Head 140 — GOVERNMENT SECRETARIAT: FOOD AND HEALTH BUREAU (HEALTH BRANCH)

Controlling officer: the Permanent Secretary for Food and Health (Health) will account for expenditure under this Head.

Estimate 2020–21 .... **$78,433.2m**

Establishment ceiling 2020–21 (notional annual mid-point salary value) representing an estimated 184 non-directorate posts as at 31 March 2020 rising by 29 posts to 213 posts as at 31 March 2021..... **$158.3m**

In addition, there will be an estimated 13 directorate posts as at 31 March 2020 and as at 31 March 2021.

Commitment balance........ **$3,424.2m**

Controlling Officer's Report

Programmes

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

These programmes contribute to Policy Area 15: Health (Secretary for Food and Health).

Detail

Programme (1): Health

	2018–19 (Actual)	2019–20 (Original)	2019–20 (Revised)	**2020–21 (Estimate)**
Financial provision ($m)				
Government sector	406.8	907.4	831.2 (–8.4%)	**1,434.3** (+72.6%)
				(or +58.1% on 2019–20 Original)
Subvented sector	—	132.7	— (–100.0%)	**175.0**
				(or +31.9% on 2019–20 Original)
Total	406.8	1,040.1	831.2 (–20.1%)	**1,609.3** (+93.6%)
				(or +54.7% on 2019–20 Original)

Aim

2 The aim is to formulate and oversee implementation of policies to protect and promote public health, to provide comprehensive and lifelong holistic health care to each citizen, and to ensure that no one is prevented, through lack of means, from obtaining adequate medical treatment.

Brief Description

3 The Health Branch of the Food and Health Bureau formulates and co-ordinates policies and programmes to:

- protect and promote health;
- prevent and treat illness and disease; and
- minimise the impact of disability.

4 Generally, the effectiveness of the work of the Branch is reflected in the extent to which the departments and subvented organisations delivering medical and healthcare services achieve the objectives of this programme. The aim has been broadly achieved in 2019–20.

Matters Requiring Special Attention in 2020–21

5 During 2020–21, the Branch will:

- formulate and implement policy initiatives on the development of primary healthcare services, including the further roll-out of District Health Centres (DHCs) in Sham Shui Po and Wong Tai Sin districts and the introduction of the "DHC Express" Scheme;
- implement and provide funding for programmes under the Chinese Medicine Development Fund (CMDF) to support and promote the development of Chinese medicine (CM) in Hong Kong;
- award the contract to the most suited non-profit-making organisation selected through tendering for the operation of the Chinese Medicine Hospital;
- continue to service the Advisory Committee on Mental Health and pursue recommendations of the Mental Health Review Report;
- continue to oversee the implementation of the Voluntary Health Insurance Scheme;
- continue to oversee the implementation of the Pilot Accredited Registers Scheme for Healthcare Professions;
- continue the phased implementation of the new regulatory regime for private healthcare facilities and facilitate private hospital development;
- continue the legislative process of the Pharmacy and Poisons (Amendment) Bill for regulating Advanced Therapy Products;
- establish the Hong Kong Genome Institute to implement the Hong Kong Genome Project (HKGP);
- develop an action plan on prevention and control of viral hepatitis;
- continue to oversee the smooth and timely implementation of capital works projects under the First Ten-year Hospital Development Plan (HDP), and the planning of those under the Second HDP;
- conduct the new round of healthcare manpower projection;
- continue to pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders;
- continue to oversee the implementation of the Hong Kong Cancer Strategy and the strategy to prevent and control non-communicable diseases;
- continue to oversee the implementation of health promotion and preventive programmes;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme, the "Outreach Dental Care Programme for the Elderly" and the "Healthy Teeth Collaboration" programme;
- continue to oversee the development of the second stage of the Electronic Health Record Sharing System;
- continue efforts to promote breastfeeding and organ donation and to deter smoking;
- continue to manage the Health and Medical Research Fund (HMRF); and
- continue to implement policy initiatives on the development of CM services, including the provision of subsidised outpatient CM services at the 18 district-based CM clinics, and the further development of inpatient services with Integrated Chinese-Western Medicine treatment in selected Hospital Authority hospitals.

