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Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2018-19

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Examination of Estimates of Expenditure 2018-19 | Reply Serial No. **S-FHB(H)01**

CONTROLLING OFFICER'S REPLY

(Question Serial No. SV027)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Further to Reply Serial No. FHB(H)047, please set out the actual expenditures and details of work of the Health and Medical Development Advisory Committee, Primary Care Office and Steering Committee on Primary Healthcare Development over the past 3 years (2015-16, 2016-17 and 2017-18).

Asked by: Hon CHAN Pierre

Reply:

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 latest progress and work plan of the major primary care initiatives under PCO are as follows:

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. The reference frameworks provide common reference to healthcare professionals for the provision of continuing, comprehensive and evidence-based care in the community. The following 4 reference frameworks have been published with modules under which to elaborate on various aspects of preventive care and disease management –

- Reference framework for diabetes care in adults in primary care settings (with 12 modules)
- Reference framework for hypertension care in adults in primary care settings (with 10 modules)
- Reference framework for preventive care for children in primary care settings (with 2 modules)

- Reference framework for preventive care for older adults in primary care settings (with 5 modules)

A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

Smoking cessation is one of the essential elements in the management of diabetes and hypertension in primary care settings as promulgated by the reference frameworks. PCO launched a 2-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017 to engage family doctors to help smoker patients to quit smoking.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre (DHC) in Kwai Tsing.

(d) Publicity Activities

A variety of publicity activities (e.g. production of television series and Announcement in the Public Interest, and publicity through mass media channels) are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

Apart from the above, PCO has also supported other initiatives relevant to primary care in DH like the Colorectal Cancer Screening Pilot Programme, the Population Health Survey, and publicity activities.

The expenditure of PCO in 2015-16 (actual), 2016-17 (actual) and 2017-18 (revised estimate) are $45.0 million, $43.4 million and $62.3 million respectively.

The Steering Committee on Primary Healthcare Development was set up in November 2017, with an aim to offering advice to the Government on comprehensively reviewing the planning and drawing up the blueprint of primary healthcare services. The Steering Committee is considering various aspects such as manpower and infrastructure planning, collaboration model, community engagement as well as planning and evaluation framework.

In addition, the Steering Committee has been discussing the operation and financial model of the pilot DHC to be set up in Kwai Tsing District in the third quarter of next year.

Members of the Steering Committee did not receive any honorarium. The Steering Committee did not incur any expenditure in 2017-18.

The Health and Medical Development Advisory Committee (HMDAC) was set up to advise the Government on the formulation of policies and strategies for the long-term development of medical and health services in Hong Kong. HMDAC members did not receive any honorarium. HMDAC incurred no expenditure in 2015-16, 2016-17 and 2017-18.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. SV029)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

This is to follow up on Reply Serial No. FHB(H)110 and FHB(H)114:

(i) what is the number of community nurses to be increased in 2018-19?
(ii) what is the number of nurses to be increased for the provision of rehabilitation and palliative care service in 2018-19?

Asked by: Hon LEE Kok-long, Joseph

Reply:

(i)

The Hospital Authority (HA) regularly reviews the service and manpower provision of outreaching services, including community nursing, and adopts different initiatives to enhance support and continuity of care in the community. For 2018-19, HA plans to recruit 2 230 nurses. The overall number of nursing staff is expected to increase by 830 (full-time equivalent). HA will continue to closely monitor the manpower situation, assess the manpower requirement of Community Nursing Service (CNS), and make appropriate arrangements in manpower deployment and recruitment to ensure that the service and operational needs of CNS are met.

(ii)

HA provides a comprehensive range of rehabilitation and palliative care services through a multi-disciplinary team of healthcare professionals involving doctors, nurses, allied health professionals etc. in various settings (e.g. inpatient, outpatient, day care and outreach services) to patients based on their clinical needs. Rehabilitation is a component which is generally incorporated into all aspects of healthcare delivery, starting from acute phase and may continue after discharge to the community. Separate statistics on additional

manpower of nurses specifically for provision of rehabilitation services are not readily available.

At present, palliative care services in HA are mainly provided by healthcare personnel of the Palliative Care Units and Oncology Centres of the hospitals. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on additional number of nurses working specifically for the provision of palliative care are not readily available.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. S0086)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. It is stated in the note of part (c) of Reply Serial No. FHB(H)148 that the salary expenditure includes basic salary, allowance and gratuity. Please provide a breakdown of the expenditure on the average monthly basic salary, allowance, gratuity, home loan interest subsidy benefit, and death and disability benefit for the care-related support staff in each cluster in the past 3 years.

