



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

本函檔號 Our ref.: L/M FHB/H/1/19
來函檔號 Your ref.:

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29 April 2014

Ms Maisie LAM
Clerk to Panel on Health Services
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road, Central

Dear Ms Lam

**Supplementary Information following
the Meeting on 20 January 2014**

At the meetings of the Panel on Health Services on 20.1.2014 on resources allocation among hospital clusters by the Hospital Authority, Members requested that a set of supplementary information be provided. I attach the bilingual replies in response to the requests for your perusal please.

Yours sincerely

(Patrick Lee)
for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority
(Attn: Ms Emily Chan, Fax: 2895 0937)

Legislative Council Panel on Health Services

Supplementary Information following the Meeting on 20 January 2014

This note provides supplementary information following the meeting of the Panel on 20 January 2014 on resources allocation among hospital clusters by the Hospital Authority (HA).

(a) The relevant papers of the HA Review Steering Committee on matters concerning the resources management system within HA

2. The Steering Committee on Review of HA was set up to conduct an overall review of HA to examine its operation in response to the changes in society and to advise the Government on possible measures to ensure that HA will continue to be able to provide quality and effective healthcare service of high standard under the twin-track healthcare system. Given that the scope of subjects to be reviewed and deliberated by the Steering Committee is very wide, the discussion would involve more rounds of briefing, visits to clusters, staff and public forum and meetings with different stakeholders. All these may cover exchange of ideas, analyses as well as concerns and/or views privy to the participants concerned and preliminary suggestions. It will be inappropriate to release information to the public prematurely when the Steering Committee has yet to finalize its recommendations to be made under the Review.

3. In view of the above, discussion papers of the Steering Committee are restricted for its members only. Noting the public interest in the progress of the Review, we issue press release after each meeting of the Steering Committee to provide a gist of the discussion held. The press release for the four meetings held so far is at –

- The first meeting (25 September 2013)
 - <http://www.info.gov.hk/gia/general/201309/25/P201309250595.htm>

- The second meeting (6 December 2013)
 - <http://www.info.gov.hk/gia/general/201312/06/P201312060588.htm>

- The third meeting (24 January 2014)

- <http://www.info.gov.hk/gia/general/201401/24/P201401240631.htm>

- The four meeting (17 April 2014)

- <http://www.info.gov.hk/gia/general/201404/17/P201404170881.htm>

We would also report to the Panel the progress of the Review in due course.

(b) *Information on the amount of funding allocated to each public hospital in the past five years*

4. To uphold the patient-centred values of HA, resource allocation and utilisation among clusters in HA have all along been driven by its planning of patient services.

5. Under the objective of providing continuum of care for patients, HA's longer term aim is to ensure local population of the respective clusters can seek public secondary hospital services within the cluster where they reside. It should however be recognised that there are differences among the clusters in terms of the population of the catchment districts concerned and their needs for public healthcare services, given the different and changing demographic characteristics and economic status of the population, cross-cluster use of HA services, as well as patient's varying treatment complexity in each cluster. On the other hand, 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, there exists some degree of mismatch between the supply of and demand for hospital facilities.

6. HA over the years has made strenuous efforts 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.

7. Based on the Government's total recurrent funding to HA for the year, HA will allocate resources to clusters for the following areas –

- (a) the resources needed to sustain the baseline operations of

respective clusters, including their core primary and secondary services as well as any specialised or centralised services under their management;

- (b) additional resources required to deliver the new services that have been supported during the annual service planning process; and
- (c) any other resource needed to address specific pressure areas/gaps.

8. Resource allocation to clusters in relation to the above three areas for the past five years are at **Appendix 1**.

9. In addition to the above Government recurrent subvention (which accounts for over 90% of total funding for HA's recurrent operation), HA also generates its own income mainly from hospital/ clinic fees and charges.

10. Within the agreed parameters and targets set under HA's Annual Plan, clusters will deploy the allocated resources (i.e. recurrent subvention and other income) to different areas including staff costs, drugs and other operating needs such as medical supplies and equipment, utilities charges, repairs and maintenance, etc. The percentages of clusters' expenditure on these areas in the past five years are at **Appendix 2**.

Food and Health Bureau
Hospital Authority
April 2014

Recurrent Funding Allocation for Clusters in Hospital Authority (2009/10 to 2013/14)

醫院管理局各聯網的經常性撥款 (2009/10 至 2013/14)