Programme (2): Subvention: Hospital Authority

	2018–19 (Actual)	2019–20 (Original)	2019–20 (Revised)	**2020–21 (Estimate)**
Financial provision ($m)	64,659.5	69,917.7	72,525.5 (+3.7%)	**76,596.8** (+5.6%)
				(or +9.6% on 2019–20 Original)

Aim

6 The Hospital Authority advises the Government on the needs of the public for hospital services and resources required to meet those needs, and provides adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available.

Brief Description

7 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 82 000 staff (full time equivalents), manages 43 public hospitals and institutions, 49 specialist outpatient clinics and 73 general outpatient clinics as at 31 December 2019.

8 The Hospital Authority manages and develops the public medical service system in ways which are conducive to achieving the following objectives:

- to use hospital beds and clinics, staff, equipment and other resources efficiently to provide medical services of the highest standard within the resources available;
- to improve the efficiency of medical services by developing appropriate management structure, systems and performance measures;
- to attract, motivate and retain staff;
- to encourage public participation in the operation of the public medical service system; and
- to ensure accountability to the public for the management and control of the public medical service system.

9 The Hospital Authority generally achieved its performance targets in 2019–20. The volume of patient care activities across the full range of services in 2019–20 is comparable to the level in 2018–19.

10 The key activity data in respect of the Hospital Authority are:

Targets

	As at 31 March 2019 (Actual)	As at 31 March 2020 (Revised Estimate)	**As at 31 March 2021 (Target & Plan)**
Access to services			
inpatient services			
no. of hospital bedsΨ			
general (acute and convalescent)	22 561	23 067	**23 526**
mentally ill	3 647	3 647	**3 647**
mentally handicapped	680	680	**677**
infirmary	2 041	2 041	**2 001**
overall	28 929	29 435	**29 851**
ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patient attendances seen within target waiting timeΨ			
triage I (critical cases – 0 minute) (%)	100	100	**100**
triage II (emergency cases – 15 minutes) (%)	97	95	**95**
triage III (urgent cases – 30 minutes) (%)	77	90	**90**
specialist outpatient services			
median waiting time for first appointment at specialist outpatient clinicsΨ			
priority 1 casesΨ	< 1 week	2 weeks	**2 weeks**
priority 2 casesΨ	5 weeks	8 weeks	**8 weeks**
rehabilitation and geriatric services			
no. of community nursesα	504	508	**N.A.**
no. of geriatric day places	659	669	**703**
psychiatric services			
no. of community psychiatric nursesα	134	134	**N.A.**
no. of psychiatric day places	889	889	**889**

α This target is removed from 2020–21 onwards to better reflect the service model. In addition to designated nurses for community services, there are other healthcare professionals involved.

Indicators

	2018–19 (Actual)	2019–20 (Revised Estimate)	**2020–21 (Estimate)**
Delivery of services			
inpatient servicesΨ			
overall			
no. of patient days	8 336 190	8 423 000	**8 555 000**
bed occupancy rate (%)	89	89	**89**
no. of discharges and deaths	1 153 884	1 173 970	**1 198 870**
average length of stay (days)§	7.2	7.2	**N.A.β**
general (acute and convalescent)			
no. of patient days	6 722 220	6 804 000	**6 946 000**
bed occupancy rate (%)	92	92	**92**
no. of discharges and deaths	1 132 311	1 152 500	**1 177 400**
average length of stay (days)§	5.9	5.9	**5.9**
mentally ill			
no. of patient days	936 747	941 000	**941 000**
bed occupancy rate (%)	71	71	**71**
no. of discharges and deaths	17 915	17 900	**17 900**
average length of stay (days)§	52	52	**52**
mentally handicapped			
no. of patient days	186 631	186 000	**186 000**
bed occupancy rate (%)	75	75	**75**
no. of discharges and deaths	577	570	**N.A.β**
average length of stay (days)§	323	323	**N.A.β**
infirmary			
no. of patient days	490 592	492 000	**482 000**
bed occupancy rate (%)	89	89	**89**
no. of discharges and deaths	3 081	3 000	**N.A.β**
average length of stay (days)§	121	121	**N.A.β**
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths	681 985	691 400	**720 600**
A&E services			
no. of A&E attendancesΨ	2 157 617	2 203 000	**2 203 000**
no. of A&E attendances per 1 000 populationΨ	290	290	**N.A.ε**
no. of A&E first attendancesΨ			
triage I	22 230	22 200	**22 200**
triage II	52 016	52 000	**52 000**
triage III	748 643	748 600	**748 600**
specialist outpatient services			
no. of specialist outpatient (clinical) first attendancesΨ	813 844	823 000	**846 000**
no. of specialist outpatient (clinical) follow-up attendances	7 088 005	7 092 000	**7 168 000**
total no. of specialist outpatient (clinical) attendances	7 901 849	7 915 000	**8 014 000**
primary care services			
no. of general outpatient attendances	6 059 222	6 179 000	**6 218 000**
no. of family medicine specialist clinic attendances	311 771	312 600	**322 600**
total no. of primary care attendances	6 370 993	6 491 600	**6 540 600**
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	98 770	100 000	**107 600**
no. of community nurse attendances‡	890 668	893 000	**909 000**
no. of allied health (community) attendances	36 003	36 000	**36 000**
no. of allied health (outpatient) attendances	2 865 372	2 865 000	**2 941 000**

