0	0
	ORT	8 840	8 815	25	0	0
	PAE	1 343	1 343	0	0	0
	PSY	3 405	3 405	0	0	0
	SUR	12 109	11 021	577	504	7
HKWC	ENT	6 323	6 323	0	0	0
	MED	11 280	11 165	115	0	0
	GYN	6 818	6 657	161	0	0
	OPH	10 815	10 815	0	0	0
	ORT	9 687	9 686	1	0	0
	PAE	3 585	3 454	131	0	0
	PSY	3 951	3 451	500	0	0
	SUR	12 759	11 241	1 114	380	24
KCC	ENT	14 061	14 061	0	0	0
	MED	11 766	11 174	592	0	0
	GYN	4 814	4 814	0	0	0
	OPH	24 661	24 485	176	0	0
	ORT	7 830	7 295	535	0	0
	PAE	1 912	1 912	0	0	0
	PSY	3 105	2 852	253	0	0
	SUR	16 755	15 659	1 096	0	0
KEC	ENT	10 638	8 602	880	1 156	0
	MED	18 144	17 126	1 018	0	0
	GYN	7 682	5 060	309	2 206	107
	OPH	17 017	14 173	2 335	509	0
	ORT	15 394	8 594	2 781	4 019	0
	PAE	4 357	4 265	20	61	11
	PSY	7 177	6 260	916	1	0
	SUR	22 319	12 938	3 973	4 760	648

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
KWC	ENT	15 790	14 874	916	0	0
	MED	29 121	23 641	5 184	296	0
	GYN	12 408	12 160	4	244	0
	OPH	19 015	19 013	2	0	0
	ORT	19 647	14 031	5 272	344	0
	PAE	7 310	7 299	2	9	0
	PSY	12 220	12 208	12	0	0
	SUR	35 118	27 996	3 763	3 192	167
NTEC	ENT	13 519	9 280	4 239	0	0
	MED	18 541	14 649	3 887	2	3
	GYN	10 991	8 615	1 577	780	19
	OPH	19 761	13 059	4 530	2 172	0
	ORT	20 539	13 516	6 681	342	0
	PAE	4 420	4 389	31	0	0
	PSY	9 401	7 630	1 240	361	170
	SUR	22 136	16 651	4 410	1 069	6
NTWC	ENT	11 893	11 164	729	0	0
	MED	10 686	10 382	304	0	0
	GYN	6 402	6 337	65	0	0
	OPH	18 217	18 211	6	0	0
	ORT	12 922	11 449	1 473	0	0
	PAE	2 430	2 430	0	0	0
	PSY	6 313	6 313	0	0	0
	SUR	20 442	20 013	105	0	324

2012-13

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
HKEC	ENT	8 152	8 150	2	0	0
	MED	11 348	11 075	273	0	0
	GYN	5 438	5 437	1	0	0
	OPH	11 851	11 850	1	0	0
	ORT	9 242	9 238	4	0	0
	PAE	1 463	1 463	0	0	0
	PSY	3 368	3 368	0	0	0
	SUR	12 937	12 086	807	44	0
HKWC	ENT	6 498	6 496	2	0	0
	MED	12 005	11 387	596	22	0
	GYN	7 322	7 322	0	0	0
	OPH	10 446	10 446	0	0	0
	ORT	10 465	9 811	654	0	0
	PAE	2 359	2 359	0	0	0
	PSY	3 988	3 617	371	0	0
	SUR	13 716	11 901	1 349	464	2
KCC	ENT	14 605	14 605	0	0	0
	MED	11 578	10 106	1 472	0	0
	GYN	5 262	5 262	0	0	0
	OPH	24 031	18 914	5 117	0	0
	ORT	8 282	6 108	2 174	0	0
	PAE	2 111	2 111	0	0	0
	PSY	2 703	2 497	125	81	0
	SUR	16 931	14 568	2 013	350	0
KEC	ENT	10 025	8 760	180	607	478
	MED	18 536	15 959	2 577	0	0
	GYN	8 153	5 925	2 042	131	55
	OPH	17 825	13 695	4 130	0	0
	ORT	15 811	9 648	1 146	5 017	0
	PAE	4 192	4 132	8	52	0
	PSY	7 157	5 739	1 285	133	0
	SUR	25 216	15 287	5 077	4 539	313

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
KWC	ENT	16 588	16 581	7	0	0
	MED	29 518	22 002	7 425	91	0
	GYN	12 991	11 910	841	240	0
	OPH	18 771	18 771	0	0	0
	ORT	19 796	14 684	4 632	478	2
	PAE	7 451	7 438	8	5	0
	PSY	14 799	12 518	2 281	0	0
	SUR	36 608	28 433	4 354	3 810	11
NTEC	ENT	14 805	12 050	2 754	1	0
	MED	20 102	13 343	6 717	40	2
	GYN	11 401	8 185	1 873	1 310	33
	OPH	20 370	14 845	587	4 095	843
	ORT	21 578	11 980	7 255	2 342	1
	PAE	4 311	4 052	259	0	0
	PSY	8 685	7 566	895	189	35
	SUR	23 666	16 937	5 138	1 587	4
NTWC	ENT	12 573	12 551	22	0	0
	MED	9 452	8 867	513	68	4
	GYN	6 728	6 500	228	0	0
	OPH	20 176	18 146	2 030	0	0
	ORT	12 852	5 525	7 229	98	0
	PAE	2 373	2 373	0	0	0
	PSY	6 530	6 415	115	0	0
	SUR	21 074	20 425	507	1	141

2013-14 (up to 31 December 2013) (Provisional figures)

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
HKEC	ENT	6 261	6 260	1	0	0
	MED	8 854	8 770	84	0	0
	GYN	4 466	4 466	0	0	0
	OPH	9 315	9 314	1	0	0
	ORT	7 235	7 094	141	0	0
	PAE	1 002	1 002	0	0	0
	PSY	2 650	2 650	0	0	0
	SUR	10 153	9 774	379	0	0
HKWC	ENT	4 887	4 041	631	215	0
	MED	9 210	8 402	777	31	0
	GYN	5 974	5 974	0	0	0
	OPH	7 730	7 729	1	0	0
	ORT	8 375	7 773	602	0	0
	PAE	1 879	1 879	0	0	0
	PSY	3 159	2 661	487	11	0
	SUR	11 085	9 577	1 324	184	0
KCC	ENT	12 152	12 138	14	0	0
	MED	9 203	6 997	2 197	9	0
	GYN	4 226	4 226	0	0	0
	OPH	18 543	14 110	4 433	0	0
	ORT	6 181	3 458	2 664	59	0
	PAE	1 689	1 689	0	0	0
	PSY	2 089	2 018	71	0	0
	SUR	13 423	11 719	1 328	376	0
KEC	ENT	6 693	5 604	1 027	62	0
	MED	14 216	11 308	2 908	0	0
	GYN	6 731	4 873	1 858	0	0
	OPH	13 714	10 052	3 662	0	0
	ORT	12 238	7 298	932	4 008	0
	PAE	3 169	3 010	31	43	85
	PSY	5 589	3 904	1 527	144	14
	SUR	18 936	13 729	1 356	3 403	448

Cluster	Specialty	Number of new cases				
		Overall	< 1 year waiting time	1 - <2 years waiting time	2 - <3 years waiting time	>=3 years waiting time
KWC	ENT	13 093	13 088	5	0	0
	MED	22 683	17 869	4 813	1	0
	GYN	10 813	10 516	144	110	43
	OPH	14 532	14 528	4	0	0
	ORT	16 868	11 551	4 607	710	0
	PAE	5 832	5 820	12	0	0
	PSY	10 937	8 503	2 434	0	0
	SUR	29 061	23 628	3 465	1 874	94
NTEC	ENT	11 525	8 533	2 992	0	0
	MED	16 105	8 549	7 471	84	1
	GYN	9 387	6 484	1 937	948	18
	OPH	15 455	11 983	2 635	836	1
	ORT	16 475	9 371	865	6 239	0
	PAE	3 128	2 913	215	0	0
	PSY	6 746	5 289	1 265	192	0
	SUR	18 608	14 025	3 592	991	0
NTWC	ENT	9 585	9 566	19	0	0
	MED	7 733	7 323	406	2	2
	GYN	5 633	5 578	31	24	0
	OPH	15 192	11 193	3 998	1	0
	ORT	9 979	5 497	4 110	372	0
	PAE	1 667	1 667	0	0	0
	PSY	5 225	5 218	7	0	0
	SUR	17 536	12 713	4 366	147	310

Abbreviations

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

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

CONTROLLING OFFICER'S REPLY

FHB(H)296

(Question Serial No. 6516)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 385):

How many telephone requests for the non-emergency ambulance transfer service were unsuccessful in 2012-13 and 2013-14? 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 the 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 the 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 2013-14 is projected to be about 494 000.

HA has a long-term plan to improve NEATS. In 2013-14, HA has replaced nine ageing vehicles and added 15 new vehicles. In 2014-15, HA plans to replace four aging vehicles and add three new vehicles to further expand the fleet of NEATS. Since 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 has also reduced 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.

FHB(H)297

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6517)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 270):

In the 2014-15 financial year, how many new non-emergency ambulances will be procured and how many old Easy-Access Transport Service (ETS) buses 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 were the number of users and the utilisation rate of the non-emergency ambulance transport service in the 2013-14 financial year?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Non-Emergency Ambulance Transfer Service (NEATS) of the 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 the 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 2013-14 is projected to be about 494 000.

HA has a long-term plan to improve NEATS. In 2013-14, HA has replaced nine ageing vehicles and added 15 new vehicles. In 2014-15, HA plans to replace four aging vehicles and add three new vehicles to further expand the fleet of NEATS. Since 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 has also reduced 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.

The Easy-Access Transport Service (ETS) under the HA is operated by the Hong Kong Society for Rehabilitation to provide elderly transport service. 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. HA has worked to improve ETS by replacing 22 ageing ETS buses in 2012-13 (after which no further replacement of ETS buses is required in 2013-14 and 2014-15). Consequently the number of unsuccessful requests for ETS has been decreasing. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6657)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention : Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 386):

How many telephone requests for the services provided by Easy-Access Transport Services Ltd. were unsuccessful in 2012-13 and 2013-14 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 to provide elderly transport service. 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.

The number of patient trips served and number of unsuccessful requests of ETS in the past two years is shown below.

Year	Number of patient trips served	Number of unsuccessful requests
2012-13	151 603	14 212 (equivalent to 9.4% of the total requests made)
2013-14 (projected as at January 2014)	146 000	13 130 (equivalent to 9% of the total requests made)

HA has worked to improve ETS by replacing 22 ageing ETS buses in 2012-13 (after which no further replacement of ETS buses is required in 2013-14 and 2014-15). Consequently the number of unsuccessful requests for ETS has been decreasing. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

Reply Serial No.

FHB(H)299

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6660)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page (if applicable)

Question (Member Question No. 269):

As regards Easy-Access Transport Service, what are the numbers of new buses to be purchased and old buses to be replaced in the 2014-15 financial year? How long will disabled persons and elders have to wait respectively for Rehabus 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 2013-14 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 to provide elderly transport service. 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.

The number of registered members, patient trips served and unsuccessful requests of ETS in 2013-14 are shown below. Information on the waiting time is not available.

Year	**Number of registered members**	**Number of patient trips served**	**Number of unsuccessful requests**
2013-14	168 297 (as at January 2014)	146 000 (projected as at January 2014)	13 130 (projected as at January 2014)

HA has worked to improve ETS by replacing 22 ageing ETS buses in 2012-13 (after which no further replacement of ETS buses is required in 2013-14 and 2014-15). Consequently the number of unsuccessful requests for ETS has dropped from 14 212 in 2012-13 to 13 130 in 2013-14. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

FHB(H)300

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4295)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 39):

Since the launching of the Elderly Health Care Voucher Scheme in 2009:

1. What was the respective number of healthcare service providers enrolled and withdrawn from the Scheme and their places of practice in each of the past 5 years (2009-2013)? Please provide a breakdown by year and by healthcare professionals covered by the Scheme.

2. What was the percentage of various healthcare professionals who enrolled in the Scheme and became service providers in each of the past 5 years (2009-2013)? Please provide a breakdown by year and by healthcare professions covered by the Scheme.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The statistics on the healthcare service providers enrolled and withdrawn under the Elderly Health Care Voucher Scheme over the past five years from 2009 to 2013 are provided at Annex.

Annex

I. Number of enrolled healthcare service providers and their places of practices as at 31 December each year from 2009 to 2013

Year / Healthcare Professionals	As at 31.12.2009		As at 31.12.2010		As at 31.12.2011		As at 31.12.2012		As at 31.12.2013	
	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers (Percentage Note 2)	Number of Places of Practices
Medical Practitioners	1 349	1 623	1 432	1 752	1 493	1 794	1 599	1 986	1 645 (34%)	2 086
Chinese Medicine Practitioners	670	838	762	946	896	1 175	1 120	1 539	1 282 (22%)	1 726
Dentists	221	277	239	280	277	356	336	430	408 (24%)	561
Occupational Therapists	15	25	19	38	26	52	34	62	39 (6%)	75
Physiotherapists	185	263	188	237	214	284	243	325	267 (21%)	379
Medical Laboratory Technologists	17	37	17	37	17	37	24	47	25 (3%)	49
Radiographers	16	35	16	35	16	35	20	37	19 (2%)	30
Nurses	46	83	45	78	56	91	66	107	79 (1%)	138
Chiropractors	20	21	18	23	25	30	33	44	45 (30%)	83
Optometrists Note 1	-	-	-	-	46	122	152	368	167 (24%)	416
Total	**2 539**	**3 202**	**2 736**	**3 426**	**3 066**	**3 976**	**3 627**	**4 945**	**3 976**	**5 543**

Note:
1. Optometrists were allowed to join the Scheme starting from November 2011.
2. Amongst all the registered healthcare professionals in Hong Kong, there are some who are practising in the public sector or are economically inactive, e.g. not practising in Hong Kong. In calculating the percentage of healthcare professionals enrolled in the Scheme, we have excluded them.

II. Number of healthcare service providers withdrawn from the Scheme from 2009 to 2013

Healthcare Professionals / Year	2009	2010	2011	2012	2013	Total
Medical Practitioners	61	49	42	47	52	**251**
Chinese Medicine Practitioners	22	10	14	14	27	**87**
Dentists	22	9	5	9	11	**56**
Occupational Therapists	-	-	-	-	2	**2**
Physiotherapists	3	6	1	10	8	**28**
Medical Laboratory Technologists	-	-	-	-	-	**-**
Radiographers	-	-	-	-	1	**1**
Nurses	1	2	1	1	4	**9**
Chiropractors	-	4	-	1	1	**6**
Optometrists	-	-	-	2	2	**4**
Total	**109**	**80**	**63**	**84**	**108**	**444**

Note: Optometrists were allowed to join the Scheme starting from November 2011.

Reply Serial No.

FHB(H)301

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4296)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431-432 (if applicable)

Question (Member Question No. 51):

Regarding the provision of Case Management Programme for patients with severe mental illness:

1. According to the Policy Address¸ the programme will be extended to all 18 districts in Hong Kong. What is the estimated number of additional case managers to be recruited as a result? What is the additional number of patients with severe mental illness to be covered and what is the expenditure involved?

2. Since the launching of the programme in 2010, what was the number of case managers recruited in each of the past 4 years (from 2010-2011 to 2013-2014)? What was the average number of cases handled by each case manager? How many patients with severe mental illness were taken care of? What was the expenditure involved? Please provide a breakdown by year and by district.

3. 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?

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 2013-14, the Programme has been extended to a total of 15 districts (Eastern, Wanchai, Central and Western, Southern, Islands, Wong Tai Sin, Kowloon City, Sai Kung, Kwun Tong, Sham Shui Po, Kwai Tsing, Shatin, North, Tuen Mun and Yuen Long).

As at 31 December 2013, the HA has recruited a total of 248 case managers (including psychiatric nurses, occupational therapists and registered social workers) to provide personalised and intensive community support to about 12 500 patients with SMI under the Programme.

In 2014-15, the Programme will be further extended to cover all the 18 districts in Hong Kong. It is estimated that an additional 39 case managers will be recruited to provide community support for about 1 950 more patients in 2014-15.

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 being supported and the experience level of the individual case manager. On average, each case manager will take care of about 40-60 patients with SMI at any one time.

The recurrent expenditures incurred for the Programme for 2010-11, 2011-12, 2012-13 and 2013-14 were $78 million, $151 million, $178 million and $216 million respectively. The additional recurrent expenditure for 2014-15 is estimated at $27.7 million.

To assess the effectiveness of the Programme, HA has commissioned the University of Hong Kong to conduct an evaluation study on the Programme. The report is being finalised.

FHB(H)302

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4298)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 74):

Regarding "no. of home visits by community nurses" under the indicator "rehabilitation and palliative care services",

1. please advise on the number of community nurses, number of home visits successfully completed and average time spent per successful home visit in the past 5 years (2009-10 to 2013-14);
2. has the Administration assessed the future manpower requirement of community nurses? If so, please advise on the outcome, the estimated expenditure involved, and whether the manpower provision can cope with the demand. If not, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1.

The table sets out the number of community nurses (CNs), the number of successful home visits and the average time for each successful home visit excluding travelling time in 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14 (as at 31 December 2013).

Cluster	No. of CNs[(1)]	No. of successful home visits	Average time (in minutes) per each successful home visit (net of travelling time)
2009-10 (as at 31 March 2010)			
HKEC	46	97 040	16.6
HKWC	27	54 263	18.3
KCC	30	63 204	18.3
KEC	79	153 893	19.6
KWC	117	234 524	20.3
NTEC	48	120 599	16.7
NTWC	42	86 703	15.9
Total:	**388**	**810 226**	**18.4**
2010-11 (as at 31 March 2011)			
HKEC	50	100 118	16.4
HKWC	25	57 357	18.3
KCC	30	62 845	18.3

Cluster	No. of CNs[1]	No. of successful home visits	Average time (in minutes) per each successful home visit (net of travelling time)
KEC	79	154 247	19.7
KWC	121	237 982	20.6
NTEC	53	124 330	16.4
NTWC	40	82 322	16.5
Total:	**397**	**819 201**	**18.8**
2011-12 (as at 31 March 2012)			
HKEC	49	94 334	17.6
HKWC	26	56 207	18.2
KCC	33	63 173	20.3
KEC	86	156 000	20.4
KWC	140	247 518	21.0
NTEC	60	126 902	17.5
NTWC	45	79 177	18.6
Total:	**439**	**823 311**	**19.6**
2012-13 (as at 31 March 2013)			
HKEC	54	96 508	17.6
HKWC	27	52 581	18.2
KCC	32	65 097	22.7
KEC	88	159 068	21.7
KWC	140	250 407	21.9
NTEC	55	122 774	18.0
NTWC	50	83 015	21.0
Total:	**446**	**829 450**	**20.5**
2013-14 (as at 31 December 2013)			
HKEC	51	74 818	17.9
HKWC	27	41 533	18.7
KCC	32	50 036	22.6
KEC	87	121 311	21.4
KWC	142	186 833	22.5
NTEC	60	92 874	18.0
NTWC	51	59 195	22.0
Total:	**449**	**626 600**	**20.8**

Notes:

(1) No. of CNs is the position as at end March of respective years (except for 2013-14 in which case the position is as at 31 December 2013). Individual figures may not add up to the total due to rounding.

2.

The Hospital Authority (HA) regularly reviews the service and manpower provision of outreaching services, including community nursing, taking into consideration various factors such as demographic changes and projected service demand, and adopts different initiatives to enhance support and continuity of care in the community.

HA projects an increase in the number of home visits to be made by CNs from 843 000 in 2013-14 to 845 000 in 2014-15. HA plans to increase the number of CNs from 447 in the 2013-14 revised estimates to 450 in 2014-15. The estimated total cost of the community nursing service in 2014-15 is about $386 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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)303

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4301)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(2) Subvention: Hospital Authority
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 431-432 (if applicable)

Question (Member Question No. 64):

The Hospital Authority releases a report on the Surgical Outcomes Monitoring & Improvement Programme every year. In this regard,

1. please set out by year the actual expenditure on the Programme since its implementation;
2. please set out by year and hospital cluster the number of surgeries (including elective and emergency surgeries) performed in each hospital and the corresponding post-operative mortality rate since the implementation of the Programme;
3. what follow-up / improvement measures did the Authority take in the light of the reports in the past 5 years (2009 to 2013)? Please set out by each measure the objectives and expenditure involved;
4. how essential is the Programme to improving surgical outcomes of hospitals? Is there any plan to enhance the Programme? If so, what are the details? If not, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

Surgical Outcomes Monitoring and Improvement Programme (SOMIP), commenced in 2008, is a quality improvement programme set up to monitor surgical outcomes and identify improvement opportunities in public hospitals. It makes reference to the National Surgical Quality Improvement Program (NSQIP) of Veterans Affair Hospitals in the United States of America. An independent Steering Committee, led by clinical experts from the specialties of Surgery and Anesthesia, and supported by statisticians and executives, oversees the data collection, methodology and reporting of the programme.

1.

As SOMIP forms part and parcel of the Hospital Authority's (HA) overall service provision, the requested breakdown on the expenditure is not available.

2.

The table below sets out the number of major and ultra-major operations captured by SOMIP, as well as the corresponding post-operative mortality rate since the implementation of the programme:

Year	Major and ultra-major operations captured by SOMIP					
	Number			30 day crude mortality rate		
	Emergency	Elective	Total	Emergency	Elective	Overall
1 July 2008 to 30 June 2009	4 893	16 946	21 839	10.9%	0.6%	2.9%
1 July 2009 to 30 June 2010	5 165	18 575	23 740	10.8%	0.9%	3.0%
1 July 2010 to 30 June 2011	5 228	18 154	23 382	9.9%	0.7%	2.8%
1 July 2011 to 30 June 2012	5 347	18 897	24 244	9.1%	0.7%	2.5%
1 July 2012 to 30 June 2013	5 357	18 366	23 723	7.7%	0.7%	2.3%

Note:

SOMIP is not designed for cluster based analysis and breakdown by clusters is not readily available.

3.

HA has taken a series of follow up actions to help hospitals with opportunities for improvement indicated in the SOMIP reports identify the root causes. Upon the release of the report, veteran surgeons and senior executives visited these hospitals to explain the report, listen to the staff's concerns and offer advice where appropriate. Furthermore, the Coordinating Committee of Surgery (COC-Surgery) commissioned experienced members to look into the operations of the surgical departments of the hospitals concerned and deliberated the report in a peer reviewed manner. Statistical methods were also used to identify factors that might affect hospitals' performance.

The follow-up actions are part and parcel of the activities of the COC-Surgery and individual hospitals, which will be discussed and materialised through the annual planning exercise. Breakdown of the expenditure for follow-up / improvement measures arising from SOMIP is not available.

4.

SOMIP is a quality improvement programme led by clinicians, with an aim to monitor surgical outcomes and look for improvement opportunities in clinical services in public hospitals of HA. It is a tool employing statistical methods to monitor and help understand surgical outcomes. The findings on important outcomes were analysed with patients' risk-adjusted analysis across HA conducted by the Chinese University of Hong Kong. HA will continue to support the clusters in implementing the identified improvement measures. The Programme is regularly reviewed by an independent Steering Committee, led by clinical experts, for necessary enhancement.

Reply Serial No.

FHB(H)304

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4302)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 - 432 (if applicable)

Question (Member Question No. 76):

Regarding the medical services for chronic diseases, please inform this Committee of:

(a) the respective number of hypertension and diabetes patients by age groups, including those at, above or under the age of 65, in the past 3 years (2011-2013);

(b) the annual expenditure on treating different chronic diseases, including hypertension and diabetes, and average medical expenditure per patient by hospital clusters and types of diseases in the past 3 years (2011-2013); and

(c) the median waiting time and the longest waiting time of hypertension and diabetes patients for follow-up consultations by hospital clusters in the past 3 years (2011-13).