\$Bn 十億港元

	Cluster 聯網							Total 總計
	Hong Kong East 港島東	Hong Kong West 港島西	Kowloon Central 九龍中	Kowloon East 九龍東	Kowloon West 九龍西	New Territories East 新界東	New Territories West 新界西	
2013/14 *								
Recurrent Funding Allocation 經常性撥款	4.6	4.8	5.8	4.5	9.7	6.9	5.6	42.0
Baseline 基本運作	97%	95%	96%	94%	95%	96%	95%	95%
New Services 新服務	1%	2%	2%	4%	3%	1%	3%	2%
Others 其他 ^A	2%	3%	2%	3%	2%	3%	2%	2%
2012/13								
Recurrent Funding Allocation 經常性撥款	4.4	4.5	5.5	4.1	9.0	6.5	5.2	39.2
Baseline 基本運作	95%	95%	95%	93%	94%	95%	95%	95%
New Services 新服務	1%	2%	2%	3%	2%	1%	2%	2%
Others 其他 ^A	3%	4%	3%	3%	4%	4%	4%	4%
2011/12								
Recurrent Funding Allocation 經常性撥款	3.9	4.1	5.0	3.6	8.2	5.9	4.7	35.5
Baseline 基本運作	92%	94%	93%	91%	94%	93%	92%	93%
New Services 新服務	4%	1%	3%	5%	2%	3%	4%	3%
Others 其他 ^A	4%	4%	4%	4%	4%	4%	4%	4%
2010/11								
Recurrent Funding Allocation 經常性撥款	3.5	3.7	4.5	3.2	7.3	5.3	4.2	31.6
Baseline 基本運作	96%	96%	96%	95%	97%	96%	95%	96%
New Services 新服務	2%	2%	2%	4%	2%	3%	4%	3%
Others 其他 ^A	1%	1%	1%	2%	1%	2%	1%	1%
2009/10								
Recurrent Funding Allocation 經常性撥款	3.5	3.7	4.3	3.1	7.1	5.1	4.0	30.7
Baseline 基本運作	97%	98%	97%	97%	98%	97%	97%	97%
New Services 新服務	2%	1%	2%	2%	2%	2%	2%	2%
Others 其他 ^A	1%	1%	1%	1%	1%	1%	1%	1%

* Figures as of December 2013

截至二零一三年十二月份數字

^A Includes funding allocation for different service enhancement initiatives (i) to ensure service quality and safety, e.g. drug formulary, medical devices (ii) to allay staff shortage and high turnover, e.g. enhance training and development, strengthen career development and grade management (iii) to address specific pressure areas/ gaps 包括投放於不同改善服務措施的撥款 (i)以確保服務質素及安全, 例如藥物名冊、醫療儀器 (ii)以舒緩人手短缺和職員流失, 例如加強培訓及發展、加強職業發展及職系管理 (iii)以應對其他特定範疇極需處理的事項/服務差距

The percentage breakdown may not sum up to 100% as shown in the table due to rounding.

由於四捨五入關係, 統計表內分項百分比加起來可能略高/低於100%。

Expenditure Profile of Hospital Clusters in Hospital Authority (2009/10 to 2013/14)

醫院管理局各聯網開支概況 (2009/10 至 2013/14)

	Cluster聯網							Total 總計
	Hong Kong East 港島東	Hong Kong West 港島西	Kowloon Central 九龍中	Kowloon East 九龍東	Kowloon West 九龍西	New Territories East 新界東	New Territories West 新界西	
2013/14*								
Staff Costs 員工成本	73%	69%	74%	76%	76%	73%	74%	74%
Drugs 藥物	10%	16%	11%	9%	10%	11%	9%	11%
Other Expenditure 其他開支	17%	15%	15%	14%	13%	16%	16%	15%
Total 總計	100%	100%	100%	100%	100%	100%	100%	100%
2012/13								
Staff Costs 員工成本	73%	70%	74%	77%	77%	73%	74%	74%
Drugs 藥物	10%	15%	12%	9%	11%	11%	11%	11%
Other Expenditure 其他開支	17%	14%	15%	14%	12%	16%	16%	15%
Total 總計	100%	100%	100%	100%	100%	100%	100%	100%
2011/12								
Staff Costs 員工成本	74%	71%	73%	77%	78%	74%	74%	75%
Drugs 藥物	10%	15%	12%	10%	10%	11%	9%	11%
Other Expenditure 其他開支	16%	14%	15%	13%	12%	16%	17%	15%
Total 總計	100%	100%	100%	100%	100%	100%	100%	100%
2010/11								
Staff Costs 員工成本	74%	73%	74%	78%	80%	75%	75%	76%
Drugs 藥物	11%	15%	12%	9%	9%	11%	9%	11%
Other Expenditure 其他開支	15%	12%	15%	13%	11%	14%	16%	13%
Total 總計	100%	100%	100%	100%	100%	100%	100%	100%
2009/10								
Staff Costs 員工成本	77%	74%	77%	81%	82%	77%	78%	78%
Drugs 藥物	10%	13%	11%	7%	8%	9%	8%	9%
Other Expenditure 其他開支	13%	13%	13%	12%	10%	13%	14%	12%
Total 總計	100%	100%	100%	100%	100%	100%	100%	100%

*Full year projection as of Dec 2013 按年推算 (截至12/2013)

The percentage breakdown may not sum up to 100% as shown in the table due to rounding.
由於四捨五入關係，統計表內分項百分比加起來可能略高/低於100%。