2. Regarding the care-related support staff grade, please set out the names of the work-related allowances for permanent, contract and temporary staff, the eligibility criteria for such allowances, and the number of eligible staff as well as the actual number of applicants in the past 3 years.

Asked by: Hon POON Siu-ping

Reply:

1.

The table below sets out the average monthly basic salary of "care-related support staff" of Hospital Authority (HA) in each cluster in 2014-15, 2015-16 and 2016-17. “Care-related support staff” includes health care assistants, ward attendants, patient care assistants, etc.

Cluster	**2014-15 Average Monthly Basic Salary ($ thousand)**	**2015-16 Average Monthly Basic Salary ($ thousand)**	**2016-17 Average Monthly Basic Salary ($ thousand)**
HKEC	14.1	14.5	15.2
HKWC	13.8	14.4	15.9
KCC	13.3	13.8	14.5
KEC	14.3	14.8	15.4
KWC	14.1	14.7	15.6
NTEC	14.0	14.6	15.2
NTWC	13.4	13.9	14.9

The average monthly basic salary of “care-related support staff” varies among clusters due to the different staff mix and attrition rate etc. of individual cluster.

Salary expenditures include basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit. Staff’s entitlement to allowance, gratuity and other on cost varies according to the individual’s employment terms, and hence no average figures could be provided on the aforesaid elements.

2.

HA provides different work-related allowances to compensate permanent and contract employees for special elements which they have to undertake in carrying out their duties but are not reflected in the pay scale of the rank or grade concerned. Relevant allowances and the numbers of care-related supporting staff who received the respective allowances in 2014-15, 2015-16 and 2016-17 are as follows:

Allowance	**2014-15**	**2015-16**	**2016-17**
Continuous Night Shift Scheme Allowance	Not Applicable	306	452
Hardship Allowances (Obnoxious Duties)	508	495	451
Overtime Allowance	3 326	2 686	2 117
Rainstorm Black Warning Allowance	834	162	163
Shift Duty Allowance	261	456	418
Special Allowance for	115	107	101

Allowance	2014-15	2015-16	2016-17
Patient Transfer Attendant			
Special Honorarium	2 334	3 048	3 152
Typhoon Allowance	3 878	2 757	7 557

Note:
Continuous Night Shift Scheme was extended to supporting staff with effect from 1 April 2015.

Special Honorarium is for relieving short term manpower shortage, supporting ad-hoc projects and allowing hospitals to provide surge capacity in times of crisis or emergencies.

HA grants the above allowances to staff in accordance with designated criteria under the prevailing human resources policy.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. SV028)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Further to Reply Serial No. FHB(H)149, please advise on the following:

(i) the details of remuneration of the outsourced workers under the Hospital Authority (HA); and
(ii) whether the HA will consider converting the posts of its outsourced workers into permanent ones.

Asked by: Hon POON Siu-ping

Reply:

(i) and (ii)

In line with the corporate's service direction and optimising deployment of resources to meet the service objectives and deliverables, Hospital Authority (HA) adopts a flexible resourcing strategy to recruit staff for the delivery of core hospital services, while at the same time engage external service providers where appropriate for the provision of routine support services such as cleansing and portering, security, patient food and laundry services, as well as for expertise and manpower required on a project basis such as information technology projects.

The wages of outsourced workers in different contracts vary. As an example, the monthly wages of frontline cleansing workers in existing outsourced service contracts as at April 2018 range from $8,556 to around $12,500.

The manpower planning and outsourcing arrangements in HA are kept under continuous review according to service or operational needs. Potential candidates, including outsourced workers of service contracts in HA, are welcome to apply for vacancies in HA through the open recruitment exercises.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. S0077)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

A follow-up question on the Reply Serial No. ITB069. It is mentioned in paragraph (e) that the Electronic Health Record Sharing System (eHRSS) launched by the Government in March 2016 has standardised settings in areas of structure, format, data types and scope of data sharing. It is fully interoperable with the Clinical Management System of the Hospital Authority (HA) and is in the process of interfacing with the Clinical Information System. The public healthcare service will launch Stage Two of eHRSS by 2022. In this connection,

1. Please provide in table form the number of registered users and average number of visitors or users each month of eHRSS since its official launch in March 2016;

2. When our office made a phone call to the eHRSS service hotline on 17 April 2018, we were told that eHRKSS supported only text records as it did not support upload of image records such as patients' X-ray films at the present stage. Will eHRSS at Stage Two support different image files? If yes, what are the system specification, data format standard, implementation timetable and expenditure involved; if no, what are the reasons?