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(a)

The number of patients with Diabetes Mellitus under the care of the Hospital Authority (HA) in the past three years is estimated by the number of patients who are being prescribed with anti-diabetic drugs. Relevant statistics with breakdown by the requested age groups are set out in the table below.

2011-12		**2012-13**		**January – December 2013**	
Aged under 65	Aged 65 or above	Aged under 65	Aged 65 or above	Aged under 65	Aged 65 or above
163 000	169 000	171 000	180 000	175000	192000

Since drugs for hypertension are also commonly used for other indications, HA is unable to estimate the number of patients with hypertension.

(b)

Chronic diseases are diseases of long duration and generally with slow progression. Patients with chronic diseases are treated by multi-disciplinary team approach in various settings in HA. Patients may be suffering from multiple chronic diseases and doctors may prescribe different examinations and treatments having regard to individual patients' conditions. As such, HA does not have the requested figures and breakdowns on the expenditures on the management of patients with chronic diseases.

(c)

The date of follow-up consultation of each patient is determined according to the patient's clinical needs. The interval time for follow-up consultation varies from case to case, and the concept of waiting time is not applicable here. The duration between consultations for individual patients is not an indication of the performance of HA either.

CONTROLLING OFFICER'S REPLY

FHB(H)305

(Question Serial No. 4303)

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

Subhead(No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 77):

In overseeing the implementation of the tobacco control policy,

1. please provide a breakdown on the manpower and expenditure involved in tobacco control by tobacco control measures in the past three financial years (2011-12 to 2013-14);
2. please provide a breakdown on the number of smokers in Hong Kong by gender and age group in the past five years (2008-2013);
3. for tobacco control, what promotion and education measures will the Administration implement this year? What are the manpower and expenditure involved?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The expenditures / provisions and the staffing situation of the Tobacco Control Office (TCO) of the Department of Health (DH) from 2011-12 to 2014-15 are shown at **Annexes 1 and 2** respectively.

2. The numbers of smokers in Hong Kong by gender and age group in the past five years are at **Annex 3**.

3. DH will continue to collaborate with various non-government organisations (NGOs) and the Hong Kong Council on Smoking and Health (COSH) on health education and promotion of smokefree environment. DH has subvented Life Education Activity Programme to organise school-based programmes with an aim to prevent primary and secondary students from picking up the smoking habit. In addition, DH has collaborated with Po Leung Kuk to develop a pilot programme for smoking prevention in kindergartens. COSH will also plan to conduct a social marketing campaign targeted at middle-aged smokers.

Annex 1

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

(in $ million)

	2011-12 Actual	2012-13 Actual	2013-14 Revised Estimate	2014-15 Original Estimate
Enforcement				
Programme 1: Statutory Functions	40.1	39.6	37.5	39.1
Health Education and Smoking Cessation				
Programme 3: Health Promotion	72.6	102.6	115.7	117.9
(a) General health education and promotion of smoking cessation				
TCO	*29.7*	*46.3*	*43.8*	*45.9*
Subvention: Council on Smoking and Health (COSH)	*14.9*	*20.7*	*22.0*	*21.2*
Sub-total	***44.6***	***67.0***	***65.8***	***67.1***
(b) Provision for smoking cessation and related services by NGOs				
Subvention to Tung Wah Group of Hospitals	*21.0*	*26.5*	*34.7*	*34.7*
Subvention to Pok Oi Hospital	*5.8*	*6.0*	*7.3*	*7.8*
Subvention to Po Leung Kuk	*1.2*	*1.7*	*2.1*	*2.0*
Subvention to Lok Sin Tong		*1.4*	*1.9*	*1.4*
Subvention to United Christian Nethersole Community Health Service			*2.6*	*2.6*
Subvention to Life Education Activity Programme			*1.3*	*2.3*
Sub-total	***28.0***	***35.6***	***49.9***	***50.8***
Total	**112.7**	**142.2**	**153.2**	**157.0**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2011-12	2012-13	2013-14	2014-15 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	1	1	1
Police Officer	5	5	5	5
Tobacco Control Inspector	19	0	0	0
Overseer/ Senior Foreman/ Foreman	68	89	89	89
Senior Executive Officer/ Executive Officer	12	9	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	1	1
Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	4	3	3
Hospital Administrator II/ Health Promotion Officer	6	6	4	4
Sub-total	***14***	***14***	***10***	***10***
Administrative and General Support				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	20	19	17	17
Motor Driver	1	1	1	1
Sub-total	***25***	***24***	***22***	***22***
Total no. of staff:	**147**	**146**	**140**	**140**

Annex 3

Number of daily cigarette smokers in Hong Kong by gender and age group in the past five years

Age group	Thematic Household Survey Period								
	December 2007 – March 2008			October – December 2010			September – November 2012		
	Male	Female	Overall	Male	Female	Overall	Male	Female	Overall
15 – 19	7 900 (3.5%)	2 500 (1.2%)	10 500 (2.4%)	8 200 (3.7%)	2 600 (1.3%)	10 800 (2.5%)	6 600 (3.1%)	1 800 (0.8%)	8 400 (2.0%)
20 – 29	81 000 (18.4%)	26 900 (6.1%)	107 800 (12.2%)	67 800 (15.2%)	21 000 (4.5%)	88 800 (9.7%)	57 500 (13.0%)	11 700 (2.6%)	69 200 (7.7%)
30 – 39	121 000 (25.7%)	35 400 (6.4%)	156 400 (15.3%)	116 700 (25.4%)	28 300 (5.2%)	145 000 (14.4%)	107 800 (23.5%)	35 700 (6.5%)	143 400 (14.3%)
40 – 49	145 700 (24.2%)	20 700 (3.1%)	166 400 (13.2%)	133 800 (24.3%)	17 900 (2.8%)	151 700 (12.7%)	128 000 (24.6%)	26 300 (4.2%)	154 300 (13.4%)
50 – 59	122 700 (24.2%)	10 500 (2.1%)	133 300 (13.2%)	136 200 (24.3%)	10 400 (1.9%)	146 600 (13.1%)	141 600 (24.4%)	11 000 (1.8%)	152 600 (13.0%)
60 and over	92 600 (17.3%)	9 900 (1.7%)	102 500 (9.2%)	102 700 (17.1%)	11 500 (1.8%)	114 100 (9.2%)	106 700 (16.3%)	10 400 (1.5%)	117 000 (8.6%)
Total	571 000 (20.5%)	105 900 (3.6%)	676 900 (11.8%)	565 300 (19.9%)	91 600 (3.0%)	657 000 (11.1%)	548 200 (19.1%)	96 800 (3.1%)	645 000 (10.7%)

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

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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4305)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 79):

Regarding the healthcare personnel of accident and emergency (A&E) departments of hospitals under the Hospital Authority (HA), please:

1. list by hospital under the HA the numbers of inpatient discharges and deaths in the past 3 years (2011-2013);
2. list by cluster and hospital the number of doctors in A&E departments and their average weekly working hours, longest continuous working hours and turnover rate in the past 3 years (2011-2013);
3. list by cluster and hospital the shortfall of doctors in A&E departments in the past 3 years (2011-2013);
4. list by cluster and hospital the numbers of non-local and part-time doctors in A&E departments and the related expenditure on remuneration in the past 3 years (2011-2013); and
5. advise on the HA's work plan this year for addressing the issue of healthcare manpower shortage in A&E departments and the estimated expenditure involved.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1.

Table 1 below sets out the number of inpatient discharges and deaths (IP D&D) of each hospital / institution managed by the Hospital Authority (HA) in 2011-12, 2012-13 and 2013-14 (up to 31 December 2013)

Cluster	Hospital	Number of IP D&D		
		2011-12	2012-13	2013-14 (up to 31 Dec 2013) [Provisional]
HKE	Cheshire Home, Chung Hom Kok	365	344	197
	Pamela Youde Nethersole Eastern Hospital	81 681	84 179	61 170
	Ruttonjee and Tang Shiu Kin Hospital	23 051	23 664	17 719
	St. John Hospital	734	650	438
	Tung Wah Eastern Hospital	6 033	5 606	4 221
	Wong Chuk Hang Hospital	204	189	114

Cluster	Hospital	Number of IP D&D		
		2011-12	2012-13	2013-14 (up to 31 Dec 2013) [Provisional]
HKW	The Duchess of Kent Children's Hospital	1 951	1 940	1 560
	Fung Yiu King Hospital	3 116	3 170	2 279
	Grantham Hospital	7 684	7 788	5 510
	Maclehose Medical Rehabilitation Centre	1 045	1 202	803
	Queen Mary Hospital and Tsan Yuk Hospital (Note 1)	87 763	87 799	65 187
	Tung Wah Hospital	8 149	8 087	6 175
KC	Hong Kong Buddhist Hospital	5 286	5 357	3 334
	Hong Kong Eye Hospital	985	984	729
	Hong Kong Red Cross Blood Transfusion Service	-- (Note 2)		
	Kowloon Hospital	15 080	15 475	11 022
	Queen Elizabeth Hospital	104 333	104 924	76 769
	Rehabaid Centre	-- (Note 3)		
KE	Haven of Hope Hospital	6 392	6 007	4 445
	Tseung Kwan O Hospital	34 664	34 948	25 546
	United Christian Hospital	79 935	79 689	58 645
KW	Caritas Medical Centre	40 743	41 545	31 569
	Kwai Chung Hospital	3 681	4 055	3 216
	Kwong Wah Hospital	68 196	69 696	50 234
	North Lantau Hospital	-- (Note 4)		
	Our Lady of Maryknoll Hospital	7 230	7 020	5 007
	Princess Margaret Hospital	79 362	85 035	64 281
	Wong Tai Sin Hospital	6 151	6 246	4 731
	Yan Chai Hospital	43 095	45 023	35 158
NTE	Alice Ho Miu Ling Nethersole Hospital	28 772	29 879	22 294
	Bradbury Hospice	621	670	477
	Cheshire Home, Shatin	149	197	113
	North District Hospital	30 561	32 280	25 799
	Prince of Wales Hospital	83 804	85 591	61 047
	Shatin Hospital	8 490	9 178	6 798
	Tai Po Hospital	9 743	9 875	7 179
NTW	Castle Peak Hospital	2 558	2 724	2 121
	Pok Oi Hospital	20 083	21 026	16 483
	Siu Lam Hospital	229	292	321
	Tuen Mun Hospital	102 407	104 671	79 987

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

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

Note 4 : The North Lantau Hospital will commence patient services in phases and in-patient care will be provided at later stage. Therefore, it has no discharges and deaths in the year.

2.

Table 2 below sets out the manpower, full-time attrition rate and average weekly working hour of doctors in the Accident & Emergency (A&E) specialty by hospitals in 2011-12, 2012-13 and 2013-14. The average weekly work hour of doctors are quoted according to the survey conducted 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 their doctor work hour data on a yearly basis from 2010-11 onwards, while full-scale monitoring for all specialties are conducted every alternate year. Information on the average weekly working hours of doctors in the A&E specialty in 2012-13 is therefore not available. The average weekly working hours of doctors in 2013-14 are being collected and are not available at present. Information on continuous working hour is also not available.

A&E Specialty		**Number of doctors**			**Full-time attrition rate**			**Average Weekly Work Hours**
Cluster	**Hospital**	**2011-12 (as at 31 March 2012)**	**2012-13 (as at 31 March 2013)**	**2013-14 (as at 31 December 2013)**	**2011-12**	**2012-13**	**2013-14 (Rolling 12 months, Jan - Dec 13)**	**2011-12**
HKE	Pamela Youde Nethersole Eastern Hospital	31	33	34	3.2%	2.9%	-	42.3
	Ruttonjee Hospital	13	17	15	-	-	-	42.3
	St John Hospital	4	4	4	-	-	25.0%	47.3
HKW	Queen Mary Hospital	30	30	30	-	-	-	44.0
KC	Queen Elizabeth Hospital	38	39	41	2.7%	10.9%	2.6%	42.8
KE	Tseung Kwan O Hospital	18	20	20	6.3%	-	-	41.9
	United Christian Hospital	36	35	37	13.7%	5.5%	2.8%	44.0
KW	Caritas Medical Centre	23	26	23	3.9%	4.0%	7.9%	44.0
	Kwong Wah Hospital	24	28	27	8.8%	4.4%	-	44.0
	North Lantau Hospital	0	0	14	-	-	-	N/A
	Princess Margaret Hospital	29	28	31	3.4%	10.7%	3.5%	45.0
	Yan Chai Hospital	30	26	29	-	14.2%	7.3%	46.0
NTE	Alice Ho Miu Ling Nethersole Hospital	23	22	23	-	-	-	45.0
	North District Hospital	18	19	19	-	-	5.3%	44.0
	Prince of Wales Hospital	27	24	23	19.7%	8.5%	9.8%	43.6

A&E Specialty		Number of doctors			Full-time attrition rate			Average Weekly Work Hours
Cluster	**Hospital**	**2011-12 (as at 31 March 2012)**	**2012-13 (as at 31 March 2013)**	**2013-14 (as at 31 December 2013)**	**2011-12**	**2012-13**	**2013-14 (Rolling 12 months, Jan - Dec 13)**	**2011-12**
NTW	Pok Oi Hospital	21	23	24	-	4.7%	-	42.1*
	Tuen Mun Hospital	39	36	39	2.5%	5.5%	-	

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

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) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

(3) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

(4) Rolling Attrition (Wastage) Rate = (Total no. of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%

(5) 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.

3.

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 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. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 350 doctors in 2014-15.

The manpower shortfall of doctors in 2013-14 is around 310. The manpower shortfall of doctors for 2014-15 is not yet available as the annual recruitment exercise for Resident Trainees is underway.

4.

Tables 3 and 4 below set out the number of non-local doctors and part-time doctors in the A&E specialty and the respective expenditures on their salaries in 2011-12, 2012-13 and 2013-14.

Table 3: Number and Expenditure on Salaries of Non-local Doctors in the A&E specialty in 2011-12, 2012-13 and 2013-14

A&E Specialty		2011-12		2012-13		2013-14	
Cluster	Hospital	No. of Non-local Doctors (as at 31 March 2012	Total Remuneration ($ million)	No. of Non-local Doctors (as at 31 March 2013)	Total Remuneration ($ million))	No. of Non-local Doctors (as at 31 December 2013)	(Full-year projection) Total Remuneration ($ million)
KEC	Tseung Kwan O Hospital	1	0.1	1	1.1	1	1.3
KWC	Yan Chai Hospital	0	0	0	0	1	0.8
NTWC	Tuen Mun Hospital	0	0	0	0	1	0.7

Note: Only the above three hospitals have engaged non-local doctors in the A&E specialty in the past three years.

Table 4: Number and Expenditure on Salaries of Part-time Doctors in the A&E specialty in 2011-12, 2012-13 and 2013-14

A&E Specialty		2011-12		2012-13		2013-14	
Cluster	Hospital	No. of Part-time Doctors (as at 31 March 2012)	Total Remuneration ($ million)	No. of Part-time Doctors (as at 31 March 2013)	Total Remuneration ($ million)	No. of Part-time Doctors (as at 31 December 2013)	(Full-year projection) Total Remuneration ($ million)
HKEC	Pamela Youde Nethersole Eastern Hospital	0	0	0	0	1	0.4
	Ruttonjee Hospital	0	0	2	1.4	1	0.9
	St John Hospital	0	0	0	0	0	0
HKWC	Queen Mary Hospital	3	0.1	3	0.3	3	0.6
KCC	Queen Elizabeth Hospital	1	1.0	3	1.3	2	1.7
KEC	Tseung Kwan O Hospital	0	0.2	0	0	0	0
	United Christian Hospital	1	0.2	3	0.2	2	0.3
KWC	Caritas Medical Centre	0	0	0	0	2	0.5
	Kwong Wah Hospital	4	1.4	6	2.1	6	1.9
	North Lantau Hospital	0	0	0	0	0	0

A&E Specialty		2011-12		2012-13		2013-14	
Cluster	**Hospital**	**No. of Part-time Doctors (as at 31 March 2012)**	**Total Remuneration ($ million)**	**No. of Part-time Doctors (as at 31 March 2013)**	**Total Remuneration ($ million)**	**No. of Part-time Doctors (as at 31 December 2013)**	**(Full-year projection) Total Remuneration ($ million)**
	Princess Margaret Hospital	0	0.1	3	0.7	3	1.8
	Yan Chai Hospital	0	0	1	0.1	0	<0.1
NTEC	Alice Ho Miu Ling Nethersole Hospital	1	0.6	1	0.7	0	0.4
	North District Hospital	0	0	0	<0.1	0	0
	Prince of Wales Hospital	4	1.8	4	3.7	6	3.6
NTWC	Pok Oi Hospital	3	1.6	2	1.4	2	1.8
	Tuen Mun Hospital	1	0.5	1	1.2	1	0.9

Notes

(1) The statistics on the number of doctors for 2011-12, 2012-13 and 2013-14 are based on headcounts as at 31 March 2012, 31 March 2013 and 31 December 2013 respectively. For staff who is no longer serving in HA as at these dates, 'no. of doctors' is reflected as 0.

(2) Total remuneration includes basic salary, allowance, gratuity payout, and on cost such as Home Loan Interest Subsidy Scheme contribution; but excludes death & disability benefits.

5.

In the past years, HA has introduced the following measures to improve the services for A&E and strengthen 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.

b) Augmenting doctor manpower through the following –

   i) extra financial incentives, such as introducing special honorarium scheme, enhancing the fixed-rate honorarium and providing leave encashment;

   ii) additional promotion mechanism for promoting frontline doctors with more than five years of post-fellowship experience in the specialty and consistently good performance to Associate Consultant;

   iii) appointment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments with enhanced package; and

   iv) recruitment of non-local doctors under limited registration for pressurised specialties such as A&E departments since 2012.

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

For 2014-15, HA has earmarked around $16 million to provide support sessions in 12 A&E departments during evenings, weekends and public holidays to alleviate workload.

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

FHB(H)307

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4306)

Head:	(140) Government Secretariat: Food and Health Bureau (Health Branch)
Subhead (No. & title):	(-) Not Specified
Programme:	(2) Subvention: Hospital Authority
Controlling Officer:	Permanent Secretary for Food and Health (Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 80):

Regarding the specialist healthcare personnel of hospitals under the Hospital Authority (HA), please:

1. list by cluster and hospital the number of specialists in each specialty department and their average weekly working hours, longest continuous working hours and turnover rate in the past 3 years (2011-2013);
2. list by cluster and hospital the shortfall of doctors in each specialty department in the past 3 years (2011-2013);
3. list by cluster and hospital the numbers of non-local and part-time doctors in each specialty department and the related expenditure on remuneration in the past 3 years (2011-2013); and
4. advise on the HA's work plan this year for addressing the issue of healthcare manpower shortage in specialty departments of various hospitals and the estimated expenditure involved.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1.

Table 1 to 3 below set out the number of doctors with fellowship by major specialties in each hospital cluster of the Hospital Authority (HA), the average weekly working hours of HA doctors in HA, and the attrition rate of full-time doctors in HA respectively in the past three years. Information on continuous working hours is not available.

Table 1: Number of Doctors with Fellowship in 2011-12, 2012-13 and 2013-14

Cluster	Specialty	2011-12 (As at 31 March 2012)	2012-13 (As at 31 March 2013)	2013-14 (As at 31 December 2013)
HKEC	Accident & Emergency	28	30	33
	Anaesthesia	16	17	19
	Family Medicine	13	15	17
	Intensive Care Unit	8	10	10
	Medicine	92	93	100
	Neurosurgery	5	5	5
	Obstetrics & Gynaecology	7	10	9
	Ophthalmology	11	11	12
	Orthopaedics & Traumatology	17	19	20
	Paediatrics	13	11	12
	Pathology	13	12	14
	Psychiatry	16	17	21
	Radiology	18	19	17
	Surgery	23	24	25
	Others	14	14	14
	Total	**293**	**307**	**329**
HKWC	Accident & Emergency	15	14	18
	Anaesthesia	36	37	40
	Cardiothoracic Surgery	8	8	8
	Family Medicine	15	18	21
	Intensive Care Unit	8	8	8
	Medicine	76	81	87
	Neurosurgery	6	6	6
	Obstetrics & Gynaecology	16	16	19
	Ophthalmology	7	7	7
	Orthopaedics & Traumatology	18	19	20
	Paediatrics	29	28	30
	Pathology	18	20	16
	Psychiatry	12	12	15
	Radiology	19	20	22
	Surgery	36	42	40
	Others	14	13	14
	Total	**333**	**350**	**371**
KCC	Accident & Emergency	24	24	24
	Anaesthesia	27	27	29
	Cardiothoracic Surgery	10	10	10
	Family Medicine	10	16	15
	Intensive Care Unit	7	8	8
	Medicine	87	98	100
	Neurosurgery	11	10	10
	Obstetrics & Gynaecology	14	16	21
	Ophthalmology	22	21	25
	Orthopaedics & Traumatology	26	24	27
	Paediatrics	24	25	27
	Pathology	19	21	22
	Psychiatry	16	17	16
	Radiology	26	28	27
	Surgery	31	32	32
	Others	29	28	26
	Total	**384**	**404**	**419**

Cluster	Specialty	2011-12 (As at 31 March 2012)	2012-13 (As at 31 March 2013)	2013-14 (As at 31 December 2013)
KEC	Accident & Emergency	30	31	32
	Anaesthesia	20	23	25
	Family Medicine	23	30	32
	Intensive Care Unit	6	6	6
	Medicine	78	78	84
	Obstetrics & Gynaecology	12	12	14
	Ophthalmology	7	7	8
	Orthopaedics & Traumatology	20	21	21
	Paediatrics	23	22	22
	Pathology	16	16	16
	Psychiatry	18	18	20
	Radiology	16	18	18
	Surgery	31	32	36
	Others	15	15	16
	Total	**315**	**328**	**349**
KWC	Accident & Emergency	55	55	59
	Anaesthesia	47	51	52
	Family Medicine	42	57	67
	Intensive Care Unit	19	22	22
	Medicine	171	181	194
	Neurosurgery	8	12	12
	Obstetrics & Gynaecology	22	24	29
	Ophthalmology	12	11	14
	Orthopaedics & Traumatology	43	43	48
	Paediatrics	45	46	46
	Pathology	32	33	33
	Psychiatry	37	37	40
	Radiology	33	39	36
	Surgery	64	63	66
	Others	23	28	28
	Total	**654**	**702**	**745**
NTEC	Accident & Emergency	41	38	37
	Anaesthesia	32	33	36
	Cardiothoracic Surgery	3	4	4
	Family Medicine	25	33	37
	Intensive Care Unit	15	15	15
	Medicine	88	105	111
	Neurosurgery	6	6	5
	Obstetrics & Gynaecology	14	15	17
	Ophthalmology	11	10	12
	Orthopaedics & Traumatology	38	39	43
	Paediatrics	30	33	38
	Pathology	22	25	23
	Psychiatry	27	27	36
	Radiology	24	23	23
	Surgery	41	46	54
	Others	31	33	34
	Total	**448**	**485**	**524**

Cluster	Specialty	2011-12 (As at 31 March 2012)	2012-13 (As at 31 March 2013)	2013-14 (As at 31 December 2013)
NTWC	Accident & Emergency	27	26	28
	Anaesthesia	20	21	23
	Cardiothoracic Surgery	2	2	2
	Family Medicine	28	35	35
	Intensive Care Unit	9	11	10
	Medicine	67	76	82
	Neurosurgery	7	7	5
	Obstetrics & Gynaecology	13	17	18
	Ophthalmology	12	11	12
	Orthopaedics & Traumatology	24	21	22
	Paediatrics	18	18	19
	Pathology	15	15	17
	Psychiatry	37	37	45
	Radiology	14	14	15
	Surgery	27	29	31
	Others	15	16	18
	Total	**335**	**357**	**382**