	2018–19 (Actual)	2019–20 (Revised Estimate)	**2020–21 (Estimate)**
geriatric services			
no. of geriatric outreach attendancesΨ	679 871	682 800	**750 000λ**
no. of geriatric elderly persons assessed for infirmary care service	1 854	1 850	**1 850**
no. of geriatric day attendances	146 059	149 000	**152 600**
no. of Visiting Medical Officer attendances	106 514	106 500	**N.A.λ**
psychiatric services			
no. of psychiatric outreach attendances	306 327	312 300	**319 100**
no. of psychiatric day attendances	225 663	226 800	**230 400**
no. of psychogeriatric outreach attendances#	98 870#	100 400#	**104 600**
Quality of services			
no. of hospital deaths per 1 000 populationΔ	2.8	2.8	**2.8**
unplanned readmission rate within 28 days for general inpatients (%)	10.6	10.6	**10.6**
Cost of services			
cost distribution			
cost distribution by service types (%)			
inpatient	54.2	54.5	**54.3**
ambulatory and outreach	45.8	45.5	**45.7**
cost by service types per 1 000 population ($m)			
inpatient	4.8	5.4	**N.A.ε**
ambulatory and outreach	4.0	4.5	**N.A.ε**
cost of services for persons aged 65 or above			
share of cost of services (%)	48.9	50.3	**50.4**
cost of services per 1 000 population ($m)	25.4	28.1	**28.3**
unit costs			
inpatient services			
cost per inpatient discharged ($)Ψβ			
general (acute and convalescent)β	28,120	31,200	**N.A.**
mentally illβ	151,370	167,340	**N.A.**
mentally handicappedβ	584,790	645,900	**N.A.**
infirmaryβ	268,570	292,930	**N.A.**
cost per patient day ($)Ψ			
general (acute and convalescent)	5,270	5,880	**6,090**
mentally ill	2,900	3,190	**3,280**
mentally handicapped	1,810	2,000	**2,050**
infirmary	1,690	1,840	**1,890**
ambulatory and outreach services			
cost per A&E attendance ($)	1,530	1,660	**1,710**
cost per specialist outpatient attendance ($)	1,280	1,440	**1,490**
cost per general outpatient attendance ($)	495	530	**550**
cost per family medicine specialist clinic attendance ($)	1,210	1,340	**1,380**
cost per community nurse attendance ($)μ	625	675	**700**
cost per psychiatric outreach attendance ($)	1,710	1,860	**1,930**
cost per geriatric day attendance ($)	2,330	2,490	**2,590**
fee waiversΦ			
total amount of waived fees ($m)δ	1,030.5	1,056.4	**1,107.3**
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%)¶	16.4	16.1	**16.1**
percentage of non-CSSA fee waiver (%)¶	17.2	18.0	**N.A.**
percentage of Higher Old Age Living Allowance fee waiver (%)¶	N.A.	N.A.	**12.1**
percentage of other fee waiver (%)¶	N.A.	N.A.	**6.5**
Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	5 963	6 130	**6 300**
specialistΨ	3 305	3 280	**3 270**
non-specialistΨ	2 658	2 850	**3 030**
intern	469	487	**498**
dentist	8	11	**13**
medical total	6 440	6 628	**6 811**

	2018–19 (Actual)	2019–20 (Revised Estimate)	**2020–21 (Estimate)**
Nursing			
nurseΨ	26 220	27 170	**28 210**
trainee	1 032	1 000	**1 100**
nursing total	27 252	28 170	**29 310**
allied health	8 056	8 430	**8 890**
others	37 911	39 950	**42 020**
total	79 659	83 178	**87 031**

Ψ Description or grouping of targets and indicators are revised for better lucidity from 2020–21 onwards.

§ Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

β This indicator is removed from 2020–21 onwards, as it does not serve as a meaningful indicator to reflect the quality or efficiency of services provided.

ε This indicator is removed from 2020–21 onwards. The information on the corresponding overall service is already reflected by another indicator under the same section/heading.

‡ Revised description of previous indicator "no. of home visits by community nurses" to better reflect the Hospital Authority's service development over the years from 2020–21 onwards.

λ Starting from 2020–21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the Hospital Authority will be streamlined to provide better support and management of chronic diseases for elderly patients living in residential care homes for the elderly. The indicators for the number of geriatric outreach attendances and number of Visiting Medical Officer attendances are consolidated.

Starting from 2020–21, the number of Psychogeriatric Outreach Attendances will no longer include attendances arising from consultation liaison services. For comparison purposes, the figures for 2018–19 Actual and 2019–20 Revised Estimate have been adjusted accordingly.

Δ Refers to the age-standardised hospital death rate covering inpatient and day inpatient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the "standard" population in mid-2001.

μ Revised description of previous indicator "cost per outreach visit by community nurse" to better reflect the Hospital Authority's service development over the years from 2020–21 onwards.

Φ With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients aged 75 or above and with more financial needs (renamed as Higher OALA recipients aged 75 or above on 1 June 2018). In light of the increasing portion of Higher OALA fee waiver, the indicator "percentage of non-CSSA fee waiver" is categorised into "percentage of Higher Old Age Living Allowance fee waiver" and "percentage of other fee waiver" for 2020–21 Estimate to further differentiate various types of waiver. The percentage of Higher OALA fee waiver for 2018–19 Actual and 2019–20 Revised Estimate as included under "percentage of non-CSSA waiver" is 10.6 per cent and 11.5 per cent respectively.

δ New indicator from 2020–21 onwards.

¶ Refers to the amount waived as percentage to total charge.

Matters Requiring Special Attention in 2020–21

11 In 2020–21, the Hospital Authority will continue to meet the healthcare needs of the population within the policy framework of the Government. The Government's direction is for the Hospital Authority 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.

12 The Hospital Authority will also:

- continue to introduce medical services in completed hospital projects in phases. A total of around 400 hospital beds will be added across Hospital Authority's hospital clusters to meet the service demand;
- continue to enhance palliative care and to manage service demand arising from the ageing population by enhancing geriatric fragility fracture co-ordination services and restorative rehabilitative services;
- enhance the treatment and management of cancers, diabetes mellitus, renal diseases, stroke and cardiac diseases;
- augment the workforce by attracting and retaining staff through various measures;
- continue to enhance access to accident and emergency, surgical, endoscopic, diagnostic imaging, specialist outpatient and general outpatient services as well as increase the number of operating theatre sessions and improve pharmacy services;

- continue to enhance mental health services for children and adolescents with mental health needs, enhance community psychiatric services as well as strengthen psychogeriatric outreach service to residential care homes for the elderly; and
- continue to make use of investment returns generated from the $10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the Hospital Authority to operate clinical PPP programmes.

Programme (3): Subvention: Prince Philip Dental Hospital

	2018–19 (Actual)	2019–20 (Original)	2019–20 (Revised)	**2020–21 (Estimate)**
Financial provision ($m)	216.6	223.9	230.7 (+3.0%)	**227.1** (–1.6%) (or +1.4% on 2019–20 Original)

Aim

13 The aim is to provide facilities for the training of dentists and dental ancillary personnel.

Brief Description

14 The Branch subvents the Prince Philip Dental Hospital (PPDH). The PPDH is a statutory body established in 1981 under the Prince Philip Dental Hospital Ordinance (Cap. 1081). It 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. It also runs courses for dental ancillary personnel at diploma level.

15 In the 2018/19 academic year, the PPDH generally achieved its overall performance targets in terms of the number of students attending the undergraduate and postgraduate courses and the diploma courses.