3. It is known that while the HA uses a CRM system to process its patients' records, the Department of Health (DH) use a different system. The result is that neither parties can open the health record files of the other. Besides the sharing programme, does the Government plan to promote the use of a standardised health record system by DH and HA? If yes, what are the system specification, data format standard, implementation timetable and expenditure involved; if no, what are the reasons?

4. Regarding cross-border data sharing, almost half of the hospitals in the United States and those in the Scandinavian states are currently using an electronic health record sharing system developed by Epic Systems Corporation. In the United Kingdom (UK), Cambridge University Hospitals and University College London Hospitals have started to switch to the said system in phases since 2014 and 2017 respectively to facilitate its citizens to transfer

their electronic health records across hospitals, regions or even countries quickly. Has the Government considered interfacing with leading healthcare countries by adopting the same or a compatible data sharing system? If yes, what are the details; if no, what are the reasons?

5. Regarding access to personal health records, the National Health Service in UK updated its electronic health record system in September 2017 to allow the public to check their personal health records. However, such service is not available in our existing eHRSS. Will eHRSS at the Second Stage contain similar functional updates? If yes, what are the details, health records to be covered and their formats; if no, what are the reasons?

6. Regarding assess to personal health records with mobile phones, Apple Inc. now supports Health Level 7 standards on its mobile phone system which interfaces with the abovementioned system and reads various types of health system data. This makes it easy for general users to access personal health records with their mobile phones. Will the sharing at Stage Two support similar standards? If yes, what are the details, health records to be covered and their formats; if no, what are the reasons?

7. What are the details on sharing at Stage Two of eHRSS (please specify the data formats of all health records to be used), implementation timetable, responsible government departments and names of service contractors, estimated expenditure, anticipated return on investment and number of target users?

Asked by: Hon TAM Man-ho, Jeremy

Reply:

(1) As at mid-April 2018, over 730 000 patients had joined the Electronic Health Record Sharing System (eHRSS). As for healthcare providers (HCPs), whose participation is on an organisational basis, the Hospital Authority (HA), the Department of Health (DH), all of the 12 local private hospitals and about 1 500 other private HCPs (e.g. clinics, elderly homes, welfare organisations, etc.) had registered. Over 44 000 user accounts had been created for healthcare professionals (HCProfs) working in these HCPs for them to access the eHRSS.

The numbers of viewer access by month since the launch of the eHRSS in mid-March 2016 are provided in the table below. It should be noted that participation in the eHRSS by patients and HCPs is voluntary in nature. Access to health records on the eHRSS is based on the principles of "need-to-know" and "patient-under-care". In addition, the need to access the eHRSS or other sources of health/medical records is subject to the relevant HCProf's clinical and professional judgement. The figures should be considered in the appropriate context.

Month	No. of viewer access[#]
March 2016 (Starting from 13 March 2016)	6 800
April 2016	11 600
May 2016	12 500
June 2016	13 000
July 2016	13 000
August 2016	14 200
September 2016	14 800
October 2016	16 500
November 2016	26 400
December 2016	22 000
January 2017	20 000
February 2017	20 200
March 2017	26 000
April 2017	20 300
May 2017	23 200
June 2107	25 000
July 2017	25 000
August 2017	26 600
September 2017	27 000
October 2017	29 000
November 2017	43 100
December 2017	34 600
January 2018	38 700
February 2018	26 100
March 2018	36 100

 # Rounded to the nearest hundred

(2) In Stage One eHRSS, laboratory and radiology reports, together with eight other types of healthcare data within the eHRSS sharable scope[1], can be shared and viewed on the eHRSS. Under Stage Two Development, the sharable scope will be broadened to include, among others, the sharing of radiology images using industry standards that are interoperable for HCPs using the eHRSS platform. The component-project of radiology image sharing started in Q4 2017 and is expected to complete in Q3 2021. For the estimated costs involved, please refer to our reply in part (7).