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

Table 2: Average Weekly Work Hours of Doctors in HA in 2011-12 and 2012-13

Cluster	Specialty	2011-12	2012-13
HKEC	Accident & Emergency	42.8	N/A
	Anaesthesia	49.3	N/A
	Family Medicine	45.0	N/A
	Intensive Care Unit	58.1	57.1
	Medicine	56.1	55.0
	Neurosurgery	54.2	53.4
	Obstetrics & Gynaecology	63.6	60.9
	Ophthalmology	53.2	48.0
	Orthopaedics & Traumatology	49.7	54.3
	Paediatrics	57.2	57.7
	Pathology	41.1	N/A
	Psychiatry	46.3	N/A
	Radiology	45.0	N/A
	Surgery	58.7	52.7
	Total	**51.8**	**54.8**
HKWC	Accident & Emergency	44.0	N/A
	Anaesthesia	54.7	N/A
	Cardiothoracic Surgery	58.7	58.3
	Family Medicine	45.0	N/A
	Intensive Care Unit	49.2	45.4
	Medicine	54.0	52.6
	Neurosurgery	54.6	56.0
	Obstetrics & Gynaecology	54.9	55.9
	Ophthalmology	55.8	45.1
	Orthopaedics & Traumatology	45.1	55.5
	Paediatrics	52.8	59.1
	Pathology	48.2	N/A
	Psychiatry	48.3	N/A
	Radiology	46.9	N/A
	Surgery	54.0	55.7
	Total	**52.1**	**54.1**
KCC	Accident & Emergency	42.8	N/A
	Anaesthesia	51.9	N/A
	Cardiothoracic Surgery	48.3	45.1
	Family Medicine	45.0	N/A
	Intensive Care Unit	52.3	N/A
	Medicine	53.5	53.0
	Neurosurgery	51.5	50.7
	Obstetrics & Gynaecology	55.3	55.1
	Ophthalmology	53.5	46.7
	Orthopaedics & Traumatology	46.3	53.1
	Paediatrics	53.0	53.3
	Pathology	45.3	N/A
	Psychiatry	46.1	N/A
	Radiology	45.0	N/A
	Surgery	57.3	57.0
	Total	**50.6**	**52.7**

Cluster	Specialty	2011-12	2012-13
KEC	Accident & Emergency	43.3	N/A
	Anaesthesia	50.3	N/A
	Family Medicine	44.0	N/A
	Intensive Care Unit	49.6	48.9
	Medicine	48.9	48.1
	Obstetrics & Gynaecology	63.3	61.7
	Ophthalmology	61.1	48.0
	Orthopaedics & Traumatology	58.6	59.6
	Paediatrics	58.9	57.8
	Pathology	46.0	N/A
	Psychiatry	48.2	N/A
	Radiology	50.2	N/A
	Surgery	55.6	56.1
	Total	**51.1**	**53.1**
KWC	Accident & Emergency	44.8	N/A
	Anaesthesia	48.9	N/A
	Family Medicine	44.0	N/A
	Intensive Care Unit	53.0	49.5
	Medicine	52.2	51.5
	Neurosurgery	62.9	N/A
	Obstetrics & Gynaecology	57.8	56.8
	Ophthalmology	54.0	46.4
	Orthopaedics & Traumatology	46.8	53.8
	Paediatrics	55.9	55.2
	Pathology	48.2	N/A
	Psychiatry	51.8	N/A
	Radiology	46.6	N/A
	Surgery	55.5	55.0
	Total	**51.1**	**52.9**
NTEC	Accident & Emergency	44.2	N/A
	Anaesthesia	53.6	N/A
	Cardiothoracic Surgery	65.3	61.6
	Family Medicine	44.0	N/A
	Intensive Care Unit	48.4	48.1
	Medicine	51.9	50.1
	Neurosurgery	65.5	55.8
	Obstetrics & Gynaecology	62.7	70.8
	Ophthalmology	61.0	54.9
	Orthopaedics & Traumatology	51.9	60.3
	Paediatrics	54.4	53.5
	Pathology	50.0	N/A
	Psychiatry	47.0	N/A
	Radiology	45.9	N/A
	Surgery	61.7	61.9
	Total	**52.4**	**55.7**

Cluster	Specialty	2011-12	2012-13
NTWC	Accident & Emergency	42.1	N/A
	Anaesthesia	51.2	N/A
	Family Medicine	41.8	N/A
	Intensive Care Unit	51.9	51.0
	Medicine	50.4	50.9
	Neurosurgery	57.5	56.6
	Obstetrics & Gynaecology	57.2	56.9
	Ophthalmology	58.4	50.0
	Orthopaedics & Traumatology	51.2	57.9
	Paediatrics	54.6	53.7
	Pathology	42.3	N/A
	Psychiatry	45.4	N/A
	Radiology	46.5	N/A
	Surgery	56.8	58.6
	Total	**49.8**	**54.1**

Notes
1. The table above sets out the average weekly working hours of doctors according to the surveys conducted in 2011-12 and 2012-13. 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 hours 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 2012-13 is not available for all specialties. The average weekly working hours of doctors in 2013-14 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.

Table 3: Attrition Rate of Full-Time Doctors in HA in 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	**2012-13**	**2013-14 (Rolling 12 months from 1 January to 31 December 2013)**
HKEC	Accident & Emergency	2.0%	1.9%	1.9%
	Anaesthesia	3.2%	3.1%	12.6%
	Family Medicine	4.0%	-	1.9%
	Intensive Care Unit	-	-	-
	Medicine	2.1%	2.7%	1.4%
	Neurosurgery	-	9.8%	-
	Obstetrics & Gynaecology	9.7%	-	4.4%
	Ophthalmology	10.3%	10.5%	5.2%
	Orthopaedics & Traumatology	6.4%	3.2%	-
	Paediatrics	7.7%	13.8%	9.7%
	Pathology	-	5.2%	10.2%
	Psychiatry	-	3.1%	-
	Radiology	8.6%	2.7%	13.7%
	Surgery	6.2%	8.3%	8.5%
	Others	8.1%	8.1%	7.9%
	Total	**4.1%**	**3.9%**	**4.4%**
HKWC	Accident & Emergency	-	-	-
	Anaesthesia	9.6%	3.6%	7.0%
	Cardiothoracic Surgery	10.1%	-	-
	Family Medicine	2.8%	2.5%	2.5%
	Intensive Care Unit	-	-	-
	Medicine	6.2%	6.1%	2.3%
	Neurosurgery	-	-	8.2%
	Obstetrics & Gynaecology	3.8%	11.3%	7.8%
	Ophthalmology	-	-	-
	Orthopaedics & Traumatology	10.1%	3.3%	-
	Paediatrics	2.5%	5.1%	2.4%
	Pathology	-	7.7%	15.9%
	Psychiatry	13.5%	12.1%	12.6%
	Radiology	5.4%	2.7%	2.7%
	Surgery	7.8%	6.4%	7.8%
	Others	3.8%	3.7%	7.5%
	Total	**5.6%**	**4.9%**	**4.7%**
KCC	Accident & Emergency	2.7%	10.9%	2.6%
	Anaesthesia	-	-	-
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	5.9%	3.9%	3.7%
	Intensive Care Unit	-	-	-
	Medicine	1.4%	2.8%	2.1%
	Neurosurgery	-	5.1%	4.9%
	Obstetrics & Gynaecology	-	3.7%	-
	Ophthalmology	2.8%	5.4%	11.1%
	Orthopaedics & Traumatology	-	5.7%	2.9%
	Paediatrics	11.4%	2.8%	-
	Pathology	-	7.3%	-
	Psychiatry	6.0%	-	6.1%
	Radiology	2.3%	-	4.4%
	Surgery	5.9%	1.9%	3.7%
	Others	6.7%	7.0%	4.7%
	Total	**3.1%**	**3.5%**	**3.0%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
KEC	Accident & Emergency	11.5%	3.5%	1.8%
	Anaesthesia	5.1%	7.7%	2.5%
	Family Medicine	4.9%	3.5%	4.7%
	Intensive Care Unit	-	-	-
	Medicine	1.6%	6.1%	2.2%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	3.8%	7.3%	-
	Ophthalmology	-	16.2%	16.8%
	Orthopaedics & Traumatology	7.7%	2.6%	5.0%
	Paediatrics	13.1%	5.3%	7.8%
	Pathology	-	-	-
	Psychiatry	-	-	2.9%
	Radiology	4.2%	8.3%	4.0%
	Surgery	5.2%	5.3%	3.6%
	Others	11.5%	-	-
	Total	**5.1%**	**4.8%**	**3.4%**
KWC	Accident & Emergency	3.7%	8.7%	4.6%
	Anaesthesia	6.3%	7.5%	2.4%
	Family Medicine	5.6%	8.3%	1.4%
	Intensive Care Unit	6.4%	-	-
	Medicine	4.7%	3.2%	4.2%
	Neurosurgery	17.1%	4.6%	-
	Obstetrics & Gynaecology	-	-	-
	Ophthalmology	22.1%	4.4%	4.4%
	Orthopaedics & Traumatology	4.3%	2.7%	2.7%
	Paediatrics	8.4%	5.6%	2.6%
	Pathology	4.2%	4.3%	4.3%
	Psychiatry	1.4%	5.9%	1.5%
	Radiology	3.8%	5.5%	11.3%
	Surgery	1.8%	7.0%	2.6%
	Others	-	2.1%	-
	Total	**4.8%**	**5.1%**	**3.1%**
NTEC	Accident & Emergency	7.7%	3.1%	4.9%
	Anaesthesia	3.5%	1.8%	1.7%
	Cardiothoracic Surgery	-	-	-
	Family Medicine	2.4%	2.3%	4.7%
	Intensive Care Unit	-	3.8%	-
	Medicine	7.3%	2.8%	2.8%
	Neurosurgery	-	13.8%	-
	Obstetrics & Gynaecology	6.2%	-	10.1%
	Ophthalmology	18.4%	-	-
	Orthopaedics & Traumatology	3.3%	3.3%	-
	Paediatrics	3.8%	5.4%	7.2%
	Pathology	-	3.1%	3.1%
	Psychiatry	-	3.3%	3.3%
	Radiology	-	2.6%	-
	Surgery	3.8%	-	3.7%
	Others	4.0%	2.0%	1.9%
	Total	**4.4%**	**2.6%**	**3.1%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	2012-13	2013-14 (Rolling 12 months from 1 January to 31 December 2013)
NTWC	Accident & Emergency	1.7%	5.2%	-
	Anaesthesia	6.4%	4.6%	7.1%
	Cardiothoracic Surgery	-	-	-
	Family Medicine	5.9%	4.2%	6.7%
	Intensive Care Unit	-	6.0%	10.9%
	Medicine	4.2%	5.8%	4.0%
	Neurosurgery	-	-	6.9%
	Obstetrics & Gynaecology	3.4%	3.3%	6.6%
	Ophthalmology	-	10.1%	5.2%
	Orthopaedics & Traumatology	2.3%	9.8%	4.6%
	Paediatrics	5.4%	8.7%	-
	Pathology	-	4.9%	15.3%
	Psychiatry	2.7%	6.6%	2.6%
	Radiology	3.3%	9.5%	9.3%
	Surgery	1.8%	5.4%	3.6%
	Others	10.0%	3.3%	3.2%
	Total	**3.6%**	**5.9%**	**4.7%**

Notes
1. Attrition (wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

2.

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 general, HA fills vacancies of Consultant and Associate Consultant through internal transfer or promotion of suitable serving HA doctors as far as possible. As for vacancies of resident trainees, HA conducts recruitment exercise of resident trainees each year to recruit medical graduates of local universities, as well as other qualified doctors to fill the vacancies and undergo specialist training in HA. Individual departments may also recruit doctors throughout the year to cope with service and operational needs. To provide necessary manpower for maintaining existing services and implementing service enhancement initiatives, HA plans to recruit about 350 doctors in 2014-15.

The manpower shortfall of doctors in 2013-14 is around 310. The manpower shortfall of doctors for 2014-15 is not yet available as the annual recruitment exercise for Resident Trainees is underway.

3.

Table 4 and 5 below set out the number of non-local doctors and part-time doctors by major specialties in each hospital cluster of the HA and the respective expenditures on their remuneration in 2011-12, 2012-13 and 2013-14.

Table 4: Number and Expenditure on Remuneration of Non-local Doctors in HA in 2011-12, 2012-13 and 2013-14

Cluster	Specialty	2011-12		2012-13		2013-14	
		No. of Part-time Doctors	Total Expenditure ($ million)	No. of Part-time Doctors	Total Expenditure ($ million)	No. of Part-time Doctors	(Full-year projection) Total Expenditure ($ million)
HKEC	Family Medicine	0	0	1	0.4	1	1
	Total	**0**	**0**	**1**	**0.4**	**1**	**1**
HKWC	Anaesthesia	2	2.3	4	6.2	3	4.9
	Pathology	1	1.4	1	1.9	1	1.9
	Total	**3**	**3.7**	**5**	**8.1**	**4**	**6.8**
KCC	Psychiatry	0	0	1	0.7	1	0.5
	Total	**0**	**0**	**1**	**0.7**	**1**	**0.5**
KEC	Accident & Emergency	1	0.1	1	1.1	1	1.3
	Anaesthesia	0	0	1	0.4	0	0
	Medicine	1	0.2	1	0.9	1	1.1
	Total	**2**	**0.3**	**3**	**2.4**	**2**	**2.4**
KWC	Accident & Emergency	0	0	0	0	1	0.8
	Total	**0**	**0**	**0**	**0**	**1**	**0.8**
NTEC	Anaesthesia	1	0.1	1	0.9	2	1.6
	Medicine	1	0.2	1	0.3	0	0
	Total	**2**	**0.3**	**2**	**1.2**	**2**	**1.6**
NTWC	Accident & Emergency	0	0	0	0	1	0.7
	Family Medicine	0	0	1	0.4	1	1.3
	Total	**0**	**0**	**1**	**0.4**	**2**	**2**

Table 5: Number and Expenditure on Remuneration of Part-time Doctors in HA in 2011-12, 2012-13 and 2013-14

Cluster	Specialty	2011-12		2012-13		2013-14	
		No. of Part-time Doctors	Total Expenditure ($ million)	No. of Part-time Doctors	Total Expenditure ($ million)	No. of Part-time Doctors	(Full-year projection) Total Expenditure ($ million)
HKEC	Accident & Emergency	0	0	2	1.4	2	1.3
	Anaesthesia	0	0	0	0	1	0.4
	Family Medicine	1	0.3	3	0.9	5	2.6
	Medicine	2	1.4	4	1.5	5	3.9
	Neurosurgery	0	0	1	0.8	0	0.8
	Obstetrics & Gynaecology	0	0	0	0	1	0.3
	Ophthalmology	3	0.1	5	1.1	5	1.6
	Paediatrics	0	0.9	2	0.1	3	0.5
	Psychiatry	0	0	2	0.8	2	1.5
	Radiology	0	0	0	0	1	0.9
	Surgery	1	0.4	4	0.9	3	0.9
	Others	1	0.8	1	1.4	1	0.7
	Total	**8**	**3.9**	**24**	**8.9**	**29**	**15.4**
HKWC	Accident & Emergency	3	0.1	3	0.3	3	0.6
	Anaesthesia	5	3.1	4	4	6	4
	Cardiothoracic Surgery	0	0	0	0	0	0
	Family Medicine	2	0.3	2	0.3	2	0.4
	Medicine	2	1.8	4	1.5	2	1.8
	Obstetrics & Gynaecology	6	0.7	6	0.6	6	0.5
	Orthopaedics & Traumatology	0	0	0	0	0	0
	Paediatrics	3	3.1	3	3.3	3	3.6
	Pathology	0	0.5	1	0.1	1	0.8
	Psychiatry	0	0.2	1	0.2	2	1
	Radiology	1	1	2	1.5	2	2.1
	Surgery	3	0.9	3	0.9	3	0.7
	Others	0	0.1	0	0	0	0
	Total	**25**	**11.8**	**29**	**12.7**	**30**	**15.5**

Cluster	Specialty	2011-12		2012-13		2013-14	
		No. of Part-time Doctors	Total Expenditure ($ million)	No. of Part-time Doctors	Total Expenditure ($ million)	No. of Part-time Doctors	(Full-year projection) Total Expenditure ($ million)
KCC	Accident & Emergency	1	1	3	1.3	2	1.7
	Anaesthesia	1	< 0.1	1	< 0.1	1	< 0.1
	Family Medicine	1	0.1	4	0.7	4	0.9
	Medicine	10	4.5	9	3.2	3	2.9
	Obstetrics & Gynaecology	9	4	10	4.2	11	4.6
	Ophthalmology	2	0.1	2	0.1	3	1.5
	Orthopaedics & Traumatology	0	0	1	0.1	1	0.3
	Paediatrics	4	2.6	5	3.9	5	4
	Pathology	3	0.8	2	0.9	1	0.4
	Psychiatry	3	1.9	3	2.1	3	2.3
	Surgery	2	2	2	2	2	2
	Others	1	0.1	1	0.5	1	1.6
	Total	**37**	**17.1**	**43**	**19**	**37**	**22.2**
KEC	Accident & Emergency	1	0.4	3	0.2	2	0.3
	Anaesthesia	1	0.6	2	1.1	2	1.7
	Family Medicine	3	0.2	2	0.4	3	0.4
	Medicine	12	3.2	11	4.5	11	5.4
	Obstetrics & Gynaecology	1	0.9	1	0.3	0	0
	Ophthalmology	0	0	2	0.3	2	0.6
	Orthopaedics & Traumatology	2	0.2	0	0	1	0.2
	Paediatrics	1	0.3	1	1.4	1	1
	Pathology	1	0.9	1	1	1	1.7
	Psychiatry	1	0.5	0	0.3	2	0.8
	Radiology	1	0.2	2	1.6	1	1.8
	Surgery	1	0.5	3	1.5	3	2.5
	Others	1	0.2	1	0.6	0	0.1
	Total	**26**	**8.1**	**29**	**13.2**	**29**	**16.5**
KWC	Accident & Emergency	4	1.5	10	2.9	11	4.2
	Anaesthesia	0	0.6	0	0	1	0.5
	Family Medicine	15	6.7	18	7.3	22	7.5
	Medicine	14	4.5	18	6.2	18	8.2
	Neurosurgery	0	0	1	1.2	2	1.2
	Obstetrics & Gynaecology	5	1.4	4	2.4	3	1.4
	Ophthalmology	1	0.3	1	0.5	1	0.5
	Orthopaedics & Traumatology	2	0.9	1	1	2	1.3
	Paediatrics	16	3.5	17	5.4	17	5.5
	Pathology	1	1	1	1.1	1	1.1
	Psychiatry	2	0.1	5	1.2	4	2.4
	Radiology	2	0.5	2	0.7	5	2
	Surgery	4	0.4	6	1	6	1.9
	Others	0	0	1	0.2	1	0.3
	Total	**66**	**21.4**	**85**	**31.1**	**94**	**38**
NTEC	Accident & Emergency	5	2.4	5	4.4	6	4
	Anaesthesia	0	0.4	1	0.1	3	1.8
	Family Medicine	5	2.5	6	2.5	6	3.3
	Intensive Care Unit	0	0.4	0	0	0	0
	Medicine	11	3.6	11	5.2	10	5
	Neurosurgery	0	0	1	0.2	1	1.1
	Ophthalmology	4	0.6	3	1.5	4	1.8
	Orthopaedics & Traumatology	1	<0.1	1	0.4	1	0.3
	Paediatrics	2	0.5	2	2.3	3	2.7
	Psychiatry	1	0.2	1	0.4	2	0.7
	Radiology	1	1.5	1	1.5	1	1.6
	Surgery	4	1.6	4	1.9	7	2.2
	Others	0	0	0	0.4	0	0
	Total	**34**	**13.7**	**36**	**20.8**	**44**	**24.5**

Cluster	Specialty	2011-12		2012-13		2013-14	
		No. of Part-time Doctors	Total Expenditure ($ million)	No. of Part-time Doctors	Total Expenditure ($ million)	No. of Part-time Doctors	(Full-year projection) Total Expenditure ($ million)
NTWC	Accident & Emergency	4	2.1	3	2.6	3	2.7
	Anaesthesia	2	0.7	3	1.4	5	3.6
	Family Medicine	4	0.4	8	0.9	7	2
	Medicine	5	2.3	8	3.7	10	6.8
	Neurosurgery	0	0	0	0	1	0.2
	Obstetrics & Gynaecology	1	< 0.1	2	0.7	2	1.2
	Ophthalmology	1	2.2	2	2.4	2	3.3
	Orthopaedics & Traumatology	2	0.1	2	0.6	2	0.6
	Paediatrics	0	0	2	0.5	2	1.3
	Pathology	1	2	1	2.1	1	2.1
	Psychiatry	3	2.1	3	1.8	3	1.9
	Radiology	1	1	2	1.5	2	2
	Surgery	9	3.3	7	5.5	8	6.5
	Others	1	0.2	2	0.6	2	0.7
	Total	**34**	**16.4**	**45**	**24.3**	**50**	**34.9**

Notes
1. The manpower figures are calculated on headcount basis, including permanent, contract, temporary, and part-time staff in HA's workforce.
2. The statistics on the number of doctors for 2011-12 and 2012-13 are based on headcounts as at 31 March 2012 and 31 March 2013 respectively. The statistics on the number of doctors for 2013-14 are based on headcounts as at 31 December 2013. For staff who is no longer serving in HA as at these dates, 'no. of doctors' is reflected as 0.
3. The total expenditure includes basic salary, allowance, gratuity payout, and on cost such as Home Loan Interest Subsidy Scheme (HLISS) contribution, excludes death & disability benefit, and before deduction of HILSS mobilisation. The figures for 2013-14 represent full-year projection.

4.

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 2014-15, HA plans to recruit around 350 doctors, 1 680 nursing staff and 530 allied health (AH) staff to further increase manpower strength and improve staff retention. Subject to market availability, HA plans to recruit additional 300 nurses to address winter surge demand.

In 2013-14, HA has earmarked around $321 million for recruitment and retention of healthcare staff. The same level of funding has been earmarked in 2014-15 for the same purpose to continue to implement a series of measures to retain staff in medical, nursing and AH grade.

For the medical grade, HA will continue to create additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits, enhance training opportunities for doctors and recruit non-local doctors under limited registration to supplement local recruitment drive.

For the nursing grade, HA will continue to enhance career advancement opportunities of experienced nurses and provide training to registered nursing students and enrolled nursing students at HA's nursing schools.

For the AH grade, HA will continue to offer overseas scholarship to AH undergraduates for grades with no local or inadequate supply and recruit additional professional and supporting staff to relieve workload.

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

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)308

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4307)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 81):

As regards the manpower of nurses in hospitals under the Hospital Authority, please provide the following information for the past three years (2011-13) on:

1. the number of nurses in various departments, their average working hours per week, the longest continuous working hours and turnover rate with breakdown by cluster;
2. the shortage of nurses in various departments with breakdown by cluster;
3. the number of part-time nurses in various departments and the relevant expenditure on remuneration with breakdown by cluster; and
4 in each of the three years, the number of qualified enrolled nurses and registered nurses, the respective number of applicants for enrolled nurses and registered nurses; and the number of successful candidates for the qualification of enrolled nurses and registered nurses.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(1)

Tables 1 and 2 below set out respectively the manpower and attrition rate of nurses by clusters and by major specialties in the Hospital Authority (HA) in 2011-12, 2012-13 and 2013-14. Nurses are generally rostered to work on shift with an average weekly working hour of 44 hours.