16 The key performance measures are:

Indicators

	Academic Year		
	2018/19 (Actual)	2019/20 (Revised Estimate)	**2020/21 (Estimate)**
no. of training places			
undergraduate	372	402	**431**
research postgraduate	72	75	**75**
taught postgraduate#	0	20	**40**
student dental technician	38	33	**35**
student dental surgery assistant	28	33	**34**
student dental hygienist	59	68	**65**
student dental therapist	10	10	**10**
total	579	641	**690**
capacity utilisation rate (%)Φ			
undergraduate	98	99	**100**
research postgraduate	100	100	**100**
taught postgraduate	N.A.	100	**100**
student dental technician	95	83	**88**
student dental surgery assistant	78	92	**94**
student dental hygienist	102^	100	**96**
student dental therapist	100	100	**100**
completion rate (%)			
undergraduate	100	100	**100**
research postgraduate	100	100	**100**
taught postgraduate	N.A.	N.A.	**N.A.**
student dental technician	84	94	**94**
student dental surgery assistant	82	61	**79**

	Academic Year		
	2018/19 (Actual)	2019/20 (Revised Estimate)	**2020/21 (Estimate)**
student dental hygienist	95	91	**91**
student dental therapist	100	100	**100**

\# The indicator covers only University Grants Committee funded taught postgraduate programmes.

Φ This refers to the number of students enrolled in courses as a percentage of the total number of training places offered.

^ The utilisation rates exceed 100 per cent because there were students retaking the course in 2018/19 academic year.

Matters Requiring Special Attention in 2020–21

17 During 2020–21, PPDH will continue improving its building infrastructure and facilities.

ANALYSIS OF FINANCIAL PROVISION

Programme	2018–19 (Actual) ($m)	2019–20 (Original) ($m)	2019–20 (Revised) ($m)	**2020–21 (Estimate) ($m)**
(1) Health	406.8	1,040.1	831.2	**1,609.3**
(2) Subvention: Hospital Authority	64,659.5	69,917.7	72,525.5	**76,596.8**
(3) Subvention: Prince Philip Dental Hospital	216.6	223.9	230.7	**227.1**
	65,282.9	71,181.7	73,587.4 (+3.4%)	**78,433.2 (+6.6%)**
				(or +10.2% on 2019–20 Original)

Analysis of Financial and Staffing Provision

Programme (1)

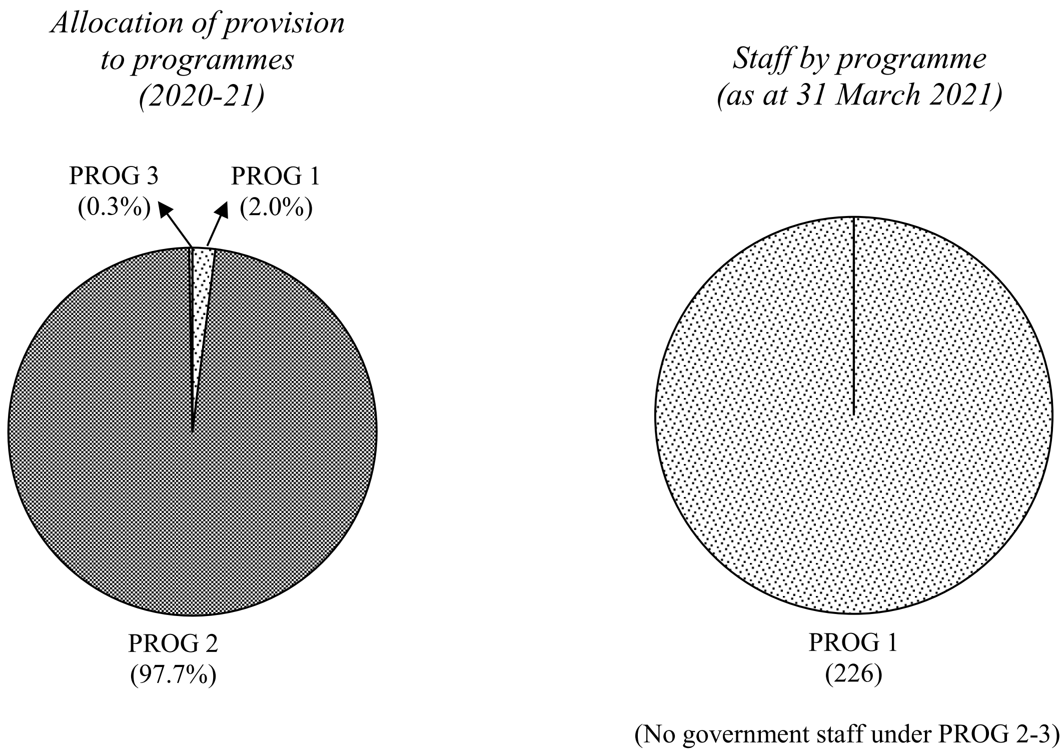
Provision for 2020–21 is $778.1 million (93.6%) higher than the revised estimate for 2019–20. This is mainly due to the increased cash flow requirement for the general non-recurrent items on CMDF, HMRF, HKGP and “DHC Express” Scheme as well as increased recurrent cost to support primary healthcare development and the HKGP. There will be an increase of 29 posts in 2020–21.