(3) The eHRSS is an information infrastructure which enables HCPs in both the public and private sectors, with the informed and express consent of patients, to view and share their electronic health records (eHRs) on a common platform. It does not aim to replace the local electronic patient/medical record systems of individual HCPs. The Clinical Management System used by HA and the Clinical Information Management System used by most clinics of DH are connected and interoperable with the eHRSS for viewing and sharing of participating patients' eHRs.

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[1] The other eight types are: (a) personal identification and demographic data; (b) allergies and adverse drug reactions; (c) diagnosis, procedures and medication; (d) encounters/appointments; (e) clinical note/summary; (f) birth and immunisation records; (g) other investigation reports; and (h) healthcare referrals.

(4) Under the Electronic Health Record Sharing System Ordinance (Cap. 625) (the Ordinance), only HCPs that engage local HCProfs as specified in the Ordinance and provide healthcare at one or more locations in Hong Kong can apply to be registered with the eHRSS and view and share patients' eHRs subject to their informed and express consent. Nonetheless, a patient may request a copy of his/her personal data stored on the eHRSS through submitting a Data Access Request and paying a fee in accordance with the Personal Data (Privacy) Ordinance (Cap. 486).

(5) Stage Two Development of the eHRSS includes the development of a Patient Portal to facilitate patients' access to the system. We commissioned a consultancy study in December 2017 to review overseas experience, examine possible functionalities and gauge the views of local stakeholders. The study is expected to be completed in Q2 2018. We will make reference to the findings when considering the design and development of the Patient Portal.

(6) Health Level 7 (HL7) is a message standard for the exchange, integration, sharing and retrieval of electronic health information. We have developed and used HL7 interface specifications in Stage One eHRSS. HL7 specifications will continue to be adopted in Stage Two Development as appropriate.

(7) The major eHR components of Stage Two Development and the relevant estimated expenditure are set out below. Stage Two Development commenced in July 2017, and is expected to be completed in phases by 2022. From Stage One Development, HA has served as the Government's technical agency in the development and implementation of the eHRSS.

eHR Components of Stage Two Development	**Estimated Expenditure ($ million)**
(a) To broaden the scope of data sharing and develop the technical capability for sharing of radiological images and Chinese Medicine information	279.7
(b) To enhance patient's choice over the scope of data sharing and to facilitate patient access to the system (i.e. Patient Portal)	78.6
(c) To improve and enhance the core functionalities and security/privacy protection	63.9
Total	422.2

Successful development of the eHR Programme will deliver a host of mainly intangible benefits. Upon completion of Stage Two Development, the sharable scope of data will be expanded to cover more useful information. Efficiency of healthcare decisions, treatments and quality of care are expected to improve. The new functional features will help patients

become better equipped to understand their health status and work more closely with their HCPs to manage their health. Stage Two Development of the eHRSS will help further facilitate Public-Private Partnership, which can provide more options for patients, and will be conducive to the enhancement of continuity of care. In view that participation in the eHRSS by patients and HCPs is voluntary, we do not consider it appropriate to set a target user number.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. SV026)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Reply Serial No. FHB(H)162, please advise on the number of additional training places for healthcare professionals (doctors and nurses) in 2018-19.

Asked by: Hon WONG Pik-wan, Helena

Reply:

The number of first-year-first degree University Grants Committee ("UGC")-funded training places for doctors and nurses in the 2018/19 academic year are 470 and 630 respectively. According to the established practice, UGC conducts academic planning and recurrent grants assessment with its 8 funded universities on a triennial basis. The Government is discussing with UGC to further increase the number of UGC-funded training places for healthcare professionals (including doctors and nurses) for the 2019/20 to 2021/22 triennium and the relevant numbers are not available for the time being.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. SV030)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

This is to follow up on Reply Serial No. FHB(H)066:

What is the number of minors attending psychiatric follow-up consultations in the past 3 years?

Asked by: Hon YUNG Hoi-yan

Reply:

The table below sets out the number of follow-up attendances at child and adolescent (C&A) psychiatric specialist outpatient (SOP) clinics in the Hospital Authority from 2015-16 to 2017-18 (up to 31 December 2017) –

	Number of follow-up attendances at C&A psychiatric SOP clinics
2015-16	83 583
2016-17	84 428
2017-18 (up to 31 December 2017) [Provisional figures]	62 572

Note:

Starting from 2015-16, specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting for the psychiatry specialty.

- End -