Table 1: Manpower of Nurses by Clusters and by Major Specialties in HA in 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	2011-12 (as at 31 Mar 2012)	2012-13 (as at 31 Mar 2013)	2013-14 (as at 31 Dec 2013)
HKEC	Accident & Emergency	80	79	80
	Intensive Care Unit	62	69	69
	Medicine	556	572	567
	Obstetrics & Gynaecology	70	70	72
	Orthopaedics & Traumatology	68	65	70
	Paediatrics	59	61	57
	Psychiatry	212	216	228
	Surgery	130	127	125
	Others	962	1 087	1 168
	Total	**2 199**	**2 348**	**2 435**

Cluster	Major Specialty	2011-12 (as at 31 Mar 2012)	2012-13 (as at 31 Mar 2013)	2013-14 (as at 31 Dec 2013)
HKWC	Accident & Emergency	50	53	54
	Intensive Care Unit	77	77	81
	Medicine	651	671	671
	Obstetrics & Gynaecology	140	140	149
	Orthopaedics & Traumatology	76	76	79
	Paediatrics	200	197	204
	Psychiatry	96	116	112
	Surgery	414	472	478
	Others	795	799	698
	Total	**2 498**	**2 600**	**2 525**
KCC	Accident & Emergency	66	71	68
	Intensive Care Unit	84	92	90
	Medicine	537	598	582
	Obstetrics & Gynaecology	157	161	165
	Orthopaedics & Traumatology	73	79	78
	Paediatrics	164	188	181
	Psychiatry	221	244	233
	Surgery	241	251	246
	Others	1 406	1 386	1 496
	Total	**2 949**	**3 069**	**3 138**
KEC	Accident & Emergency	111	123	127
	Intensive Care Unit	132	134	147
	Medicine	739	760	841
	Obstetrics & Gynaecology	128	130	125
	Orthopaedics & Traumatology	128	150	157
	Paediatrics	149	159	158
	Psychiatry	113	118	133
	Surgery	162	168	175
	Others	546	571	597
	Total	**2 209**	**2 313**	**2 461**
KWC	Accident & Emergency	199	197	225
	Intensive Care Unit	186	194	195
	Medicine	1 351	1 349	1 402
	Obstetrics & Gynaecology	212	210	227
	Orthopaedics & Traumatology	175	178	193
	Paediatrics	226	226	244
	Psychiatry	589	590	636
	Surgery	361	350	364
	Others	1 587	1 795	1 820
	Total	**4 884**	**5 088**	**5 306**
NTEC	Accident & Emergency	180	188	188
	Intensive Care Unit	196	195	196
	Medicine	980	1056	1078
	Obstetrics & Gynaecology	193	205	217
	Orthopaedics & Traumatology	217	223	221
	Paediatrics	236	249	270
	Psychiatry	253	281	288
	Surgery	296	305	311
	Others	836	821	857
	Total	**3 388**	**3 524**	**3 627**
NTWC	Accident & Emergency	131	142	150
	Intensive Care Unit	106	103	113
	Medicine	635	592	651
	Obstetrics & Gynaecology	144	137	137
	Orthopaedics & Traumatology	67	128	145
	Paediatrics	145	149	151
	Psychiatry	654	674	683
	Surgery	160	163	196
	Others	690	747	773
	Total	**2 731**	**2 834**	**2 998**

Notes
1. The manpower figures above are calculated on full-time equivalent (FTE) basis including permanent, contract and temporary staff. Individual figures may not add up to the total due to rounding.
2. Statistics for Cardio-thoracic Surgery, Neurosurgery, and Surgery are grouped under Surgery specialty.

Table 2: Attrition Rate of Full-time Nurses by Clusters and by Major Specialties in HA in 2011-12, 2012-13 and 2013-14

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	2012-13	2013-14 (Rolling 12 months from 1 Jan 13 to 31 Dec 13)
HKEC	Accident & Emergency	1.3%	3.9%	0.0%
	Intensive Care Unit	9.7%	4.8%	1.5%
	Medicine	4.8%	7.1%	5.0%
	Obstetrics & Gynaecology	7.7%	3.1%	3.0%
	Orthopaedics & Traumatology	7.9%	1.6%	6.2%
	Paediatrics	13.3%	9.2%	9.4%
	Psychiatry	1.0%	3.4%	3.3%
	Surgery	7.5%	9.1%	10.2%
	Others	5.6%	5.7%	5.5%
	Total	**5.4%**	**5.8%**	**5.1%**
HKWC	Accident & Emergency	6.2%	2.0%	6.0%
	Intensive Care Unit	11.0%	11.6%	3.8%
	Medicine	7.3%	5.9%	6.4%
	Obstetrics & Gynaecology	5.5%	6.2%	4.5%
	Orthopaedics & Traumatology	9.7%	5.3%	10.6%
	Paediatrics	8.3%	8.8%	6.6%
	Psychiatry	5.5%	1.9%	1.8%
	Surgery	6.3%	6.5%	4.3%
	Others	8.0%	7.3%	4.8%
	Total	**7.4%**	**6.5%**	**5.3%**
KCC	Accident & Emergency	14.3%	13.6%	5.9%
	Intensive Care Unit	6.3%	3.4%	4.4%
	Medicine	2.6%	3.6%	4.7%
	Obstetrics & Gynaecology	5.9%	5.3%	1.9%
	Orthopaedics & Traumatology	12.3%	5.8%	5.3%
	Paediatrics	4.5%	3.9%	5.3%
	Psychiatry	5.3%	1.3%	4.8%
	Surgery	2.3%	5.1%	7.0%
	Others	6.0%	6.1%	5.0%
	Total	**5.3%**	**5.1%**	**4.9%**
KEC	Accident & Emergency	3.9%	5.4%	5.0%
	Intensive Care Unit	1.6%	1.5%	0.7%
	Medicine	5.6%	5.8%	5.9%
	Obstetrics & Gynaecology	9.1%	3.9%	1.6%
	Orthopaedics & Traumatology	7.0%	6.0%	9.4%
	Paediatrics	9.6%	4.6%	9.0%
	Psychiatry	3.7%	4.5%	1.7%
	Surgery	10.2%	3.8%	3.6%
	Others	4.7%	4.3%	5.1%
	Total	**5.8%**	**4.8%**	**5.1%**
KWC	Accident & Emergency	3.9%	4.1%	5.5%
	Intensive Care Unit	9.3%	4.8%	4.7%
	Medicine	4.4%	3.6%	3.5%
	Obstetrics & Gynaecology	6.0%	4.4%	2.9%
	Orthopaedics & Traumatology	3.0%	3.4%	3.3%
	Paediatrics	6.4%	3.6%	2.2%
	Psychiatry	3.1%	2.3%	3.6%
	Surgery	2.0%	2.3%	3.1%
	Others	5.7%	5.5%	4.8%
	Total	**4.7%**	**4.0%**	**4.0%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2011-12	**2012-13**	**2013-14 (Rolling 12 months from 1 Jan 13 to 31 Dec 13)**
NTEC	Accident & Emergency	5.6%	4.8%	3.4%
	Intensive Care Unit	1.2%	1.5%	3.6%
	Medicine	4.9%	4.4%	5.0%
	Obstetrics & Gynaecology	7.7%	8.4%	4.5%
	Orthopaedics & Traumatology	3.4%	1.9%	2.3%
	Paediatrics	5.9%	8.1%	4.8%
	Psychiatry	3.0%	3.9%	3.3%
	Surgery	5.0%	3.1%	3.4%
	Others	3.4%	4.2%	4.1%
	Total	**4.4%**	**4.4%**	**4.1%**
NTWC	Accident & Emergency	7.0%	5.1%	1.4%
	Intensive Care Unit	3.7%	7.6%	9.3%
	Medicine	5.5%	6.1%	6.7%
	Obstetrics & Gynaecology	3.6%	6.6%	5.2%
	Orthopaedics & Traumatology	5.9%	0.9%	1.5%
	Paediatrics	10.6%	7.8%	7.7%
	Psychiatry	2.3%	1.8%	2.7%
	Surgery	6.1%	3.9%	2.4%
	Others	3.9%	5.0%	4.9%
	Total	**4.5%**	**4.6%**	**4.6%**

Notes

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. Rolling Attrition Rate = Total number of staff left HA in the past 12 months /Average strength in the past 12 months x 100%.
4. Statistics for Cardio-thoracic Surgery, Neurosurgery, and Surgery are grouped under Surgery specialty.

(2)

HA adopts a flexible approach in deploying nurses across units or from a central pool to address manpower pressure from time to time. Therefore there is no information on manpower shortfall of nurses by departments. The overall estimated manpower shortfall of nurses in 2011-12, 2012-13 and 2013-14 are 1 200, 800 and 600 respectively.

(3)

Table 3 below sets out the number and total emolument expenditure of part-time nurses by clusters and by major specialties in HA in 2011-12, 2012-13 and 2013-14.

Table 3: Number and Expenditure on Salaries of Part-time Nurses by Clusters and by Major Specialties in HA in 2011-12, 2012-13 and 2013-14

Cluster	Specialty	2011-12 (As at 31 Mar 2012)		2012-13 (As at 31 Mar 2013)		2013-14 (as at 31 Dec 2013)	2013-14 (Full year projection)
		Number of Part-Time Nurses	Total Emolument Expenditure ($ million)	Number of Part-Time Nurses	Total Emolument Expenditure ($ million)	Number of Part-Time Nurses	Total Emolument Expenditure ($ million)
HKEC	Accident & Emergency	8	0.8	9	0.8	12	1.1
	Intensive Care Unit	4	0.5	6	0.6	5	0.7
	Medicine	89	8.0	118	7.3	78	7.0
	Obstetrics & Gynaecology	10	1.2	8	1.6	8	1.6
	Orthopaedics & Traumatology	15	1.6	15	1.3	9	1.1
	Paediatrics	16	2.4	22	2.4	15	2.7
	Psychiatry	37	1.6	41	1.8	38	2.2
	Surgery	24	1.9	39	1.6	18	1.8
	Others	93	12.9	86	13.4	77	13.0
	Total	**296**	**30.9**	**344**	**30.8**	**260**	**31.2**
HKWC	Accident & Emergency	3	0.3	4	0.6	1	0.6
	Intensive Care Unit	1	0.2	0	0.1	0	0.0
	Medicine	50	7.5	43	8.8	6	7.9
	Obstetrics & Gynaecology	15	1.8	13	2.3	10	2.3
	Orthopaedics & Traumatology	5	0.2	2	0.3	0	0.0
	Paediatrics	10	1.2	6	1.5	0	1.0
	Psychiatry	3	0.8	1	0.5	0	0.3
	Surgery	15	3.3	19	4.1	2	4.4
	Others	296	21.0	333	21.8	80	19.5
	Total	**398**	**36.3**	**421**	**40.0**	**99**	**36.0**
KCC	Accident & Emergency	0	0.2	3	0.1	1	0.4
	Intensive Care Unit	1	0.2	0	0.2	0	0.0
	Medicine	11	1.6	27	2.4	11	3.1
	Obstetrics & Gynaecology	6	1.2	7	1.3	5	1.3
	Orthopaedics & Traumatology	5	0.8	5	1.0	5	1.0
	Paediatrics	17	3.7	19	3.8	17	4.1
	Psychiatry	9	1.5	16	2.1	2	1.2
	Surgery	9	1.5	7	1.5	10	1.9
	Others	449	30.1	435	30.0	329	30.1
	Total	**507**	**40.8**	**519**	**42.4**	**380**	**43.1**
KEC	Accident & Emergency	17	0.9	13	1.3	7	1.0
	Intensive Care Unit	1	0.1	1	0.1	1	0.1
	Medicine	88	7.5	82	7.6	85	9.4
	Obstetrics & Gynaecology	8	1.0	5	0.3	1	0.2
	Orthopaedics & Traumatology	14	0.3	11	0.6	13	0.6
	Paediatrics	7	1.1	11	1.3	5	1.3
	Psychiatry	6	0.7	11	1.0	5	1.4
	Surgery	24	1.3	15	1.1	16	1.1
	Others	67	10.0	62	9.1	62	9.5
	Total	**232**	**22.9**	**211**	**22.4**	**195**	**24.6**

Cluster	Specialty	2011-12 (As at 31 Mar 2012)		2012-13 (As at 31 Mar 2013)		2013-14 (as at 31 Dec 2013)	2013-14 (Full year projection)
		Number of Part-Time Nurses	Total Emolument Expenditure ($ million)	Number of Part-Time Nurses	Total Emolument Expenditure ($ million)	Number of Part-Time Nurses	Total Emolument Expenditure ($ million)
KWC	Accident & Emergency	1	0.3	1	0.3	4	0.5
	Intensive Care Unit	1	0.3	1	0.3	1	0.3
	Medicine	12	2.3	11	1.9	15	2.2
	Obstetrics & Gynaecology	5	0.8	5	1.0	6	0.8
	Orthopaedics & Traumatology	0	0.0	0	0.0	1	0.1
	Paediatrics	1	0.2	1	0.2	3	0.4
	Psychiatry	27	2.2	15	2.7	10	2.4
	Surgery	3	0.7	2	0.7	4	0.7
	Others	184	18.7	160	19.0	117	18.8
	Total	**234**	**25.5**	**196**	**26.1**	**161**	**26.2**
NTEC	Accident & Emergency	43	2.7	44	2.2	13	1.7
	Intensive Care Unit	4	1.0	2	0.9	2	0.9
	Medicine	97	7.1	104	7.6	74	8.2
	Obstetrics & Gynaecology	6	0.8	17	1.5	16	3.3
	Orthopaedics & Traumatology	24	1.6	25	1.5	14	1.5
	Paediatrics	11	1.7	12	1.6	10	1.6
	Psychiatry	20	2.9	12	3.2	0	1.6
	Surgery	32	2.3	39	2.7	24	2.6
	Others	42	5.6	46	7.4	41	10.7
	Total	**279**	**25.7**	**301**	**28.6**	**194**	**32.1**
NTWC	Accident & Emergency	5	0.3	12	0.6	5	0.7
	Intensive Care Unit	1	0.0	1	0.1	0	0.1
	Medicine	102	6.4	66	5.1	78	5.5
	Obstetrics & Gynaecology	15	1.4	16	1.6	7	1.4
	Orthopaedics & Traumatology	9	0.5	7	0.4	5	0.7
	Paediatrics	15	1.7	30	1.5	17	2.1
	Psychiatry	37	1.5	29	2.0	37	2.0
	Surgery	55	2.6	36	3.1	49	3.5
	Others	64	8.5	55	8.0	72	11.3
	Total	**303**	**22.9**	**252**	**22.4**	**270**	**27.3**

Notes
1. The manpower figures above are on headcount basis including permanent, contract and temporary part-time staff in HA's workforce.
2. The total emolument expenditure 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 mobilisation. The figures for 2013-14 represent full-year projection.
3. Statistics for Cardio-thoracic Surgery, Neurosurgery, and Surgery are grouped under Surgery specialty.

(4)

Locally trained nursing graduates, who have successfully completed a nursing programme accredited by the Nursing Council of Hong Kong (the Council) and whose applications were approved by the Council, are eligible to register as registered nurses (RNs) or enroll as enrolled nurses (ENs) in Hong Kong. Non-locally trained nurses who have passed the Licensing Examination (LE) for Registration / Enrolment administered by the Council are eligible to register as RNs or enroll as ENs. The table below sets out the numbers of nurses eligible to register / enroll in the past three calendar years:

Calendar Year	No. of persons eligible to register as RNs	No. of persons eligible to enroll as ENs
2011	1 434	539
2012	1 718	789
2013	1 779	712

All non-locally trained nurses are required to take and pass both the written and practical parts of the LE for Registration / Enrolment administered by the Council in order to become eligible for registration / enrolment. The numbers of candidates sitting the LE for Registration / Enrolment in the past three calendar years are set out as follows:

Calendar Year	No. of candidates sitting the LE			
	LE for Registration		LE for Enrolment	
	Written part	Practical part	Written part	Practical part
2011	144	114	35	44
2012	157	138	36	38
2013	140	125	46	40

The numbers of candidates (i.e. non-locally trained nurses) who have cumulatively passed both the written and practical parts of the LE for Registration / Enrolment and hence become eligible for registration / enrolment in the past three calendar years are set out as follows:

Calendar Year	No. of candidates passing the LE	
	LE for Registration	LE for Enrolment
2011	26	21
2012	30	11
2013	43	9

Abbreviations

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

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4308)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 434 (if applicable)

Question (Member Question No. 82):

In respect of community nursing services,

1. please set out, by specialty, the number of patients using the community nursing services provided by community nurses and the average medical cost per each home visit in each of the past 3 years (2011-12 to 2013-14).

2. please provide information on this year's work plans for enhancing the quality of community nursing services and the expenditure involved.

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(1)

As community nurses (CNs) serve clients of all specialties in the community, a separate breakdown of the number of patients by specialty served by CNs is not available. The table below sets out the number of patients served and the average cost per home visit by CN in 2011-12, 2012-13 and 2013-14.

Community Nursing Services	**2011-12**	**2012-13**	**2013-14 (as at 31 December 2013 Provisional figures)**
Number of patients served by CN	50 948	51 477	41 917
Average cost per home visit by CN ($) [(1)]	385	425	450

Notes:

[(1)] The average cost per home visit by CN is the actual cost except for 2013-14, in which case the figure is the revised estimate of 2013-14. The community nursing services costs include the direct staff costs (such as nursing and other supporting staff) for providing services to patients and other operating costs (such as consumables). The average cost per home visit by CN represents an average computed with reference to the total costs of the community nursing service and the number of home visits made.

(2)

The Hospital Authority (HA) projects an increase in the number of home visits to be made by CNs from 843 000 in 2013-14 to 845 000 in 2014-15. HA plans to increase the number of CNs from 447 in the 2013-14 revised estimates to 450 in 2014-15. The estimated total cost of the community nursing service in 2014-15 is about $386 million.

Reply Serial No.

FHB(H)310

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6161)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431-432 (if applicable)

Question (Member Question No. 78):

There are many serious problems with the contracts between information technology contract staff (T-contract) of the Hospital Authority (HA) and the contractors, including exploitation of wages and employees' statutory benefits. In this connection, will HA plan to review the offer agreements of T-contract contractors and consider formulating guidelines on conditions of employment according to service/operational needs, so as to improve the remuneration packages of T-contract staff? If so, what are the specific details, schedule, manpower and estimated expenditure involved? If not, what are the reasons?

Asked by: Hon. MOK Charles Peter

Reply:

The Hospital Authority (HA) engages Information Technology (IT) contractor services with vendors through an open tender mechanism in accordance with its procurement policies. Under the service contracts between HA and the vendors, the vendors are required to align the contract terms with their IT contract workers in accordance with current market wages and other employment conditions. These contract workers are employees of the vendors and have no direct relationship with HA in employment and legal terms. The vendors may submit request to HA for an annual adjustment to the contract rate with reference to the Consumer Price Index. If agreed, the vendors are obliged to adjust the pay package of their IT contract workers in the same proportion so that they can benefit from the change of contract rate. HA will continue to monitor the performance of the vendors, including their compliance with relevant statutory requirements and performance standard as stipulated by the service contracts.

HA's existing service contracts were arranged with vendors after considering projected demand on IT services in accordance with the corporate service direction. The requirements, terms and conditions of the IT contractor services may be reviewed in the next tendering cycle to ensure that service provided dovetails with the requirements of HA and is in line with market standard.

Reply Serial No.

FHB(H)311

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6191)

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

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 137):

Regarding official entertainment expenses of the Bureau and its departments, will the Administration inform this Committee of:

(1) the number of exceptions where official entertainment expenses of public officers for lunch and dinner exceeded the respective ceilings per head, the number of exceptions with approval of directorate officers, the exceeded amounts and the reasons for the excess over the past three years? Please provide the information by bureau/department/public organisation, etc.

(2) the number of non-compliance with the guidelines on the bestowal of gifts or souvenirs by public officers during the conduct of official activities, and the number of and reasons for exceptions with approval of directorate officers over the past three years? Please provide the information by bureau/department/public organisation, etc.

Asked by: Hon. MOK Charles Peter

Reply:

The Civil Service Regulations (CSRs) set out the principles, rules and approval procedures relating to official entertainment. Heads of Departments have the delegated authority to authorise all expenditure from the departmental entertainment vote. In addition, according to the Government's internal guidelines, the expenditure limits on entertaining guests should not exceed $450 per person for lunch or $600 per person for dinner. Government officers are required to exercise prudent judgement and economy when entertaining guest(s) for official purposes in order to avoid any public perception of extravagance. Where there are sufficient justifications for exceeding the expenditure limits, the departments are required to consider those applications according to the established mechanism and to document properly the detailed justifications for granting such approval.

In line with the Government's green policy, public officers should as far as possible refrain from bestowing gifts/souvenirs to others during the conduct of official activities. According to the existing guidelines, where bestowal of gifts/souvenirs is necessary or unavoidable due to operational, protocol or other reasons, the gift/souvenir items should not be lavish or extravagant and the number should be kept to a minimum. Also, the exchange of gifts/souvenirs should only be made from organisation to organisation.

In the past three years, no officer of the Food and Health Bureau and the Department of Health (under the Health Portfolio) was subject to disciplinary action for alleged contravention of the CSRs or other government requirements in relation to claiming reimbursement of entertainment expenses or offering gifts/souvenirs.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)312

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6204)

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

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 166):

In respect of the public relations expenses of various government departments in the past year, please inform this Committee of:

(1) The expenses this department spent on advertisement on mainstream or online media as well as the relevant details in table form (please see Annex 1):

Published / Broadcasted Time (Month / Year)	Status (one-off / ongoing / done) (as at 31 January 2014)	Government or Public Organisation (including policy bureau / department / public organisation / government advisory body)	Name of Advertisement	Name of Publisher or Broadcasting Media (newspaper / radio station / TV station / advertising panel / car wrap advertising / website, etc)	Purpose and Frequency of the Advertisement (as at 31 January 2014)	Rank and No. of Responsible Person(s) (as at 31 January 2014)	Financial resources for the expenses involved (as at 31 January 2014)
			(1)… (2)… (3)…	(1)… (2)… (3)…			

(2) The expenses this department spent on sponsoring media to provide programmes or materials as well as the relevant details (please see Annex 2):

Programme / Materials Published / Broadcasted Time (Month / Year)	Status (one-off / ongoing / done) (as at 31 January 2014)	Sponsoring Government or Public Organisation (including policy bureau / department / public organisation / government advisory body)	Name of Programme / Materials	Name of Publisher or Broadcasting Media (newspaper / radio station / TV station / website, etc)	Purpose and Frequency of the Sponsorship (as at 31 January 2014)	Rank and No. of Responsible Person(s) (as at 31 January 2014)	Expenses (as at 31 January 2014)
			(1)… (2)… (3)…	(1)… (2)… (3)…			

(3) The expenses on and details of the Advertorial of this department (please see Annex 3):

Programme / Materials Published / Broadcasted Time (Month/Year)	Status (one-off / ongoing / done) (as at 31 January 2014)	Government Organisation (including policy bureau / department / public organisation / government advisory body)	Name of Programme / Materials	Name of Publisher or Broadcasting Media (newspaper / radio station / TV station / website, etc)	Purpose and Frequency of the Programme / Materials (as at 31 January 2014)	Rank and No. of Responsible Person(s) (as at 31 January 2014)	Non-governmental organisation / Personnel Responsible for Writing Advertisement Script (if any)	Expenses (as at 31 January 2014)
			(1)… (2)… (3)…	(1)… (2)… (3)…				

Asked by: Hon. MOK Charles Peter

Reply:

In the past year, the Health Branch of the Food and Health Bureau has not incurred any expenditure which falls within the scope of public relations activities specified in (1), (2) and (3) of the question.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6213)

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

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 177):

The Government has announced that it would make all government information released for public consumption machine-readable in digital formats. In respect of this,

(1) Please provide in the table below details of the government information to be released for public consumption by your Bureau/Department.

						Digital format already/planned to be used (please choose)			
Bureau/ Department	Information items that can be released for public consumption	Description of the information	Period of the information	Is the information released in digital formats currently and date of release	If not, will it be converted into digital formats	Machine-readable, non-proprietary formats (e.g. CSV)	Machine-readable, proprietary formats (e.g. MS Excel, Word)	Non-Machine-readable formats (e.g. JPG, PDF, PNG)	Open-standard formats (e.g. XML)

(2) Would the Administration indicate the manpower and expenditure involved for releasing government information for public consumption in 2014-15? Will more resources and manpower be provided to your Bureau/Department for handling this task so that the plan can be more effectively implemented?