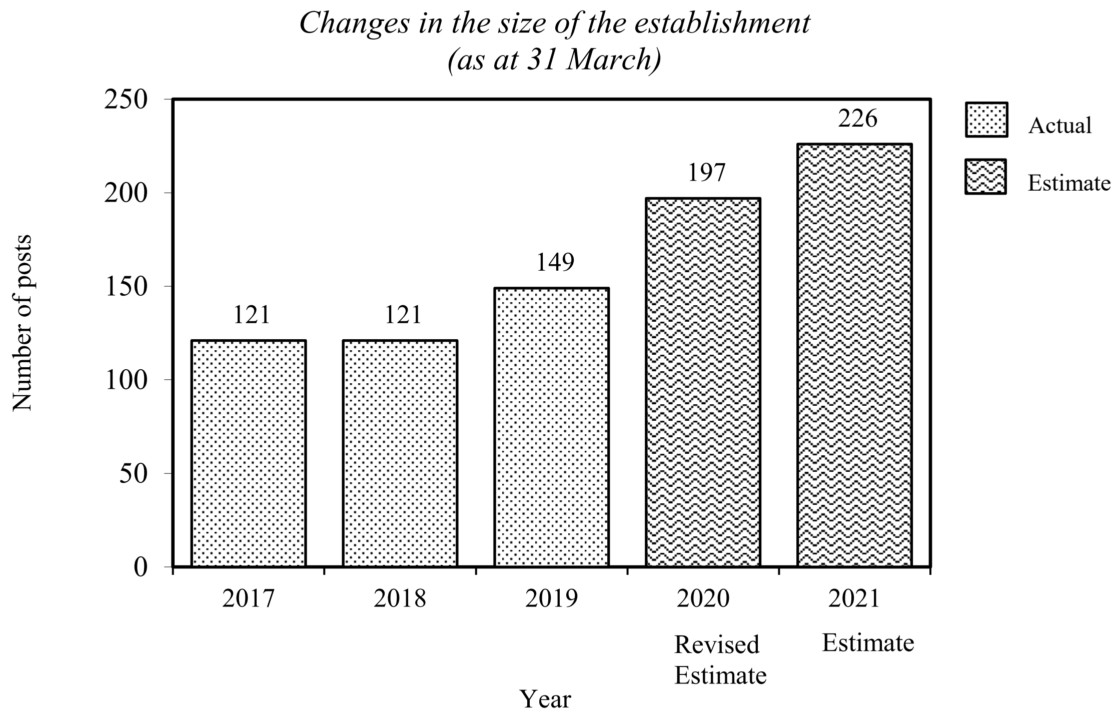
Programme (2)

Provision for 2020–21 is $4,071.3 million (5.6%) higher than the revised estimate for 2019–20. This is mainly due to the additional provision to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and to improve the quality of clinical care.

Programme (3)

Provision for 2020–21 is $3.6 million (1.6%) lower than the revised estimate for 2019–20. The decrease is mainly due to the decreased requirement in minor plant, equipment, maintenance, and improvement in 2020-21.