Asked by: Hon. MOK Charles Peter

Reply:

In 2011, the Government launched the public sector information portal Data.One (data.one.gov.hk), making available public sector information for free use in the development of web services and mobile applications. Currently the portal provides over 2 000 datasets in 15 categories, including Air Quality Health Index, buildings, charitable fund-raising activities, food and environmental hygiene, geo-referenced public facility data, image resources, law and order, marine, news and information, population census statistics, property market statistics, public transport, real-time traffic data, water quality and weather data. These datasets are available in digital formats, including CSV, JPG, JSON, HTML, MDB, PNG, RSS, XLS and XML.

Besides the above portal, the public may access information in various digital formats through the web pages of the Food and Health Bureau and its executive departments. Given the large variety and quantity of information involved, we are not able to tabulate them one by one in detail. The work of releasing public sector information will be absorbed by the existing manpower and no additional resources or manpower will be required.

Reply Serial No.

FHB(H)314

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6228)

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

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Mr. Richard YUEN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 193):

Regarding the Bureau's expenditure on the procurement of computer software and hardware, could the Administration inform this Committee of the following:

(a) Does the Administration have any standard internal procurement guidelines which set out criteria for the purchase or upgrade of computer software and hardware for the Bureau? If yes, what are the details? Do the guidelines require that the Bureau must upgrade its computer software and hardware in a timely manner?

(b) Given that the computer software and hardware supplier Microsoft will terminate its support service for the operating platform of its Windows XP, please provide the respective numbers of computers in the Bureau which are using (1) the operating platform of Microsoft Windows XP; (2) the operating platforms released by Microsoft before 2001; and (3) other operating platforms (please specify the version), as well as the respective percentages of these three types of operating systems in the Bureau's total number of computers. Does the Bureau have any plan to upgrade the above operating platform versions which are now obsolete?

(c) What are the expenditure on and criteria for the procurement of tablet computers by the Bureau? What are the model numbers and the uses of the tablet computers? Is there any confidential information saved on the tablet computers? If yes, what are the details? Is there any information security software installed in the tablet computers used by the Bureau? What is the expenditure involved?

Asked by: Hon. MOK Charles Peter

Reply:

(a) According to the prevailing Government guidelines, our Bureau is required each year to formulate information technology (IT) project portfolio for the next 3 years and to plan for the IT-related projects to ensure that these IT projects can practically and effectively meet our business and operational needs. In planning for IT replacement projects, we have to review and evaluate a wide range of potential risks and devise mitigation measures. From the technology perspective, the potential risks to be considered include product compatibility, maintenance support, replacement products for ensuring continuity as well as availability of market supply. We are also required to make purchases in the most cost-effective way through fair and open market competitions in compliance with the Government's procurement guidelines. We should also take into account the importance and priorities of the IT projects in handling the updating of computer hardware and software.

(b) The operating platforms of all our computers have been upgraded from Microsoft Windows XP to Microsoft Windows 7. No computer is using the operating platforms released by Microsoft before 2001 or other obsolete versions.

(c) In 2013-14, the model name of the tablet computers we have procured through the Standing Offer Agreement managed by the Office of the Government Chief Information Officer is “Apple iPad”, the total value of which amounts to about $97,000. We also make direct procurement from the market based on the actual need.

The tablet computers procured by our Bureau are mainly used to meet outside-office operational needs of our senior management personnel at the directorate level or above. They are used for emails, SMS, calendar management and Internet browsing. We are required to make new or enhancement purchases of the tablet computers in the most cost-effective way through fair and open market competitions in compliance with the Government's procurement guidelines.

We do not store confidential information on our tablet computers. We have installed and taken security measures in the tablet computers we are using as appropriate, such as enabling the password lock on mobile devices, wiping device data after a specified number of failed login attempts. The expenditures for installation of information security measures in the tablet computers are generally subsumed into the procurement and maintenance expenses. We do not have a breakdown of such expenditures.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)315

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6539)

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

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 430 (if applicable)

Question (Member Question No. 126):

In connection with the provision of public information and gathering of public opinions by means of the Internet, please advise on the following:

(a) the information regarding the social media platforms set up and operated by your bureau/departments/public bodies or their agents (such as out-sourced contractors or consultants) for the past year in tabulated form (see Annex 1).

Commencement of operation (Month/ Year)	Status (keep updating /ceased updating) (as at 31 January 2014)	Government agencies (including policy bureaux/ departments /public bodies/ government consultations)	Name	Social media (Facebook / Flickr/ Google+ /LinkedIn /Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 31 January 2014)	No. of "Likes"/ No. of subscribers /Average monthly visits (as at 31 January 2014)	Compiling summary of comments and following up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 31 January 2014)	Financial resources involved in the establishment and daily operation (as at 31 January 2014)
			(1)… (2)… (3)…	(1)… (2)… (3)…					

(b) whether the "Guidelines on the Use of Social Media" available on Government intranets give instructions to your department on the ceilings on expenditures for using social media or web-based platforms, such as registration fees, advertising expenditures and value-added services. If yes, what are the details? If not, will the guidelines be revised to set out the reasonable levels of expenditures derived from the use of social media?

(c) In recent years, governments around the world have introduced systems through which citizens may hand in their online proposals. They have also undertaken that they will give a formal online response if a certain number of citizens have indicated their support of the proposals. Has the Administration examined ways to improve the existing channels for collecting public opinions on the Internet and evaluate the feasibility of the system of collecting online proposals mentioned above? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. MOK Charles Peter

Reply:

(a) The details of social media platforms set up and operated by the Food and Health Bureau (Health Branch) and departments/public bodies under the Health portfolio in the past year are at Annex.

(b) The Office of the Government Chief Information Officer (OGCIO) has set up a thematic website on social media in the government's intranet to provide bureaux/departments with guidelines, tips and tools on the use of social media. Bureaux/departments (B/Ds) may set up social media platforms having regard to their operational needs and the technical advice from OGCIO. Whilst OGCIO will continue to provide support to assist B/Ds to enhance interaction with the public, B/Ds would follow the Government's established procurement procedures when incurring the related expenditures according to individual needs.

(c) While public opinions on specific issues are being collected through the setting up of dedicated websites, mailboxes and hotlines, we will continue to explore the possibility of collecting public opinions through different means and channels including those on the internet.

Annex

Commencement of operation (Month/ Year)	Status (keep updating/ ceased updating) (as at 31 January 2014)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 31 January 2014)	No. of "Likes"/ No. of subscribers/ Average monthly visits (as at 31 January 2014)	Compiling summary of comments and following up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 31 January 2014)	Financial resources involved in the establishment and daily operation (as at 31 January 2014)
August 2009	Ceased updating	Department of Health (DH) – Elderly Health Service	Elderly Health Service	YouTube	To promulgate health message to the public	262 subscribers; average 9 438 visits/month	No	1 Assistant Clerical Officer	Absorbed by existing resources
Mid-2010	Keeps on updating	Hospital Authority (HA)	Hong Kong Red Cross Blood Transfusion Service	YouTube	To promote blood donation (4 videos were uploaded in the year)	50 subscribers	No	1 Recruitment and Publicity Manager; 1 Recruitment and Publicity Officer	Absorbed by existing resources
July 2010	Ceased updating	DH – Tobacco Control Office	Hong Kong Tobacco Control Office	YouTube	To promote smoke-free messages (over 100 videos were uploaded)	102 245 visits since launch	Yes	1 Hospital Administrator II	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keep updating/ ceased updating) (as at 31 January 2014)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 31 January 2014)	No. of "Likes"/ No. of subscribers/ Average monthly visits (as at 31 January 2014)	Compiling summary of comments and following up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 31 January 2014)	Financial resources involved in the establishment and daily operation (as at 31 January 2014)
September 2010	Keeps on updating	DH – Special Preventive Programme	gayspothk	YouTube	To promote HIV prevention in men who have sex with men (18 updates)	138 subscribers; 213 786 visits since launch	Yes	1 Nursing Officer	Absorbed by existing resources
September 2010	Keeps on updating	DH – Family Health Service	Family Health Service	YouTube	To promote maternal and child health (about 700 videos clips were uploaded)	435 "Likes"; 1 240 subscribers; average 53 000 visits/month;	Yes	1 Senior Medical and Health Officer; 1 Registered Nurse; 1 System Analyst	Absorbed by existing resources
November 2010 (Revamped in February 2013)	Keeps on updating	HA	Hospital Authority Hong Kong	YouTube	To promote HA's image, disseminate HA information and engage the public (66 videos were uploaded after the revamp)	74 "Likes"/ 99 subscribers/ average 1 266 visits/month	No	1 Corporate Communication Officer	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keep updating/ ceased updating) (as at 31 January 2014)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 31 January 2014)	No. of "Likes"/ No. of subscribers/ Average monthly visits (as at 31 January 2014)	Compiling summary of comments and following up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 31 January 2014)	Financial resources involved in the establishment and daily operation (as at 31 January 2014)
August 2011	Keeps on updating	DH – Oral Health Education Unit	陽光笑容新一代 BSNG.HK*	Facebook	To let the public share their experiences in helping their children establish good teeth cleaning and smart diet habits or make any comments on the Brighter Smiles for the New Generation Programme. (9 updates)	5 738 "Likes"	Yes	5 Dental Therapists	Absorbed by existing resources
August 2011	Keeps on updating	DH – Central Health Education Unit	Organ Donation@ HK Facebook Fan Page	Facebook	To promote organ donation in Hong Kong (368 updates)	10 819 "Likes"	Yes	1 Senior Nursing Officer; 1 Systems Analyst	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keep updating/ ceased updating) (as at 31 January 2014)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 31 January 2014)	No. of "Likes"/ No. of subscribers/ Average monthly visits (as at 31 January 2014)	Compiling summary of comments and following up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 31 January 2014)	Financial resources involved in the establishment and daily operation (as at 31 January 2014)
October 2011	Keeps on updating	DH – Special Preventive Programme	大同世界・向零進發 Getting to Zero*	Facebook	To promote World AIDS Campaign (108 updates)	911 "Likes"	Yes	1 Nursing Officer	Absorbed by existing resources
October 2011	Keeps on updating	DH – Oral Health Education Unit	愛牙 Love Teeth HK*	Facebook	To arouse adults' awareness of periodontal health, organise activities through Facebook and related graphic promotion materials and convey oral health messages. (8 updates)	2 598 "Likes"	Yes	5 Dental Therapists	Absorbed by existing resources
December 2011	Keeps on updating	HA	我們這一班・遇上紅斑狼瘡的少年 #	Facebook	To launch and promote the publication of a health education book "We're Together*Teens with SLE"	182 "Likes"	Yes	1 Social Worker of Adolescent Medical Centre	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keep updating/ ceased updating) (as at 31 January 2014)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 31 January 2014)	No. of "Likes"/ No. of subscribers/ Average monthly visits (as at 31 January 2014)	Compiling summary of comments and following up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 31 January 2014)	Financial resources involved in the establishment and daily operation (as at 31 January 2014)
April 2012	Keeps on updating	HA	Blood for Life (HK Red Cross BTS)	Facebook	To promote blood donation and disseminate information of the Hong Kong Red Cross Blood Transfusion Services (Over 300 updates were made in the year)	12 279 "Likes"	No	1 Recruitment and Publicity Manager; 1 Recruitment and Publicity Officer	Absorbed by existing resources
July 2012	Keeps on updating	DH – Special Preventive Programme	Red Ribbon Mission	Facebook	To promote HIV prevention in men who have sex with men (148 updates)	138 "Likes"	Yes	1 Nursing Officer	Absorbed by existing resources
August 2012	Keeps on updating	DH – Special Preventive Programme	Red Ribbon Hong Kong	Facebook	To promote Red Ribbon Centre (104 updates)	258 "Likes"	Yes	1 Nursing Officer	Absorbed by existing resources

Commencement of operation (Month/ Year)	Status (keep updating/ ceased updating) (as at 31 January 2014)	Government agencies (including policy bureaux/ departments/ public bodies/ government advisory bodies)	Name	Social media (Facebook/ Flickr/ Google+/ LinkedIn/ Sina Weibo/ Twitter/ YouTube)	Purpose of establishment and no. of updates (as at 31 January 2014)	No. of "Likes"/ No. of subscribers/ Average monthly visits (as at 31 January 2014)	Compiling summary of comments and following up on a regular basis (Yes/ No)	Rank and No. of officers responsible for the operation (as at 31 January 2014)	Financial resources involved in the establishment and daily operation (as at 31 January 2014)
December 2012	Keeps on updating	DH – Student Health Service	Student Health Service	YouTube	To promote healthy diet and stress management (2 updates)	38 "Likes"; 51 subscribers; 1 500 visits/ month	No	1 Analyst Programmer; 1 Programmer	Absorbed by existing resources
December 2012	Keeps on updating	HA	傷健孖吆 ·Teens 夢想之旅 *	Facebook	To communicate with volunteers of the "Together* DreamsCome True" project and inform them of the activities schedule	105 "Likes"	Yes	1 Social Worker of Adolescent Medical Centre	Absorbed by existing resources
April 2013	Ceased updating	DH – Primary Care Office	How to measure blood pressure using digital monitors	YouTube	To disseminate health information with regard to World Health Day 2013	873 visits since launch (263 and 610 visits for English and Chinese versions respectively)	No	1 Project Manager	Absorbed by existing resources

\# Only a Chinese name is available.

* Only a combined Chinese/English name is available.

Reply Serial No.

FHB(H)316

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5624)

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

Subhead (No. & title): (-) Not specified

Programme: (2) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 2 Page (if applicable)

Question (Member Question No. 65):

Are there any plans for the redevelopment of Our Lady of Maryknoll Hospital and the provision of 24-hour outpatient and accident and emergency services before the implementation in order to improve medical services provided in the community? If yes, what are the details and expenditure? If no, what are the reasons?

Asked by: Hon. TO Kun-sun, James

Reply:

The Hospital Authority (HA) is reviewing and assessing the overall demand for and supply of healthcare services in Kowloon for related planning work to meet the healthcare service needs in the long run. The review also covers evaluating and assessing the roles and long-term development directions of Our Lady of Maryknoll Hospital (OLMH). After completion of the review and planning work, HA will formulate the redevelopment plan of OLMH according to its long-term development directions so as to ensure provision of appropriate medical services for the local community.

At present, accident and emergency (A&E) services in Wong Tai Sin are mainly provided by Kwong Wah Hospital, Queen Elizabeth Hospital and United Christian Hospital. With the support of these three acute hospitals, the demand for A&E services in the district has been adequately addressed. As for general outpatient service, there are currently a total of six general outpatient clinics (GOPCs) in Wong Tai Sin, including the GOPC in OLMH and Robert Black GOPC which also provide services in evenings and during public holidays.

In the meantime, enhancements to the facilities of OLMH are being made to better serve the healthcare needs of the residents in Wong Tai Sin district. For instance, in 2014-15, the orthopaedic service in OLMH will be enhanced to cater for additional specialist outpatient attendances and day procedures. Additional computed tomography (CT) scans will also be provided to improve the CT service. In addition, the GOPC Public-Private Partnership Programme will be implemented in the Wong Tai Sin district so that chronic disease patients in the district who are currently taken care of by the GOPCs could choose to receive subsidised medical consultations from private clinics.

Reply Serial No.

FHB(H)317

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5199)

Head:	(140) Government Secretariat: Food and Health Bureau(Health Branch)
Subhead (No. & title):	(000) Operational expenses
Programme:	(2) Subvention: Hospital Authority
Controlling Officer:	Permanent Secretary for Food and Health(Health) (Richard YUEN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume 1 Page 432 (if applicable)

Question (Member Question No. 129):

According to the Policy Address, the Hospital Authority (HA) would provide nurse training programmes. Would these programmes duplicate with respective programmes currently provided by tertiary institutions? What are the expected numbers of healthcare personnel trained and provided by the HA programmes each year?

Asked by: Hon. WONG Yuk-man

Reply:

Basic nurse training conducted by the Hospital Authority (HA) aims to increase the supply of nurses in addition to those provided by tertiary education institutions. HA plans to take in 300 Registered Nurse (RN) and 100 Enrolled Nurse (EN) trainees annually from 2014-15 onwards. The EN and RN trainees admitted in 2014-15 will graduate in 2016-17 and 2017-18 respectively.

Reply Serial No.

FHB(H)318

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5258)

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

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 440 (if applicable)

Question (Member Question No. 34):

What is the 2014-15 estimate for duty visits or exchanges in the Mainland conducted by the Food and Health Bureau (Health Branch)? Please provide information about the themes of duty visits or exchanges in the Mainland planned for 2014-15. How will the Administration prevent activities irrelevant to official duties from taking place during duty visits outside Hong Kong? And how will the Administration prevent applications for revising visit destinations from becoming a mere formality?

Asked by: Hon. WONG Yuk-man

Reply:

Officers of the Food and Health Bureau (Health Branch) will, having regard to operational needs, undertake duty visits and exchange programmes in the Mainland with a view to strengthening collaboration with Mainland counterparts and exchanging expert views on subjects under the Health portfolio. We have no specific plans for such activities in 2014-15 at this stage.

Duty visits, if publicly funded, are subject to control under relevant regulations and guidelines to ensure effective monitoring and proper use of public funds. There is control on various aspects, such as duty visits should only be conducted when there are strong operational reasons; formal prior approval is required for all duty visits and non-official activities should be avoided; the officers concerned should provide all necessary information in respect of the proposed visit as far as possible when submitting the application; if there are any subsequent changes to the arrangements, the officers concerned should inform the approving officers as soon as possible who should then assess whether re-consideration of the application is needed.

Reply Serial No.

FHB(H)319

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5005)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 63):

Regarding the plans to expand United Christian Hospital and redevelop Kwong Wah Hospital and Queen Mary Hospital, what is the progress of such plans? Some services of United Christian Hospital have been relocated to Tseung Kwan O Hospital earlier. What are the extent of services and number of patients expected to be affected by each of the above plans? What appropriate arrangements will be offered to the affected patients?

Asked by: Hon. WU Chi-wai

Reply:

The preparatory works of the expansion of United Christian Hospital project commenced in August 2012. The main works are planned to commence in phases from 2014-15 for completion in 2021.

The preparatory works of the redevelopment of Kwong Wah Hospital project commenced in March 2013. The main works are planned to commence in phases from 2016 for completion in 2022.

Subject to funding approval of the Finance Committee, the preparatory works for the redevelopment of Queen Mary Hospital phase 1 project is planned to start in 2014 for completion in 2017. The main works are planned to commence in 2017 for completion of the entire phase 1 redevelopment project by 2023.

The respective hospitals will make appropriate decanting / relocation arrangements for their services to ensure that there will be minimal disruption to the continuity of services for patients during the expansion and redevelopment projects.

Reply Serial No.

FHB(H)320

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5006)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 64):

Regarding the initiative to "conduct an overall review of the Hospital Authority", please advise on the following:

1. the respective budgets of the Hospital Authority Review Steering Committee in the past year and in 2014;

2. when the Steering Committee is expected to submit proposals, and whether the findings or proposals of a mid-term review will be released for public discussion; and

3. whether the Steering Committee has made any preliminary plan to review the planning or composition of hospital clusters to reflect the actual needs of different districts, including a review of the cluster covering Wong Tai Sin. If yes, what are the details of the preliminary plan?

Asked by: Hon. WU Chi-wai

Reply:

In view of the ageing population and the changing public needs for healthcare services, the Government set up the Steering Committee on Review of Hospital Authority (HA) in August 2013 to conduct a comprehensive review of the operation of HA. The review covers HA's management and cluster arrangement, resources management, human resources management, service levels and overall cost effectiveness. The aim of the review is to improve the operation of HA so that, as the cornerstone of the public healthcare system and the safety net for the public, it can continue to provide quality services and meet the challenges brought about by social development and ageing population more effectively.

The Steering Committee has so far met three times to go through HA's background, management and organization structure, resource management system, performance management mechanism and staff management system. It will conduct further meetings to discuss these and other aspects of the review. Meanwhile, the Steering Committee has also embarked on a public engagement exercise by meeting various patient groups, HA staff and healthcare professionals through meetings, forums and visits to hospitals. Moreover, the Government has appointed an independent consultant to gauge the views of the public and other stakeholders on the operation of HA through public forums and focus group discussions.

Subject to the views received from the public engagement exercise and the further deliberation by the Steering Committee, we target to complete the review by late 2014 or early 2015.

We have been supporting and will continue to support the work of the Steering Committee with existing resources of the Food and Health Bureau (including making a provision of $1.43 million in 2014-15 for the appointment of the consultant).

Reply Serial No.

FHB(H)321

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5007)

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

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 435 (if applicable)

Question (Member Question No. 65):

Under Matters Requiring Special Attention, the Hospital Authority (HA) has 4 priority areas. What are the detailed plans for these 4 priority areas? In Kwun Tong and Wong Tai Sin districts where there are relatively more elderly residents and low-income families, what targeted efforts will HA make?

Asked by: Hon. WU Chi-wai

Reply:

In 2014-15, the Hospital Authority (HA) will continue to meet the healthcare needs of the population within the policy framework of the Government. The Government's direction is for HA to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of healthcare professionals.

To enhance acute and emergency care, HA will open an additional of 185 acute beds in 2014-15, particularly in high needs communities such as the Kowloon Central, Hong Kong East, New Territories East and New Territories West Clusters. It will provide additional doctor sessions in 12 Accident and Emergency Departments during evenings, weekends and public holidays to handle the cases. HA will also continue to roll out a series of programmes to enhance the treatment of life-threatening diseases. These include the expansion of emergency percutaneous coronary intervention services to strengthen cardiac care, and the rolling out of the 24-hour thrombolytic service to improve acute stroke management in more hospitals.

To strengthen services for the low income group and the underprivileged, HA will increase the episodic quota of general outpatient clinic (GOPC) services to improve the access of target population groups to primary care service. In addition, HA will pilot a new GOPC Public-Private Partnership Programme in Kwun Tong, Wong Tai Sin and Tuen Mun in the second half of 2014 to subsidise clinically stable patients having hypertension with or without hyperlipidemia, and later diabetes patients, who are currently under the care of HA GOPCs to have their chronic conditions and episodic illnesses followed up by private doctors.

Generally, in line with the Government's fundamental philosophy that no one will be prevented from obtaining adequate medical treatment through lack of means, recipients of Comprehensive Social Security Assistance (CSSA) are exempted from payment of their public health care expenses. Non-CSSA recipients who could not afford public sector medical expenses can apply for a medical fee waiver at the Medical Social Services Units (MSSUs) of public hospitals and clinics or the Integrated Family Services Centres of the Social Welfare Department. For self-financed drugs and privately purchased medical items needed in the course of medical treatment but are not covered by the standard fees and charges in public hospitals and

clinics, patients who meet the specified clinical criteria and have financial difficulties can approach MSSUs to apply for assistance under the Samaritan Fund.

Meanwhile, HA will implement measures in 2014-15 to improve treatment for illnesses that entails high cost, advanced technology and multi-disciplinary professional team work. Examples of these include enhancing transplant services by improving clinical and laboratory support for patients in need of organ, tissue and stem cell transplant; modernising facilities and equipment in operating theatres to enhance the provision of minimally invasive surgery; and introducing the cutting-edge technology of robotic assisted surgery for various surgical cases.

Regarding the training of healthcare professionals, HA will offer internship and practicum training for medical, nursing and allied health (AH) students; continue to train up more nurses in its nursing schools; enhance clinical skill competency by sponsoring simulation training courses for clinical staff and offer overseas training scholarships for doctors, nurses and AH staff.

As for services for Kwun Tong and Wong Tai Sin, HA will implement a number of measures in 2014-15 to enhance medical services there. For Kwun Tong, two additional intensive care unit beds will be opened in the United Christian Hospital. At the same time, cardiac catheterisation service, orthopaedic specialist outpatient service and endoscopy service for the Kowloon East Cluster will be enhanced, and the Cluster's general outpatient service episodic quota will also be increased. For Wong Tai Sin, the orthopaedic and computed tomography services of Our Lady of Maryknoll Hospital will be enhanced to improve patients' access to these services. Apart from the above, a new piloted GOPC Public-Private Partnership Programme will be introduced in Kwun Tong and Wong Tai Sin in the second half of 2014 as mentioned above.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5116)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 185):

Regarding the plan to "launch the 'Outreach Dental Care Programme for the Elderly' as a regular programme", please advise this Committee on the following:

1. What is the attendance of "Pilot Project on Outreach Primary Dental Care Services for the Elderly"? Please provide a breakdown by type of service (e.g. scaling and polishing, emergency dental treatment). What is the total expenditure of the Pilot Project? Has the Government compiled statistics on the costs per capita of providing various services?

2. What is the estimated expenditure of launching the "Outreach Dental Care Programme for the Elderly" as a regular programme for each of the coming 3 years? As "fillings, extractions and dentures" will be included in the programme, has the Government assessed the respective demand levels and expenditures of these services?

Asked by: Hon. WU Chi-wai

Reply:

1. In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. A total of 24 outreach dental teams from 13 non-governmental organisations have been set up since and a total of about 62 000 elders in RCHEs and DEs have been served under the Outreach Pilot Project involving about 100 000 attendances (up to end-February 2014). Each of the 62 000 elders served by the outreach dental teams has received at least one annual check-up. Breakdown of other basic treatments received by the elders is as follows:-

Types of dental treatment received	No. of elders [Note]
(i) Scaling and polishing	14 247
(ii) Denture cleaning	2 870
(iii) Fluoride / X-ray	6 525

Note: More than one type of dental treatment may be received by the same elder.

The expenditure for the Outreach Pilot Project was about $66 million (up to end-February 2014). As the Outreach Pilot Project will continue until the launch of the regular programme in the second half of this year, the average cost of each attendance cannot be determined at this stage.

2. We have included a provision of $25.1 million under Head 37 – Department of Health in 2014-15 for launching the Outreach Dental Care Programme for the Elderly (ODCP). The full-year provision for ODCP is $44.2 million, including $7 million to meet the additional expenditure arising from the expanded scope of treatments and services to cover fillings, extractions, dentures, etc., which will be provided based on the professional assessment of the outreach dentists and only with the consent of the elders concerned or their families.

Reply Serial No.

FHB(H)323

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5117)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431 (if applicable)

Question (Member Question No. 186):

Regarding the initiative to "continue to oversee primary care development in Hong Kong", the Government has repeatedly stated that it will draw on the experience of the community health centre in Tin Sui Wai North, and explore the possibility of setting up such centres in other districts. What are the results so far? When does the Government expect the preliminary feasibility study and the construction of the second community health centre to start at the earliest date?

Asked by: Hon. WU Chi-wai

Reply:

In 2010, we promulgated the "Primary Care Development Strategy" document in 2010 which sets 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 first purpose-built CHC in Tin Shui Wai (TSW) commenced services in 2012. The second CHC, located in the North Lantau Hospital, commenced services in September 2013. Services in the North Lantau CHC will be expanded in phases according to the service demand. Under the Kwun Tong Town Centre Redevelopment, a CHC in Kwun Tong is expected to open in late 2014, involving provision of new clinic facilities and relocation of existing clinics under the Department of Health and the Hospital Authority. We are looking into the feasibility of developing CHC projects in other districts whenever suitable sites are available.

Reply Serial No.

FHB(H)324

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5118)

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

Subhead (No. & title): (-) Not Specified

Programme: (1) Health

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

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 431

Question (Member Question No. 187):

As the Chief Executive mentioned that the elderly may use health care vouchers for dental services to improve oral health, please advise on:

1. the number of voucher claim transactions and amount of health care vouchers used for dental services in each of the past 3 years;

2. the amount and percentages of health care vouchers used for dental services and other medical services in the past 3 years;

3. whether the Government has examined the amount and percentages of fees subsidised by the Government and fees paid by the patients when health care vouchers are used by the elderly for various types of dental services; and

4. whether the Department of Health has conducted studies on the implementation of elderly dental care service. If so, what are the results?

Asked by: Hon. WU Chi-wai

Reply:

1. The number of health care voucher claim transactions and the amount of vouchers claimed involving use of dental services from 2011 to 2013 are as follows:

Year	Number of voucher claim transactions	Amount of vouchers claimed ($'000)
2011	12 718	3,851
2012	19 239	7,751
2013	36 783	20,805
Total:	68 740	32,407

2. The amount of health care vouchers claimed for dental services and for other healthcare services under the Scheme, and their relative percentages, in the past 3 years are as follows:

Year	Amount of vouchers claimed ($'000)		Total amount of vouchers claimed ($'000) [(i) + (ii)]
	(i) Dental services	(ii) Other healthcare services	
2011	3,851 (4%)	85,465 (96%)	89,316
2012	7,751 (5%)	155,468 (95%)	163,219
2013	20,805 (7%)	293,899 (93%)	314,704

3. The table below shows the amount and percentages of fees subsidised by the Government and fees paid by elders when health care vouchers were used for various types of dental services in 2013:

Types of dental services	(a) Average amount of voucher used per transaction ($) (% of subsidy by vouchers)	(b) Average co-payment per transaction ($) (% of co-payment made by elders)	= (a) + (b) Average total service fee per transaction ($)
(i) Preventive care (e.g. check-up, scaling)	370 (81%)	86 (19%)	456
(ii) Management of acute episodic condition (e.g. extraction)	505 (78%)	141 (22%)	646
(iii) Follow-up/ monitoring of long term conditions (e.g. periodontal treatment)	692 (64%)	395 (36%)	1,087
(iv) Rehabilitative care (e.g. filling, denture)	817 (54%)	690 (46%)	1,507
Overall	566 (65%)	300 (35%)	866

4. The Department of Health (DH) regularly obtains information on the health status and needs of the community for planning and evaluation of oral health programmes, and for future oral health care development. Following the first territory-wide Oral Health Survey (OHS) in 2001, another OHS was conducted in 2011. The OHS 2011 full report was published in late 2013.

   Like many countries in the world, Hong Kong faces the challenges from an ageing population. In the 2011 OHS, one of the index ages and age groups selected was those aged 65 and above who were users of Social Welfare Department's long term care (LTC) services. The 2011 survey findings revealed that while some LTC users had perceived needs to visit dentists, regular dental check-up was uncommon and relatively few LTC users had visited a dentist in the preceding three years. With difficulties in accessing traditional dental care due to impaired physical mobility, it is necessary to consider using outreach dental care services to meet the needs of this population group.

   In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres (Outreach Pilot Project). Having regard to the positive feedback from both the recipients of the free dental service and the participating non-governmental organizations, the Outreach Pilot Project will be converted to a regular programme in 2014 to continue to provide outreach dental services for elders in these home and centres.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3464)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 156):

Regarding the services provided by elderly health centres (EHCs), please set out in tabular form the following information for the past five years:

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 numbers 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 their 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);

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 respectively for health assessment and medical consultation are as follows:

Year	Health Assessment ($)	Medical Consultation ($)
2009-10	$1,030	$387
2010-11	$1,030	$387
2011-12	$1,090	$432
2012-13	$1,140	$455
2013-14	$1,190	$470

3. The cost per attendance at health education activities organised by Elderly Health Centres (EHCs) and Visiting Health Teams (VHTs) are not available. The total expenditures of the 18 EHCs and the 18 VHTs are as follows:

Year	Total expenditure of the 18 EHCs ($ million)	Total expenditure of the 18 VHTs ($ million)
2009-10	94.3	64.7
2010-11	94.7	63.9
2011-12	97.4	68.8
2012-13	107.3	76.4
2013-14 (revised estimate)	118.5	72.9

4. The annual operating costs of each EHC are as follows:

Year	Average operating expenditure of each EHC ($ million)
2009-10	5.2
2010-11	5.3
2011-12	5.4
2012-13	6.0
2013-14 (revised estimate)	6.6

5. The service capacity of the EHCs is 38 500. The Elderly Health Service does 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 numbers of enrolments and the numbers of new members in the 18 EHCs are as follows:

EHC	Total number of enrolments					Number of new members				
	2009	2010	2011	2012	2013*	2009	2010	2011	2012	2013*
Sai Ying Pun	1 757	2 140	2 120	2 130	2 120	398	312	197	185	120
Shau Kei Wan	1 333	2 226	2 210	2 211	2 196	563	512	235	145	204
Wan Chai	1 677	2 125	2 153	2 141	2 156	410	363	290	227	183
Aberdeen	1 775	2 147	2 128	2 126	2 124	468	329	238	228	163
Nam Shan	1 736	2 228	2 206	2 206	2 193	433	360	271	370	166
Lam Tin	1 669	2 229	2 214	2 230	2 218	536	500	353	244	268
Yau Ma Tei	1 690	2 141	2 124	2 121	2 079	452	455	346	334	104
San Po Kong	1 678	2 120	2 122	2 121	2 121	442	447	415	225	175
Kowloon City	1 665	2 221	2 211	2 210	2 193	529	543	433	198	98
Lek Yuen	1 721	2 149	2 199	2 125	2 121	446	438	507	445	440

Elderly Health Centre	Total number of enrolments					Number of new members				
	2009	2010	2011	2012	2013*	2009	2010	2011	2012	2013*
Shek Wu Hui	1 728	2 152	2 120	2 122	2 119	433	429	351	290	264
Tseung Kwan O	1 727	2 145	2 135	2 136	2 136	408	398	428	263	163
Tai Po	1 782	2 122	2 124	2 124	2 125	340	319	155	96	192
Tung Chung	1 773	2 256	2 259	2 245	2 224	439	443	454	432	407
Tsuen Wan	1 630	2 137	2 109	2 117	2 092	496	508	499	392	386
Tuen Mun Wu Hong	1 715	2 144	2 130	2 133	2 109	415	421	423	352	272
Kwai Shing	1 752	2 195	2 202	2 212	2 212	457	453	424	297	184
Yuen Long	1 857	2 232	2 219	2 217	2 198	346	368	350	344	332

* Provisional figures

The numbers of members from other districts in each EHC are as follows:

EHC	Number of members from other districts				
	2009	2010	2011	2012	2013* (Jan – Jun)
Sai Ying Pun	585	585	561	601	270
Shau Kei Wan	50	44	62	44	42
Wan Chai	1 011	1 031	1 059	1 011	523
Aberdeen	81	58	46	46	16
Nam Shan	788	829	798	786	405
Lam Tin	69	76	61	103	66
Yau Ma Tei	792	809	791	789	391
San Po Kong	454	499	478	492	258
Kowloon City	967	1 009	957	962	415
Lek Yuen	82	72	63	51	19
Shek Wu Hui	123	104	116	84	40
Tseung Kwan O	316	305	305	269	134
Tai Po	377	325	357	350	154
Tung Chung	1 347	1 461	1 417	1 383	663
Tsuen Wan	766	729	739	735	369
Tuen Mun Wu Hong	85	99	76	69	47
Kwai Shing	565	535	557	536	272
Yuen Long	45	64	74	93	37

*Provisional figures

6. The numbers of members who did not renew their membership and their percentage in the total number of members in 18 EHCs are as follows:

EHC	2009		2010		2011		2012		2013*	
	Number	%	Number	%	Number	%	Number	%	Number	%
Sai Ying Pun	377	18%	327	15%	217	10%	327	15%	120	6%
Shau Kei Wan	817	38%	182	10%	251	11%	182	10%	204	9%
Wan Chai	443	21%	325	16%	262	12%	325	16%	183	8%
Aberdeen	398	18%	425	19%	257	12%	425	19%	163	8%
Nam Shan	412	19%	301	14%	293	13%	301	14%	166	8%
Lam Tin	491	23%	476	22%	368	17%	476	22%	268	12%
Yau Ma Tei	430	20%	456	21%	363	17%	456	21%	104	5%
San Po Kong	442	21%	447	21%	413	19%	447	21%	175	8%
Kowloon City	498	23%	516	24%	443	20%	516	24%	98	4%
Lek Yuen	405	19%	456	21%	457	21%	456	21%	440	21%
Shek Wu Hui	380	18%	438	20%	383	18%	438	20%	264	12%
Tseung Kwan O	400	19%	388	18%	438	20%	388	18%	163	8%
Tai Po	339	16%	319	15%	153	7%	319	15%	192	9%
Tung Chung	381	18%	399	18%	451	20%	399	18%	407	18%
Tsuen Wan	485	23%	497	23%	527	25%	497	23%	386	18%
Tuen Mun Wu Hong	409	19%	407	19%	437	20%	407	19%	272	13%
Kwai Shing	392	18%	467	21%	417	19%	467	21%	184	8%
Yuen Long	289	13%	339	15%	363	16%	339	15%	332	15%

*Provisional figures

The median waiting times to be enrolled as new member of EHCs are as follows:

EHC	Median waiting time (months)				
	2009	**2010**	**2011**	**2012**	**2013***
Sai Ying Pun	3.6	2.9	7.5	13.4	22.8
Shau Kei Wan	42.2	20.5	8.4	14.4	21.5
Wan Chai	42.1	30.9	25.4	25.8	27.8
Aberdeen	9.7	4.0	5.1	6.7	11.5
Nam Shan	3.0	6.9	13.8	16.2	17.3
Lam Tin	21.3	7.4	3.9	4.6	11.1
Yau Ma Tei	42.7	38.0	32.9	23.7	25.4
San Po Kong	37.4	29.7	11.4	10.0	15.9
Kowloon City	42.2	34.5	16.2	16.4	23.4
Lek Yuen	49.7	46.4	43.5	36.2	22.8
Shek Wu Hui	23.9	14.0	9.3	9.9	10.8
Tseung Kwan O	23.8	21.7	16.6	14.5	20.5
Tai Po	25.7	18.6	17.5	21.9	28.6
Tung Chung	4.2	5.5	6.5	9.5	10.4
Tsuen Wan	50.5	43.8	19.7	11.3	12.7
Tuen Mun Wu Hong	14.0	9.7	8.9	9.9	15.0
Kwai Shing	21.6	8.8	6.2	6.5	10.4
Yuen Long	6.0	6.0	5.9	7.5	8.7

*Provisional figures

7. The median time intervals between successive health assessments are as follow:

Year	**Median time interval (months)**
2009	18.7
2010	18.5
2011	18.8
2012	18.3
2013	17.9

(Question Serial No. 6458)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 160 (if applicable)

Question (Member Question No. 609):

In the 2014-15 Budget, it is proposed to increase the duty on cigarettes by 20 cents per stick with immediate effect, which will bring the proportion of tobacco duty to the retail price of cigarettes to about 70% to safeguard public health. Regarding work on tobacco control by the Administration, will the Administration please inform this Committee:

1. What was the number of Tobacco Control Inspectors for 2013-14?

2. What was the number of smoking cessation clinics for 2013-14?

3. How effective were the publicity and education works on tobacco control in 2013-14? How will the Department enhance the work in the coming year (i.e. 2014-15)?

Asked by: Hon. CHEUNG Kwok-che

Reply:

1. The number of staff in the Tobacco Control Office (TCO) of the Department of Health (DH) carrying out frontline enforcement duties, including Tobacco Control Inspectors, is 99 in 2013-14.

2. A total of 93 clinics are set up under DH, the Hospital Authority (HA), and non-governmental organisations which receive funding support from DH for providing smoking cessation services. They include –

- five clinics under DH serving mainly civil servants (of which one serves the general public);
- ten full-time and 45 part-time clinics by HA;
- eight centres operated by the Tung Wah Group of Hospitals;
- 18 mobile clinics (which serve 90 locations in different districts), one Chinese Medicine Community Health Care Centre and five Chinese Medicine Polyclinics under the Pok Oi Hospital Board to provide free smoking cessation services using acupuncture in Chinese medicine; and
- one clinic run by the United Christian Nethersole Community Health Service in Tin Shui Wai to provide outreach smoking cessation services for new immigrants and ethnic minorities.

3. Over the years, DH has been actively promoting smoking prevention and cessation through a wide range of activities such as telephone hotline, publicity campaigns and other health education programmes. The Thematic Household Survey on smoking pattern conducted in 2012 indicated a decrease in the overall smoking prevalence from 11.1% in 2010 to 10.7% in 2012. According to a territory-wide school-based study conducted by the School of Public Health of The University of Hong Kong, there was a drop of adolescent smoking (secondary 1-5 students) in Hong Kong, from 6.9% in 2007/08 school year to 3.0% in 2012/13 school year. However, for primary 4 to 6 students, smoking prevalence increased from 0.2% in the 2010/11 school year to 0.3% in the 2012/13 school year. In 2014-15, DH will continue to collaborate with non-

governmental organisations e.g. Life Education Activity Programme to organise school-based programmes to prevent primary and secondary students from picking up the smoking habit. In addition, DH has collaborated with Po Leung Kuk to develop a pilot programme for smoking prevention in kindergartens. Hong Kong Council on Smoking and Health will also plan to conduct a social marketing campaign targeted at middle-aged smokers.

FHB(H)327

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4196)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question(Member Question No. 221):

The revised estimate for 2013-14 is 8.9% lower than the original estimate for 2013-14. Would the Administration advise on the reasons for this? What items have caused the reduction in the estimate? Are cuts in services or manpower involved? If yes, what are the cuts in services and manpower?

Asked by: Hon. KWOK Ka-ki

Reply:

The revised estimate for 2013-14 is 8.9% lower than the original estimate. This is mainly due to the re-scheduling of the replacement of the thermoluminescent dosimetry system, upgrading of the standard radiological dosimetry calibration facility and procurement of mobile refrigerated mortuary units under Capital Account. The revision has no impact on the services or manpower of the Department of Health.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4197)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 159 (if applicable)

Question (Member Question No. 223):

Regarding tobacco control work in the past three years, would the Administration please advise on:
(a) the expenditures, 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 the Fixed Penalty (Smoking Offences) Ordinance, as well as the number of prosecutions instituted?

Asked by: Hon. Kwok Ka-ki

Reply:

(a) The expenditures / provisions and the staffing situation of the Tobacco Control Office (TCO) in the past three years are at **Annexes 1** and **2** respectively.

(b) TCO conducts inspections of all venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and the fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2011 to 2013 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 -

		2011	2012	2013
Complaints received		16 418	18 291	18 079
Inspections conducted		23 176	26 209	27 461
FPNs issued (for smoking offences)		7 637	8 019	8 330
Summonses issued	for smoking offences	170	179	232
	for other offences (such as willful obstruction and failure to produce identity document)	117	88	99

Annex 1

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

	2011-12 ($ million)	**2012-13** ($ million)	**2013-14** **Revised Estimate** ($ million)
Enforcement			
Programme 1: Statutory Functions	40.1	39.6	37.5
Health Education and Smoking Cessation			
Programme 3: Health Promotion	72.6	102.6	115.7
(a) General health education and promotion of smoking cessation			
TCO	*29.7*	*46.3*	*43.8*
Subvention: Council on Smoking and Health (COSH)	*14.9*	*20.7*	*22.0*
Sub-total	***44.6***	***67.0***	***65.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*21.0*	*26.5*	*34.7*
Subvention to Pok Oi Hospital	*5.8*	*6.0*	*7.3*
Subvention to Po Leung Kuk	*1.2*	*1.7*	*2.1*
Subvention to Lok Sin Tong		*1.4*	*1.9*
Subvention to United Christian Nethersole Community Health Service			*2.6*
Subvention to Life Education Activity Programme			*1.3*
Sub-total	***28.0***	***35.6***	***49.9***
Total	**112.7**	**142.2**	**153.2**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2011-12	2012-13	2013-14
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	1	1
Police Officer	5	5	5
Tobacco Control Inspector *	19	0	0
Overseer/ Senior Foreman/ Foreman *	68	89	89
Senior Executive Officer/ Executive Officer *	12	9	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	1
Scientific Officer (Medical)	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	4	3
Hospital Administrator II/ Health Promotion Officer	6	6	4
Sub-total	***14***	***14***	***10***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	20	19	17
Motor Driver	1	1	1
Sub-total	***25***	***24***	***22***
Total no. of staff:	**147**	**146**	**140**

** Staff carrying out frontline enforcement duties*

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4198)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 224):

Regarding the elderly health centres (EHCs), would the Administration please advise on the following for the past three years:

(a) What were the numbers of enrolment in each of the EHCs? Please list out by age group;

(b) What were the numbers of elders on the waiting list for health assessment and medical consultation? What were the median waiting time and the longest waiting time?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The numbers of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past three years are as follows:

EHC	2011					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 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

EHC	2012					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 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

EHC	2013 (as at June 2013)					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	72	206	337	250	159	1 024
Shau Kei Wan	71	165	338	322	170	1 066
Wan Chai	65	206	341	292	140	1 044
Aberdeen	134	174	323	261	133	1 025
Nam Shan	106	261	344	258	112	1 081
Lam Tin	120	204	290	312	155	1 081
Yau Ma Tei	35	177	299	307	181	999
San Po Kong	64	178	357	284	150	1 033
Kowloon City	73	191	397	290	108	1 059
Lek Yuen	114	203	313	283	120	1 033
Shek Wu Hui	129	192	269	269	137	996
Tseung Kwan O	102	235	330	256	115	1 038
Tai Po	55	197	368	267	159	1 046
Tung Chung	249	349	277	165	46	1 086
Tsuen Wan	143	200	307	269	99	1 018
Tuen Mun Wu Hong	159	212	293	250	109	1 023
Kwai Shing	163	234	325	256	97	1 075
Yuen Long	194	232	312	206	125	1 069

(b) For the past three years, the numbers of elders on the waiting list for enrolment as new members, the median waiting times for enrolments and the longest median waiting time for enrolment among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2011	**2012**	**2013**
No. of applicants in the waiting list for enrolment as new members	10 401	12 525	15 141
Median waiting time for enrolments (months)	10.4	12.3	16.6
Longest median waiting time for enrolment among all EHCs (months)	43.5 (Lek Yuen EHC)	36.2 (Lek Yuen EHC)	28.6 (Tai Po EHC)

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4199)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 225):
Regarding woman health service, would the Administration please advise on the following for the past three years?

(a) The number of women enrolled at each of the Woman Health Centres and Maternal and Child Health Centres.

(b) The number of women on the waiting list for woman health service at each of these centres and the respective median and longest waiting time.

Asked by: Hon. KWOK Ka-ki

Reply:

(a) Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the Department of Health. At present, there are three WHCs and ten MCHCs providing women health service. In 2011, 2012 and 2013, the number of enrolment for woman health service at each centre is as follows :

Centre	No. of enrolment		
	2011	**2012**	**2013**
Chai Wan WHC	4 560	4 740	4 900
Lam Tin WHC	5 720	5 670	5 660
Tuen Mun WHC	5 500	5 010	4 900
Ap Lei Chau MCHC	210	220	210
Fanling MCHC	450	690	680
Lek Yuen MCHC	1 530	1 320	1 280
Ma On Shan MCHC	410	420	440
Sai Ying Pun MCHC	50	60	40
South Kwai Chung MCHC	240	210	210
Tseung Kwan O Po Ning Road MCHC	240	270	280
Tsing Yi MCHC	170	140	150
Wang Tau Hom MCHC	180	150	180
West Kowloon MCHC	240	300	270
Total	**19 500**	**19 200**	**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 eight weeks, with a median of two weeks.

Reply Serial No.

FHB(H)331

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4200)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No.226):

Please advise whether the Government has enhanced the services of Woman Health Centres and Maternal and Child Health Centres in the estimate for 2014-15? If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

Based on the recommendation of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health (DH), the DH plans to introduce varicella (chickenpox) vaccine into the Hong Kong Childhood Immunisation Programme (HKCIP). The recommended schedule consists of two doses of varicella-containing vaccine. The first dose will be given together with other HKCIP vaccines at Maternal and Child Health Centres (MCHC) when children reach one year old. The second dose will be given by the School Immunisation Teams when these children reach primary one. The DH is working on the implementation details and will make public announcement when appropriate. It is expected that the varicella vaccine would be provided in MCHCs in 2014.