Allocation of provision
to programmes
(2020-21)
PROG 3
(0.3%)
PROG 1
(2.0%)
PROG 2
(97.7%)
Staff by programme
(as at 31 March 2021)
PROG 1
(226)
(No government staff under PROG 2-3)


Changes in the size of the establishment
(as at 31 March)
Number of posts
250
200
150
100
50
0
121
121
149
197
226
Actual
Estimate
2017
2018
2019
2020
Revised
Estimate
2021
Estimate
Year

Sub-head (Code)		Actual expenditure 2018–19	Approved estimate 2019–20	Revised estimate 2019–20	**Estimate 2020–21**
		$'000	$'000	$'000	**$'000**
	Operating Account				
	Recurrent				
000	Operational expenses	64,136,290	69,610,419	72,143,912	**76,116,249**
	Total, Recurrent	64,136,290	69,610,419	72,143,912	**76,116,249**
	Non-Recurrent				
700	General non-recurrent	204,795	420,000	291,550	**704,090**
	Total, Non-Recurrent	204,795	420,000	291,550	**704,090**
	Total, Operating Account	64,341,085	70,030,419	72,435,462	**76,820,339**
	Capital Account				
	Subventions				
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	16,541	22,162	22,162	**15,373**
979	Hospital Authority - equipment and information systems (block vote)	924,700	1,128,472	1,128,472	**1,597,501**
	Prince Philip Dental Hospital	535	637	1,340	**—**
	Total, Subventions	941,776	1,151,271	1,151,974	**1,612,874**
	Total, Capital Account	941,776	1,151,271	1,151,974	**1,612,874**
	Total Expenditure	65,282,861	71,181,690	73,587,436	**78,433,213**

Details of Expenditure by Subhead

The estimate of the amount required in 2020–21 for the salaries and expenses of the Health Branch is $78,433,213,000. This represents an increase of $4,845,777,000 over the revised estimate for 2019–20 and $13,150,352,000 over the actual expenditure in 2018–19.

Operating Account

Recurrent

2 Provision of $76,116,249,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Branch.

3 The establishment as at 31 March 2020 will be 197 posts including one supernumerary post. It is expected that there will be an increase of 29 posts in 2020–21. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2020–21, but the notional annual mid-point salary value of all such posts must not exceed $158,325,000.

4 An analysis of the financial provision under *Subhead 000 Operational expenses* is as follows:

	2018–19 (Actual) ($'000)	2019–20 (Original) ($'000)	2019–20 (Revised) ($'000)	**2020–21 (Estimate) ($'000)**
Personal Emoluments				
- Salaries	104,208	153,320	127,539	**170,200**
- Allowances	5,760	4,785	7,980	**8,337**
- Job-related allowances	—	2	2	**2**
Personnel Related Expenses				
- Mandatory Provident Fund contribution	320	317	557	**524**
- Civil Service Provident Fund contribution	5,195	13,309	7,974	**13,566**
Departmental Expenses				
- General departmental expenses	86,453	395,638	395,583	**617,649**
Subventions				
- Hospital Authority	63,734,817	68,789,176	71,397,037	**74,999,275**
- Prince Philip Dental Hospital	199,537	201,145	207,240	**211,743**
- Hong Kong Genome Institute	—	52,727	—	**94,953**
	64,136,290	69,610,419	72,143,912	**76,116,249**

Capital Account

Subventions

5 Provision of $15,373,000 under *Subhead 899 Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)* is for the procurement of plant and equipment, maintenance, and minor improvement works costing over $200,000 but not exceeding $10 million for each project. The decrease of $6,789,000 (30.6%) against the revised estimate for 2019–20 is mainly due to the decreased requirement in 2020–21.

6 Provision of $1,597,501,000 under *Subhead 979 Hospital Authority - equipment and information systems (block vote)* is for the procurement of equipment items and computerisation projects costing over $200,000 each. The increase of $469,029,000 (41.6%) over the revised estimate for 2019–20 is mainly due to the increased cash flow requirements in 2020–21.

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2019	Revised estimated expenditure for 2019–20	Balance
			$'000	$'000	$'000	$'000
Operating Account						
700		*General non-recurrent*				
	802	Chinese Medicine Development Fund	500,000	—	71,550	428,450
	803	Hong Kong Genome Project	682,000	—	—	682,000
	804	"DHC Express" SchemeΩ	596,200Ω	—	—	596,200
	823	Health and Medical Research Fund	2,915,000	977,483	220,000	1,717,517
		Total	4,693,200	977,483	291,550	3,424,167

Ω This is a new item, funding for which is sought in the context of the Appropriation Bill 2020.