A provision of $9.2 million to cover the vaccine cost has been included in 2014-15 draft estimate. Additional workload arising from the initiative will be absorbed by existing manpower of MCHCs and School Immunisation Teams.

The 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. The DH currently has no plan to increase the number of Woman Health Centres.

CONTROLLING OFFICER'S REPLY

FHB(H)332

(Question Serial No. 4201)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 227):

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. 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 32 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.

(a) Clients are given an appointment for cervical screening service within four weeks after telephone booking. The actual appointment may vary from two days to four weeks.

(b) and (c)

In 2011, 2012 and 2013, the numbers of attendance for cervical screening service provided at MCHCs were 95 000, 98 000 and 99 000 respectively. Referrals made to specialist for further management in the corresponding years were 4 704, 5 167 and 4 878 respectively.

Based on the information kept by the Cervical Screening Information System, the breakdown of the number of women receiving cervical screening service at MCHCs by age group in the last three years was fairly constant. The proportion of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 23.2%, 33.2%, 28.5% and 13.7% respectively. The FHS does not keep a database by age group of the clients who have been referred to specialists.

CONTROLLING OFFICER'S REPLY

FHB(H)333

(Question Serial No. 4202)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 228):

Regarding oral health services, will the Administration introduce an "Elderly Dental Care Service" by making reference to the "School Dental Care Service" to provide the elderly with services including oral check-up, scaling and filling so as to protect their oral health? If yes, what are the implementation details and the expenditure and manpower involved? If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. The Department of Health (DH) has been allocating resources primarily to promotion and preventive efforts.

To enhance the oral health of the public, the Oral Health Education Unit (OHEU) of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in seven public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners.

For elderly people with financial difficulties, the Comprehensive Social Security Assistance (CSSA) Scheme provides a dental grant for its recipients who are aged 60 or above, disabled or medically certified to be in ill health to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

In recent years, the Government has launched a series of initiatives to provide financial support for the elderly to receive dental care and oral hygiene services. Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposed to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will

be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH. We have earmarked a provision of $25.1 million and proposed creation of six civil service posts for DH in 2014-15 for launching the programme.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.

Reply Serial No.

FHB(H)334

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4203)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 229):

Regarding the "pilot colorectal cancer screening programme", would the Administration advise on the details of the programme as well as the manpower and expenditure involved?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot programme is $422 million for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

Reply Serial No.

FHB(H)335

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4204)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 230):

Regarding child assessment centres, would the Administration please advise on the following:

(a) the respective numbers of children on the waiting list of Government's child assessment centres, numbers of children who had received assessment and numbers of children assessed to have developmental disabilities for the past three years, broken down by developmental problems of children.

(b) What were the lower quartile, median, average and the longest waiting time for new cases of child assessment centres for the past three years?

(c) What is the staff establishment of the centres? What types of professional staff are involved? What types of healthcare staff are involved? Please provide breakdowns by post of the professional and healthcare staff.

(d) Would the Administration advise whether follow-up services are provided accordingly by staff of the centres for children who have rehabilitation plans formulated after developmental diagnosis? What is the manpower involved? What is the average and the longest follow-up period respectively? Please provide a breakdown by developmental problems of children.

(e) Would the Administration advise on the numbers of parents and children who received interim counselling, talks and support groups provided by the centres for the past three years? What were 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 need for appropriate pre-school and school placements for training, remedial and special education for 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 conditions in the financial years 2011-12, 2012-13 and 2013-14 by the Child Assessment Service (CAS) of the Department of Health (DH) are as follows:

	2011-12	**2012-13**	**2013-14** (provisional figures)
Number of new cases referred to the CAS	8 550	8 774	8 890
Number of children assessed by the CAS	14 571	14 535	14 786

	2011-12	2012-13	2013-14 (provisional figures)
Number of newly diagnosed conditions			
Attention Problems/Disorders	2 221	2 218	2 347
Autistic Spectrum Disorder	1 597	1 545	1 455
Borderline Developmental Delay	1 891	1 897	1 914
Developmental Motor Coordination Problems/ Disorders	1 950	1 790	1 936
Dyslexia & Mathematics Learning Disorder	601	509	468
Hearing loss (Moderate to profound grade)	97	95	91
Language Delay/Disorders and Speech Problems	2 676	2 848	3 157
Physical Impairment (i.e. Cerebral Palsy)	46	49	55
Significant Developmental Delay/ Mental Retardation	1 140	1 080	1 224
Visual Impairment (Blind or Low Vision)	33	41	41

Note: A child might have been diagnosed with more than one developmental disability / problem.

(b) Nearly all new cases were seen within three weeks in the past three financial years from 2011-12 to 2013-14. Assessment for nearly 90% of newly registered cases was completed within six months in the above period. 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 the CAS as at 1 March 2014 is as follows:

Grades	***Number of posts***
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	15
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	17
Occupational Therapist I	7
Physiotherapist I	5
Optometrist	2
Speech Therapist	10
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**135**

(d) The CAS provides comprehensive assessments, diagnosis, formulates rehabilitation plan, provides 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 the CAS 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.

Duration for follow-up action on children depends on individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

(e) The numbers of cases who participated in interim support activities such as counselling, talks and workshops and the numbers of new cases referred to the CAS in the financial years 2011-12, 2012-13 and 2013-14 are as follows. They may join these interim support activities before or after the assessment.

	2011-12	**2012-13**	**2013-14** (provisional figures)
Number of cases participated in interim support	7 011	7 481	7 521
Number of new cases referred to the CAS	8 550	8 774	8 890

(f) The number of cases referred to pre-school and school placement for training, remedial and special education in the financial years 2011-12, 2012-13 and 2013-14 were 9 661, 10 112 and 10 213 (provisional) respectively. Case statistics by support service are not available.

Reply Serial No.

FHB(H)336

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4207)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (1) Statutory Function

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 169 (if applicable)

Question(Member Question No. 222):

The estimate for 2014-15 is 12.2% higher than the original estimate for 2013-14. Would the Administration advise on the reasons for this? What items have caused the increase in the estimate? Are additional services or manpower involved? If yes, what are the additional services and manpower?

Asked by: Hon. KWOK Ka-ki

Reply:

Provision for 2014-15 is 12.2% higher than the revised estimate for 2013-14. This is mainly due to additional provision for (a) enhancing the regulation of healthcare institutions and supporting development of private healthcare services; (b) running one additional licensing examination of the Medical Council; (c) increase in cash flow requirement for procurement of equipment; and (d) an increase of 22 posts (details at **Annex**) in 2014-15 to meet operational needs.

Annex

Posts to be created in 2014-15 under
Programme (1) – Statutory Functions

	Rank	No. of posts to be created
(a)	Enhancing the regulation of healthcare institutions and supporting the development of private healthcare services	
	Senior Medical and Health Officer	3
	Medical and Health Officer	3
	Senior Nursing Officer	1
	Nursing Officer	1
	Registered Nurse	1
	Scientific Officer (Medical)	1
	Executive Officer II	1
	Accounting Officer II	1
	Sub-total :	***12***
(b)	Developing Chinese medicine by strengthening the regulation of Chinese medicine (time-limited for three years from 2014-15 to 2016-17)	
	Scientific Officer (Medical)	1
	Sub-total :	***1***
(c)	Conversion of non-civil service contract positions to civil service posts for rationalising the professional support in Chinese Medicine Division	
	Pharmacist	6
	Scientific Officer (Medical)	3
	Sub-total :	***9***
	Total:	***22***

Reply Serial No.

FHB(H)337

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4221)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 249):

Regarding child assessment centres, would the Administration please advise on:

a. the number of referrals of suspected learning disabilities to the child assessment centres made by doctors, through school assessment, by school social workers and teachers or via other channels for the past three years respectively. What was the number of referrals confirmed with various learning disabilities after assessment? Please provide a breakdown by children's learning disabilities.

b. the number of children assessed to have various learning disabilities for the past three years. Please provide a breakdown by children's learning disabilities.

Asked by: Hon. KWOK Ka-ki

Reply:

a. & b.

The number of referrals for suspected learning difficulties (referred as Developmental Delay for children under the age of 4 years and 6 months; and Learning Problems for children at the age of 4 years and 6 months or above) received by Child Assessment Service (CAS) of the Department of Health in the past three years are listed below:

	2011-12	**2012-13**	**2013-14 (provisional figures)**
Developmental Delay (aged < 4 years and 6 months)	1 797	1 814	1 821
Learning Problem (aged ≥ 4 years and 6 months)	508	507	533

A breakdown of cases by channel of referrals is not available.

Children who have been 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 which are however not exhaustive:

Number of newly diagnosed conditions	Number of cases		
	2011-12	2012-13	2013-14 (provisional figures)
Attention Problems/Disorders	2 221	2 218	2 347
Autistic Spectrum Disorder	1 597	1 545	1 455
Borderline Developmental Delay	1 891	1 897	1 914
Developmental Motor Coordination Problems/ Disorders	1 950	1 790	1 936
Dyslexia & Mathematics Learning Disorder	601	509	468
Hearing loss (Moderate to profound grade)	97	95	91
Language Delay/Disorders and Speech Problems	2 676	2 848	3 157
Physical Impairment (i.e. Cerebral Palsy)	46	49	55
Significant Developmental Delay/ Mental Retardation	1 140	1 080	1 224
Visual Impairment (Blind or Low Vision)	33	41	41

Note: A child might have been diagnosed with more than one developmental disability/problem.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)338

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4274)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 86):

Regarding the introduction of the Varicella Vaccine into the Hong Kong Childhood Immunisation Programme(HKCIP),

1. what is the estimated number of infants who will be eligible for receiving the varicella vaccine in the first year?

2. what is the estimated number of vaccines to be procured? What will be the expenditure involved? What will be the estimated period of validity of the vaccines? How shall the Administration ensure a sufficient supply of the vaccines to avoid its shortage?

3. what were the numbers of attendances for receiving the vaccines and booster doses of the ten infectious diseases covered under the HKCIP for the past five years (2009-2013)? Please list out by year and type of vaccines.

Asked by: Hon. KWOK Wai-keung

Reply:

Based on the recommendation of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health (DH), the DH plans to introduce varicella (chickenpox) vaccine into the Hong Kong Childhood Immunisation Programme (HKCIP). The recommended schedule consists of two doses of varicella-containing vaccine. The first dose will be given together with other HKCIP vaccines at Maternal and Child Health Centres (MCHCs) when children reach one year old. The second dose will be given by the School Immunisation Teams when these children reach primary one.

The DH is working on the implementation details and will make public announcement when appropriate. It is expected that the varicella vaccine would be provided in MCHCs in 2014. Taking reference to the registered live birth statistics of 2013, it is estimated that around 58 000 newborns will be eligible to receive varicella vaccine in the first 12 months of implementation.

A provision of $9.2 million cover the vaccine cost has been included in 2014-15 draft estimate. Additional workload arising from the initiative will be absorbed by existing manpower of MCHCs and School Immunisation Teams.

The statistics on vaccinations provided by the DH under the HKCIP for 2009-2013 are detailed in the Annex.

Annex

Vaccinations provided under the Hong Kong Childhood Immunisation Programme by Maternal and Child Health Centres, School Immunisation Teams and Student Health Service of the Department of Health

Vaccines	Age of vaccination	2009	2010	2011	2012	2013
		No. of doses*				
BCG	Newborn	478	480	498	475	537
HBV	Newborn; 1 and 6 months	106 907	110 199	117 986	119 921	100 003
PCV	2, 4 and 6 months; 1 year	24 267	182 557	223 582	251 756	232 387
DTaP-IPV	2, 4 and 6 months; 18 months; Primary one	217 795	230 959	252 299	265 388	244 632
MMR	1 year; Primary one	116 036	113 184	113 682	111 235	119 687
dTap-IPV	Primary six	70 869	63 859	59 292	60 244	54 856
PCV (one-off catch-up programme from 1 September 2009 to 31 March 2011)	For children born between 1 September 2007 and 30 June 2009 inclusive	95 772	39 470	751	NA	NA

* Includes mop-up vaccinations

Note:
Student Health Service provides mop-up vaccinations to secondary school students who attend the Student Health Service Centres.

Abbreviations

BCG: Bacillus Calmette-Guérin Vaccine
HBV: Hepatitis B Vaccine
PCV: Pneumococcal Conjugate Vaccine
DTaP-IPV: Combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus Vaccine
MMR: Combined measles, mumps and rubella vaccine
dTap-IPV: Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccin

Reply Serial No.

FHB(H)339

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4275)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161 (if applicable)

Question(Member Question No. 87):

Regarding "providing genetic screening and counselling services" and "subventing the family planning services provided by the Family Planning Association of Hong Kong",

1. What were the numbers of attendances for the two services above in the past five years (2009 to 2013)? What were the expenditures involved? Please provide a breakdown by year.
2. For members of the public who use these services, how much do they have to pay per attendance? Please provide a breakdown by type of service.
3. Will the Administration consider increasing the amount of subventions to these services so as to push forward its plan to encourage childbearing? If yes, what are the details and the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. KWOK Wai-keung

Reply:

A. Genetic screening and counselling services provided by Clinical Genetic Service of the Department of Health (DH):

1. The numbers of family attendance in the past five years from 2009 to 2013 are as follows-

	No. of family attendance
2009	3 115
2010	3 055
2011	3 926
2012	4 646
2013	4 805

The Clinical Genetic Service provides comprehensive genetic services on a territory-wide basis. The major services provided include genetic counselling and genetic screening.

Expenditures of Clinical Genetic Service are as follows:

Financial Year	**Amount ($ million)**
2009-10 (Actual)	24.6
2010-11 (Actual)	26.3
2011-12 (Actual)	28.8
2012-13 (Actual)	29.6
2013-14 (Revised Estimate)	29.3

2. The service charges per family attendance are as follows-

	Eligible persons ($)	**Non-eligible persons ($)**
First consultation	100	1,110 up
Follow-up consultation	60	
Chromosome study	-	4,000 – 9,000
Molecular genetic testing	-	5,000 – 15,000

3. The Clinical Genetic Service does not provide any services or subsidies to encourage childbearing.

B. <u>Subventing the family planning services provided by the Family Planning Association of Hong Kong (FPA)</u>

1. The DH subvents the family planning services provided by the FPA. The numbers of attendance at the family planning clinics operated by the FPA in the past five years from 2009 to 2013 are as follows -

	No. of attendance
2009	131 900
2010	120 000
2011	113 000
2012	112 000
2013	116 000

The amounts of annual subvention to the FPA for the financial years 2009-10 to 2013-14 are as follows -

Financial Year	**Amount ($ million)**
2009-10 (Actual)	36.7
2010-11 (Actual)	39.2
2011-12 (Actual)	39.5
2012-13 (Actual)	45.6
2013-14 (Revised Estimate)	46.7

2. The fees for subvented family planning services provided by the FPA are set out at Annex.

3. The FPA offers holistic and quality clinical and counselling services in sexual and reproductive health to men and women of all ages. It empowers individuals to plan his or her family under the principle of "voluntary, responsible and informed choice". The subvention granted to the FPA under this programme is mainly for the provision of comprehensive family planning services such as counselling on family planning, and health advice on sexual and reproductive health; operation services

including vasectomy; legal and safe abortion; youth health care services including medical and counselling services in sexual and reproductive health for unmarried youth under the age of 26; and related promotion and supporting services. The amount of subvention earmarked for the FPA under this programme in 2014-15 is $46.2 million, which is more or less the same as that in 2013-14.

<u>Annex</u>

Fees for Subvented Family Planning Services
Provided by the Family Planning Association of Hong Kong

Service		Eligible persons ($)	Non-eligible persons ($)
(1)	**Comprehensive Family Planning Services**		
	Doctor Fee	120	180
	Doctor Follow-up Fee	80	
	Early Pregnancy Assessment Fee	250	
	Insertion/ Removal/ Change of Intrauterine Contraceptive Device	120	
	Nurse Assessment	25	
	Pelvic Ultrasound Scanning	380	
(2)	**Operation Services/ Legal and Safe Abortion**		
	Male Sterilisation	2,800	4,400
	Surgical/ Medical Termination of Pregnancy	3,300	4,400
	Monitored Anaesthetic Care	1,200	
(3)	**Youth Health Care Service**		
	Doctor Fee	120	180
	Doctor Follow-up Fee	80	
	Nurse Assessment	25	
	Counselling	90	120
	Termination of Pregnancy Package	480	770

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4297)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164

Question (Member Question No. 73):

Regarding continuing with publicity efforts to promote organ donation and registration with the Centralised Organ Donation Register (CODR) in collaboration with relevant organisations,

1. please list out by year the number of people registered for organ donation since the establishment of the CODR.
2. please list out by type of organ the number of organ donations received by public hospitals and the number of patients waiting for transplant in the past five years (2009 to 2013).

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(1) Since the launch of the Centralised Organ Donation Register (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]	2013
Number of registrations during the year (as at 31 December)	45 150	23 896	22 610	27 518	24 036
Cumulative total	45 150	69 046	91 656	115 578	139 614

Note 1: The CODR was established in November 2008.
Note 2: The figures have been adjusted to eliminate multiple entries starting from 2012.

(2) The numbers of organ/tissue donations for transplant in public hospitals in the past five years are shown as follows -

	2009	2010	2011	2012	2013
Kidney	95	81	67	99	82
Heart	10	13	9	17	11
Lung	2	2	1	3	4
Liver	84	95	74	78	72
Cornea (piece)	203	250	238	259	248
Bone	0	6	0	3	3
Skin	17	23	21	6	4
	411	470	410	465	424

The numbers of patients awaiting organ/tissue donations for transplant in public hospitals in the past five years (as at 31 December) are shown as follows –

	2009	2010	2011	2012	2013
Kidney	1 602	1 621	1 781	1 808	1 991
Heart	10	8	20	17	17
Lung	8	12	17	15	18
Liver	100	91	109	121	120
Cornea (piece)	500	500	500	500	500
Bone [Note 3]	NA	NA	NA	NA	NA
Skin [Note 3]	NA	NA	NA	NA	NA

NA = Not Applicable

Note 3: 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 do not form part of the organ donation waiting list.

CONTROLLING OFFICER'S REPLY

FHB(H)341

(Question Serial No. 4304)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question (Member Question No. 78):

Regarding work on tobacco control by the Tobacco Control Office (TCO) of the Department of Health (DH),

1. what was the total expenditure of TCO for the past year? What was the establishment for various ranks of staff and the related expenditure?
2. please set out the number of complaints received, number of inspections, as well as the number of summonses and fixed penalty notices issued by TCO for the past three years (2011-2013) respectively.
3. what will be the main areas of work of TCO in the coming year? What is the related estimated expenditure? Will the Administration consider allocating additional resources and manpower to enhance the efficiency and effectiveness of work on tobacco control by TCO?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The expenditures / provisions and the staff establishment of the Tobacco Control Office (TCO) in 2013-14 and 2014-15 are shown at **Annexes 1** and **2** respectively. The provision and the manpower of TCO in 2013-14 are expected to remain the same in 2014-15, with the change in provision mainly due to pay and inflationary adjustments. TCO will continue to enforce the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and co-ordinate smoking cessation services, including collaboration with non-governmental organisations (NGOs), academic institutions and health care professionals to promote smoking cessation and provide smoking cessation services to the public. We will strengthen resources for TCO to cope with the work on tobacco control as appropriate.

TCO conducts inspections of all venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and the fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2011 to 2013 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 –

	2011	2012	2013
Complaints received	16 418	18 291	18 079
Inspections conducted	23 176	26 209	27 461
FPNs issued (for smoking offences)	7 637	8 019	8 330

		2011	2012	2013
Summonses issued	for smoking offences	170	179	232
	for other offences (such as willful obstruction and failure to produce identity document)	117	88	99

Annex 1

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

	2013-14 Revised Estimate ($ million)	**2014-15 Estimate** ($ million)
Enforcement		
Programme 1: Statutory Functions	37.5	39.1
Health Education and Smoking Cessation		
Programme 3: Health Promotion	115.7	117.9
(a) General health education and promotion of smoking cessation		
TCO	*43.8*	*45.9*
Subvention: Council on Smoking and Health	*22.0*	*21.2*
Sub-total	***65.8***	***67.1***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations		
Subvention to Tung Wah Group of Hospitals	*34.7*	*34.7*
Subvention to Pok Oi Hospital	*7.3*	*7.8*
Subvention to Po Leung Kuk	*2.1*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*1.4*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*1.3*	*2.3*
Sub-total	***49.9***	***50.8***
Total	**153.2**	**157.0**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2013-14	2014-15 Estimate
Head, TCO		
Principal Medical & Health Officer	1	1
Enforcement		
Senior Medical & Health Officer	1	1
Medical & Health Officer	2	2
Land Surveyor	1	1
Police Officer	5	5
Tobacco Control Inspector	0	0
Overseer/ Senior Foreman/ Foreman	89	89
Senior Executive Officer/ Executive Officer	9	9
Sub-total	***107***	***107***
Health Education and Smoking Cessation		
Senior Medical & Health Officer	1	1
Medical & Health Officer/ Contract Doctor	1	1
Scientific Officer (Medical)	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	3	3
Hospital Administrator II/ Health Promotion Officer	4	4
Sub-total	***10***	***10***
Administrative and General Support		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	17	17
Motor Driver	1	1
Sub-total	***22***	***22***
Total no. of staff:	**140**	**140**

Reply Serial No.

FHB(H)342

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6251)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question(Member Question No. 102):

It is noted that from February last year to January this year, the Department of Health (DH) has made 1 531 requests to the internet service providers for removal of its users' information. Would the Administration inform this Committee:

(1) of the respective divisions in DH that have made the said requests, the deployment and ranks of staff of various divisions for handling the said requests;

(2) the number of cases handled by DH as facilitated by the making of the said requests, the enforcement figures and details, as well as the expenditures involved in respect of various actions.

Asked by: Hon. MOK Charles Peter

Reply:

The Chinese Medicine Division (CMD) and the Drug Office of DH have made requests to internet service providers for removal of information. Details are as follows:

A. CMD

(1) The CMD of the DH is responsible for implementing the regulatory policy and measures for Chinese medicines traders, including those trading Chinese herbal medicines (CHM) and proprietary Chinese medicines (pCm). As part of its efforts to ensure the safety and quality of CHM and pCm, the CMD has set up a market surveillance system to monitor CHM and pCm for sale in the market and on the internet, in order to ensure their compliance with the Chinese Medicine Ordinance (Cap. 549). A Senior Pharmacist leads a team of 2 staff members to carry out the above surveillance work for internet sale of pCm and CHM, among their other duties.

(2) From February 2013 to January 2014, internet platforms or website providers were requested to remove a total of 210 links involving sale of suspected unregistered pCm or unauthorised sale of CHM. All these links involving 133 accounts were removed by the service providers accordingly. The expenditure incurred was absorbed by the CMD from within its existing resources.

B. Drug Office

(1) The Drug Office of the DH routinely conducts market surveillance of pharmaceutical products offered for sale in Hong Kong, including those sold on the internet. The objective is to ensure compliance with relevant legislation, including the Pharmacy and Poisons Ordinance (Cap. 138), the Antibiotics Ordinance (Cap. 137) and the Dangerous Drugs Ordinance (Cap. 134). A Senior Pharmacist leads a team of 2 staff members to carry out the above surveillance work for internet sale of pharmaceutical products, among their other duties.

(2) From February 2013 to January 2014, the Drug Office had found a total of 1 321 internet links that were suspected of improper sale of pharmaceutical products. Letters were issued to relevant internet platforms or website providers to remind them of the legal requirements of sale of pharmaceutical products in Hong Kong and request them to take appropriate action. All these links were removed by the service providers accordingly. The expenditure incurred was absorbed by the Drug Office from within its existing resources.

Reply Serial No.

FHB(H)343

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4692)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 172 (if applicable)

Question (Member Question No. 101):

Regarding the engagement of agency workers, please provide the following information:

	2013-14 (the latest position)
Number of contracts with employment agencies	( )
Contract sum paid to each employment agency	( )
Duration of service of each employment agency	( )
Number of agency workers	( )
Details of the positions 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 • under $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of agency workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Percentage of agency workers against the total number of staff in the Department	( )
Percentage of payments to employment agencies against total staff costs of the Department	( )
Number of workers who received severance payment/long service payment/contract gratuity	( )
Amount of severance payment/long service payment/contract gratuity paid	( )
Number of workers with severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )

Number of workers working 5 days per week Number of workers working 6 days per week	( ) ( )

( ) Change in percentage as compared with 2012-13

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding agency contracts under the Department of Health (DH) during 2013-14 is tabulated below -

	2013-14 (as at 31.12.2013)
Number of contracts with employment agencies	27 (-28.9%)
Contract sum paid to each employment agency	$0.59 million - $4.07 million
Duration of service of each employment agency	3 – 9 months
Number of agency workers	168 (-47.5%)
Details of the positions 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 • $16,001 to $30,000 • $8,001 to $16,000 • $6,501 to $8,000 • $6,240 to $6,500 • under $6,240	 3 (+200%) 1 (0%) 145 (-50.3%) 17 Note1 (-34.6%) 0 (0%) 2 Part-time Note1 (+200%)
Length of service of agency workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 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 against the total number of staff in the Department	2.6% (-46.9%)
Percentage of payments to employment agencies against total staff costs of the Department	0.6% (-53.8%)
Number of workers who received severance payment / long service payment / contract gratuity	We do not keep information on severance payment / long service payment / contract gratuities received by or paid to agency workers. The payment of severance payment / long service payment depends on the length of continuous contracts of the agency workers with the employment agencies, while the payment of contract gratuities is determined by the employment contract between agency workers and their employment agencies.
Amount of severance payment / long service payment / contract gratuity paid	
Number of workers with severance payment / long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	
Amount of severance payment / long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	

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 working 5 days per week Number of workers with other work patterns [Note2]	108 (-50%) 60 (-42.3%)

( ) Change in percentage as compared with the same period in 2012-13

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 182 in 2013-14 (as at 31.12.2013).

Note 1: Staff were paid above the Statutory Minimum Wage level.

Note 2: Other work patterns include 5.5-day week, alternate Saturday off and other shift patterns.

(Question Serial No. 4693)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 172 (if applicable)

Question (Member Question No. 102):

Regarding the engagement of outsourced workers, please provide the following information:

	2013-14 (the latest position)
Number of outsourced service contracts	( )
Total payments to outsourced service providers	( )
Duration of service of each outsourced service provider	( )
Number of outsourced workers engaged through outsourced service providers	( )
Details of the positions held by outsourced workers (e.g. customer service, property management, security, cleansing and information technology)	
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	( )
• under $6,240	( )
Length of service of outsourced workers	
• over 15 years	( )
• 10 to 15 years	( )
• 5 to 10 years	( )
• 3 to 5 years	( )
• 1 to 3 years	( )
• under 1 year	( )
Percentage of outsourced workers against the total number of staff in the Department	( )
Percentage of payments to outsourced service providers against the total staff costs of the Department	( )
Number of workers who received severance payment/long service payment/contract gratuity	( )
Amount of severance payment/long service payment/contract gratuity paid	( )
Number of workers with severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits	( )

attributable to employer's contributions to MPF	
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )
Number of workers working 5 days per week Number of workers working 6 days per week	( ) ( )

( ) Change in percentage as compared with 2012-13

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding the engagement of outsourced workers by the Department of Health in 2013-14 is tabulated below-

	2013-14 (as at 31.12.2013)
Number of outsourced service contracts	253 (+11.0%)
Total payments to outsourced service providers	$81.1 million (+17.2%)
Duration of service of each outsourced service provider	1-6 months : 149 7-12 months : 104
Number of outsourced workers engaged through outsourced service providers	497 (+36.2%)
Details of the positions held by outsourced workers (e.g. customer service, property management, security, cleaning and information technology)	• Security : 111 • Cleaning : 173 • Cleaning & General support: 22 • Information Technology : 12 • Health Screening : 146 • General Support Service : 33
Monthly salary range of outsourced workers	
• $30,001 or above	10
• $16,001 to $30,000	1
• $8,001 to $16,000	68
• $6,501 to $8,000	197
• $6,240 to $6,500	3
• under $6,240	38[Note 1]
• number of workers with unspecified salaries	180
Length of service of outsourced workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	We do not have 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.

	2013-14 (as at 31.12.2013)
Percentage of outsourced workers against the total number of staff in the Department	7.58% (+36.8%)
Percentage of payments to outsourced service providers against the total staff costs of the Department	3.74% (+11.3%)
Number of workers who received severance payment / long service payment / contract gratuity	We do not have information on severance payment / long service payment / contract gratuities of outsourced workers. The payment of severance payment / long service payment depends on the length of continuous contracts of the outsourced workers with the outsourced service providers, while the payment of contract gratuities is determined by the employment contract signed between outsourced workers and the outsourced service providers.
Amount of severance payment / long service payment / contract gratuity paid	
Number of workers with severance payment / long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	
Amount of severance payment / long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	
Number of workers with paid meal break Number of workers without paid meal break	Whether outsourced workers have paid meal break is determined by the employment contract signed between outsourced workers and outsourced service providers.
Number of workers working 5 days per week	89 (-27.0%)
Number of workers working 6 days per week	93 (+9.4%)
Number of workers on other work patterns[Note 2]	168 (+95.3%)
Number of workers whose work pattern is not specified in the contracts	147 (+104.2%)

( ) Changes in percentage as compared with the same period in 2012-13

Note 1: Staff were paid above the Statutory Minimum Wage level.
Note 2: Other work patterns include 5.5-day week, alternative Saturday off and other shift patterns.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4694)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 172 (if applicable)

Question (Member Question No. 103):

Regarding the employment of non-civil service contract (NCSC) staff, please provide the following information:

	2013-14 (the latest position)
Number of NCSC staff	( )
Details of the positions held by NCSC staff	
Payroll costs 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 • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Number of NCSC staff successfully appointed as civil servants	( )
Percentage of NCSC staff against the total number of staff in the Department	( )
Percentage of staff costs for NCSC staff against the total staff costs of the Department	( )
Number of NCSC staff who received severance payment/long service payment/contract gratuity	( )
Amount of severance payment/long service payment/contract gratuity paid	( )
Number of NCSC staff with severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Number of NCSC staff with paid meal break	( )

Number of NCSC staff without paid meal break	( )
Number of NCSC staff working 5 days per week Number of NCSC staff working 6 days per week	( ) ( )

( ) Change in percentage as compared with 2012-13

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding NCSC staff engaged by the Department of Health (DH) during 2013-14 is tabulated below –

	2013-14 (as at 31.12.2013)
Number of NCSC staff	663 (-20.7%)
Details of the positions held by NCSC staff	Please see Annex
Payroll costs of NCSC staff ($ million)	84.1 (-7.8%)
Monthly salary range of NCSC staff	
• $30,001 or above	59 (+9.3%)
• $16,001 to $30,000	62 (-16.2%)
• $8,001 to $16,000	540 (-23.5%)
• $6,501 to $8,000	0 (-100%)
• $6,240 to $6,500	0
• Below $6,240	2 [Note 1] (N/A)
Length of service of NCSC staff	
• More than 15 years	0
• 10 to 15 years	35 (-49.3%)
• 5 to less than 10 years	356 (+4.7%)
• 3 to less than 5 years	96 (-51.5%)
• 1 to less than 3 years	146 (-9.9%)
• less than 1 year	30 (-55.2%)
Number of civil servants appointed who were previously NCSC staff in the Department	1

(The ex-NCSC staff was appointed as civil servant in DH through an open, fair and competitive process)	(-90%)		
Percentage of NCSC staff against the total number of staff in the Department	10.1% (-20.5%)		
Percentage of staff costs for NCSC staff against the total staff costs of the Department	3.9% (-11.4%)		
Number of NCSC staff who received severance payment (SP)/long service payment (LSP)/contract gratuity (CG)	SP	LSP	CG
	3 (-50%)	60 (+200%)	96 (-31.4%)
Amount of SP/LSP/CG paid [Note 2] ($ million)	SP	LSP	CG
	0.1 (-66.7%)	4.3 (+290.9%)	3.2 (-5.9%)
Number of NCSC staff with SP/LSP offset by or CG calculated from the accrued benefits attributable to employer's contributions to MPF	SP	LSP	CG
	2 (-66.7%)	58 (+205.3%)	N/A [Note 3] -
Amount of SP/LSP offset by or CG calculated from the accrued benefits attributable to employer's contributions to MPF ($ million)	SP	LSP	CG
	0.1 (-50%)	3.5 (+483.3%)	N/A [Note 3] -
Number of NCSC staff with paid meal break Number of NCSC staff without paid meal break	628 (-17.4%) 35 (-53.9%)		
Number of NCSC staff working 5 days per week Number of NCSC staff with other work patterns [Note 4]	133 (-32.5%) 530 (-17.1%)		

Figures in ( ) denote percentage changes as compared with the same period in 2012-13

Note 1: Staff were paid on hourly rate above the Statutory Minimum Wage level.

Note 2: The amount of SP/LSP refers to the entitlement of the NCSC staff irrespective of any offsetting. As for the amount of CG, employer's contributions to MPF has been offset.

Note 3: The amount of CG is not offset by the accrued benefits attributable to employer's contributions to MPF.

Note 4: Other work patterns include 5.5-day week, alternate Saturday off and other shift patterns.

Annex

NCSC Positions in the Department of Health as at 31.12.2013

Job Title	No.
Administrative Assistant	7
Assistant Chinese Medicine Officer	7
Assistant Manager	10
Assistant Tobacco Control Inspector	1
Chinese Medicine Assistant	27
Chinese Medicine Officer	4
Contract Accountant	1
Contract Accounting Manager	1
Contract Auditor	1
Contract Dental Technician II	2
Contract Dentist (Orthodontics)	3
Contract Doctor	5
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Nurse	20
Contract Senior Information Technology Manager	2
Darkroom Assistant	2
General Worker	17
Health Programme Assistant	3
Health Programme Attendant	1
Health Surveillance Assistant	467
Health Surveillance Supervisor	14
Manager	4
Media & Marketing Manager	1
Project Assistant	16
Project Officer (Chinese Medicines)	4
Registered Pharmacist	6
Registration Assistant	4
Registration Supervisor	3
Research Assistant	2
Research Officer	9
Service Administrator	1
Contract Midwife	7
Part-time Contract Doctor (Special Duties)	6
Part-time Contract Dentist (Orthodontics)	1
Part-time Senior Clinician (Orthodontics)	1
Total :	663

CONTROLLING OFFICER'S REPLY

FHB(H)346

(Question Serial No. 5404)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 160 (if applicable)

Question (Member Question No. 83):

Regarding the continual enforcement of the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600),

1. what were the numbers of prosecutions successfully instituted against offences under the above two Ordinances respectively since they came into effect? Please provide a breakdown by year.

2. what were the numbers of complaints received each year regarding suspected offences under the above two Ordinances respectively since they came into effect? Please provide a breakdown by year.

3. what were the expenditures incurred in the smoking cessation services provided by the public sector in the past five years?

Asked by: Hon. WONG Kwok-kin

Reply:

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 numbers of complaints received, inspections conducted and successful prosecutions by the Tobacco Control Office (TCO) of the Department of Health (DH) for the period from 2007 to 2013 for smoking and other offences under Cap. 371 and Cap. 600 are as follows:

		2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Complaints received		17 981	15 321	17 399	17 089	16 418	18 291	18 079
Inspections conducted		13 691	13 302	17 627	23 623	23 176	26 209	27 461
Fixed penalty notices		-	-	1 477	7 952	7 637	8 019	8 330
No. of successful prosecutions by summonses	Smoking offences	3 727	7061	4033	88	164	145	198
	Other offences such as willful obstruction and failure to produce identity document	52	116	107	116	111	78	75

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 / provisions of tobacco control activities managed by TCO from 2009-10 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, as they form an integral part of the respective DH's services, such expenditure could not be separately identified.

Apart from smoking cessation services provided by DH, HA has been providing its smoking cessation services since 2002 and is now operating ten full-time and 45 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. These smoking cessation services form an integral part of HA's overall services provision; and therefore such expenditure could not be separately identified.

Annex

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

($ in million)

	2009-10	**2010-11**	**2011-12**	**2012-13**	**2013-14 Revised Estimate**
Enforcement					
Programme 1: Statutory Functions	30.8	40.4	40.1	39.6	37.5
Health Education and Smoking Cessation					
Programme 3: Health Promotion	44.5	57.8	72.6	102.6	115.7
(a) General health education and promotion of smoking cessation					
TCO	*28.2*	*28.4*	*29.7*	*46.3*	*43.8*
Subvention: Council on Smoking and Health (COSH)	*12.6*	*13.2*	*14.9*	*20.7*	*22.0*
Sub-total	***40.8***	***41.6***	***44.6***	***67.0***	***65.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations					
Subvention to Tung Wah Group of Hospitals	*3.7*	*11.4*	*21.0*	*26.5*	*34.7*
Subvention to Pok Oi Hospital		*4.8*	*5.8*	*6.0*	*7.3*
Subvention to Po Leung Kuk			*1.2*	*1.7*	*2.1*
Subvention to Lok Sin Tong				*1.4*	*1.9*
Subvention to United Christian Nethersole Community Health Service					*2.6*
Subvention to Life Education Activity Programme					*1.3*
Sub-total	***3.7***	***16.2***	***28.0***	***35.6***	***49.9***
Total	**75.3**	**98.2**	**112.7**	**142.2**	**153.2**

Reply Serial No.

FHB(H)347

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5408)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 127 Page 46 (if applicable)

Question (Member Question No. 75):

It is stated in the Budget Speech that in the coming five years, Government will allocate additional funding of over $420 million for the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups.

1. Regarding implementation of the pilot scheme, what are the areas of work on the part of the Administration this year? What is the expenditure involved?

2. What is the estimated number of healthcare professionals required for the pilot scheme? What is the number of screenings provided to the public each year? What is the average cost of each screening?

3. Will the Administration consider adopting a public-private partnership mode in taking forward the pilot scheme? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. WONG Kwok-kin

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot programme is $422 million for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

Reply Serial No.

FHB(H)348

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5238)

Head: (37) Department of Health

Subhead(No. & title): (000) Operational Expense

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 173 (if applicable)

Question(Member Question No. 14):

What is the 2014-15 estimate for the Department of Health's duty visits or exchange programmes to the Mainland? Please advise on the themes of the duty visits or exchange programmes to the Mainland planned for 2014-15. How will the Administration prevent activities irrelevant to official duties from taking place during duty visits outside Hong Kong? And how will the Administration prevent applications for revising visit destinations from becoming a mere formality?

Asked by: Hon. WONG Yuk-man

Reply:

For 2014-15, the Department of Health has planned to attend meetings and visit relevant authorities in the Mainland on areas such as the regulation of western and Chinese medicines, the prevention and control of communicable diseases and port health control. About $680,000 is earmarked for this purpose.

Official duty visits are governed by relevant government regulations and guidelines to ensure the proper and prudent use of public funds. Prior approval is required for all official duty visits, and applications for which must be justified on operational grounds with details of the proposed visits. Non-duty related activities should be avoided in these visits. In case of variations, applications have to be submitted to the approving authorities for re-assessment.

(Question Serial No. 5050)

Head: (37) Department of Health

Subhead(No. & title): (-) Not Specified

Programme: Not Specified

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question(Member Question No. 105):

Regarding the use of existing facilities (such as elderly health centres, maternal and child health centres, specialist outpatient clinics, etc.), facilities that are left unused, and new facilities under the Department of Health, would the Government advise this Committee of the following:

1) are there any facilities left unused due to relocation or cessation of services from 2009 to 2014? If yes, please provide in the following table form the details, including: i) name; ii) address; iii) area; and iv) planned use of the facilities left unused due to relocation or cessation of services by year;

i)	ii)	iii)	iv)

2) are there any facilities that have been left vacant for more than five years? If yes, please provide in the following table form the details, including: i) name; ii) address; iii) area; iv) date of vacation; and v) planned use of the facility;

i)	ii)	iii)	iv)	v)

3) in the coming 12 months, will there be any building or alteration works completed for provision of new facilities? If yes, please provide in the following table form the information, including: i) name; ii) address; iii) area; and iv) planned services of the facility.

i)	ii)	iii)	iv)

Asked by: Hon. WU Chi-wai

Reply:

1) The following facilities were left unused due to relocation or cessation of service from 2009 to 2014 –

Vacant since	Name of premises	Address	Area* (m^2)	Planned use
2013	Argyle Street Government Dental Clinic	147A Argyle Street, Kowloon	110	▪ Pending renovation for implementation of Department of Health's new service

Vacant since	Name of premises	Address	Area* (m^2)	Planned use
2013	Lee Kee Government Dental Clinic	G/F, Lee Kee Memorial Dispensary, 99 Carpenter Road, Kowloon City, Kowloon	120	▪ Pending renovation for expansion of Department of Health's service
2013	Kowloon Families Clinic	6/F, Yau Ma Tei Jockey Club Polyclinic, 145 Battery Street, Yau Ma Tei, Kowloon	340	▪ Pending renovation for reprovisioning of Department of Health's existing clinic

2) The following facilities have been left vacant for more than five years -

Name of premises	Address	Area* (m^2)	Vacant since	Planned use
Stanley Public Dispensary	Part of LG/F, 1/F and 2/F, 14 Wong Ma Kok Road, Stanley, Hong Kong	310	2007	▪ Grade 3 historic building ▪ Use of vacant area is being identified among government departments
Sham Shui Po Public Dispensary	1/F, 137 Yee Kuk Street, Sham Shui Po, Kowloon	150	2000	▪ Grade 2 historic building ▪ Use of vacant area is being identified among government departments
Tai O Jockey Club Clinic	Part of G/F and part of 2/F, 103 Shek Tsai Po Street, Tai O, New Territories	190	2005	▪ Use of vacant area is being identified among government departments
Sha Tau Kok Clinic	Part of 1/F, 58 Sha Tau Kok Road, Sha Tau Kok, New Territories	210	1999	▪ Allocated to another government department in 2014
Lady Ho Tung Welfare Centre	38 Kwu Tung Road, Sheung Shui, New Territories	430	2005	▪ The Main Block was returned by the Hospital Authority to Department of Health on 11 June 2013 ▪ Grade 2 historic building ▪ Included in Batch IV of Revitalisation Scheme
Arran Street Child Assessment Centre	9 Arran Street, Mong Kok, Kowloon	460	2007	▪ Will be returned to the Rotary Club of Kowloon upon completion of reinstatement works

3) In the coming 12 months, the following new facilities will be completed -

Name of premises	Address	Area* (m^2)	Service
Kwun Tong Yuet Wah Street Dental Clinic	Kwun Tong Community Health Centre Building, Yuet Wah Street, Kwun Tong, Kowloon	450	For reprovisioning of Kwun Tong Jockey Club Dental Clinic currently situated at Kwun Tong Jockey Club Health Centre
Kwun Tong Maternal and Child Health Centre	Kwun Tong Community Health Centre Building, Yuet Wah Street, Kwun Tong, Kowloon	800	For reprovisioning of Ngau Tau Kok Maternal and Child Health Centre currently situated at Ngau Tau Kok Jockey Club Clinic
Kwun Tong Methadone Clinic	Roundabout at Hoi Yuen Road/Kwun Tong Road, Kwun Tong, Kowloon	130	For reprovisioning of Kwun Tong Methadone Clinic currently situated at Kwun Tong Jockey Club Health Centre

Name of premises	Address	Area* (m^2)	Service
Tsuen Wan Maternal and Child Health Centre	Yan Chai Hospital Community Health and Wellness Centre, Tsuen Wan, New Territories	860	For reprovisioning of Maurine Grantham Maternal and Child Health Centre currently situated at Maurine Grantham Health Centre
Dispensary at Tang Chi Ngong Specialist Clinic	1/F, Tang Chi Ngong Specialist Clinic, 284 Queen's Road East, Wan Chai, Hong Kong	250	For provision of dispensing service to Families Clinic, Maternal and Child Health Centre and Social Hygiene Clinics in Tang Chi Ngong Specialist Clinic and MacLehose Dental Clinic
Government Dental Clinic at Mrs Wu York Yu Health Centre	2/F, Mrs Wu York Yu Health Centre, 310 Wo Yee Hop Road, Lei Muk Shue, Kwai Chung, New Territories	610	For provision of dental service to civil service eligible persons

* rounded to nearest $10m^2$

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)350

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5115)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164 (if applicable)

Question (Member Question No. 184):

Regarding the provision of dental services, please advise this Committee on the following:

1. What were the number of attendances at GP sessions, the maximum number of discs allocated per session and the utilisation rate of GP sessions at various dental clinics for the past three years?

2. The Department of Health (DH) has not increased the number of discs allocated at dental clinics for the past three years. Given the existing manpower and hardware support at various dental clinics, is there room for increasing the number of discs? Will DH allocate additional resources to provide more services?

3. At present, not every district in the territory has a dental clinic. Does DH have any plan to set up dental clinics at districts which do not have one yet, such as Wong Tai Sin District? Does DH know whether the Hospital Authority currently has any plan to provide more dental services in the community through setting up community health centres?

Asked by: Hon. WU Chi-wai

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 the financial years 2011-12, 2012-13 and 2013-14, the numbers of attendances at GP sessions per clinic are as follows:

Dental clinic with GP sessions	**Service session**	**No. of attendances at GP sessions per clinic**		
		2011-12	**2012-13**	**2013-14** ***(as at January 2014)***
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM) Thursday (AM)	5 398	5 779	2 473
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM) Thursday (AM)			1 863
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	4 038	4 021	3 128

Dental clinic with GP sessions	Service session	No. of attendances at GP sessions per clinic		
		2011-12	**2012-13**	**2013-14** *(as at January 2014)*
Kennedy Town Community Complex Dental Clinic	Monday (AM) Friday (AM)	5 060	5 194	4 529
Fanling Health Centre Dental Clinic	Tuesday (AM)	2 138	2 128	1 945
Mona Fong Dental Clinic	Thursday (PM)	1 985	1 985	1 613
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	1 989	2 046	1 631
Tsuen Wan Dental Clinic	Tuesday (AM) Friday (AM)	7 895	7 784	6 683
Yan Oi Dental Clinic	Wednesday (AM)	2 083	2 033	1 570
Yuen Long Jockey Club Dental Clinic	Tuesday (AM) Friday (AM)	3 920	3 833	3 285
Tai O Dental Clinic	2nd Thursday (AM) of each month	130	146	118
Cheung Chau Dental Clinic	1st Friday (AM) of each month	250	230	212

In financial years 2011-12, 2012-13 and 2013-14, the maximum numbers of disc allocated per GP session are as follows:

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	**2012-13**	**2013-14** *(as at January 2014)*
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			84
	Thursday (AM)			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
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

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
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

The average utilisation rates of GP sessions in financial years 2011-12, 2012-13 and 2013-14 are as follows:

Financial year	**2011-12**	**2012-13**	**2013-14 (as at January 2014)**
Utilisation rate of GP sessions (%)	86.8%	88.0%	86.5%

2. The government dental clinics under the DH are set up mainly for fulfilling the Government's obligation as an employer to provide dental treatment to civil service eligible persons as part of the conditions of service (civil service benefits). The appointments of the government dental clinics are fully booked. The service's utilisation is nearly 100%, as scheduled clients nearly all keep their appointments. The small number of appointments not kept by the scheduled clients (less than 3%) are subsequently taken up by those non-scheduled clients with urgent conditions (urgent cases) who require immediate emergency dental service. There is no surplus capacity for expansion of GP sessions in the government dental clinics.

3. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotions and education. The DH has been allocating resources primarily to promotion and preventive efforts.

   Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients who are aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

   Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

   In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.