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Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2020-21

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FHB(H)284	0611	TO Kun-sun, James	37	(2) Disease Prevention
FHB(H)285	1352	TSE Wai-chuen, Tony	37	(1) Statutory Functions (2) Disease Prevention
FHB(H)286	1353	TSE Wai-chuen, Tony	37	-
FHB(H)287	2533	WONG Pik-wan, Helena	37	-
FHB(H)288	2534	WONG Pik-wan, Helena	37	(1) Statutory Functions (2) Disease Prevention
FHB(H)289	2537	WONG Pik-wan, Helena	37	-
FHB(H)290	2538	WONG Pik-wan, Helena	37	(2) Disease Prevention
FHB(H)291	2930	WONG Pik-wan, Helena	37	(1) Statutory Functions
FHB(H)292	0769	YIU Si-wing	37	(2) Disease Prevention
FHB(H)293	1480	YUNG Hoi-yan	37	-
FHB(H)294	2543	WONG Pik-wan, Helena	48	(1) Statutory Testing
FHB(H)295	3825	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)296	3826	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)297	3897	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)298	3898	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)299	4016	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)300	4140	CHAN, Tanya	140	(2) Subvention : Hospital Authority
FHB(H)301	4141	CHAN, Tanya	140	(2) Subvention : Hospital Authority
FHB(H)302	4446	CHAN, Tanya	140	(2) Subvention : Hospital Authority
FHB(H)303	4906	CHAN, Tanya	140	
FHB(H)304	6405	CHAN, Tanya	140	(2) Subvention : Hospital Authority
FHB(H)305	6415	CHAN, Tanya	140	(2) Subvention : Hospital Authority
FHB(H)306	6560	CHAN, Tanya	140	(1) Health (2) Subvention : Hospital Authority

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FHB(H)308	5510	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)309	5606	CHEUNG Chiu-hung, Fernando	140	-
FHB(H)310	5774	CHEUNG Chiu-hung, Fernando	140	-
FHB(H)311	5787	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)312	5788	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)313	5790	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)314	5791	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)315	5792	CHEUNG Chiu-hung, Fernando	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)316	5793	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)317	5794	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)318	5795	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)319	5796	CHEUNG Chiu-hung, Fernando	140	-
FHB(H)320	5797	CHEUNG Chiu-hung, Fernando	140	-
FHB(H)321	5798	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)322	5799	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority

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FHB(H)323	5800	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)324	5801	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)325	5802	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)326	5803	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)327	5804	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)328	5805	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)329	5806	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)330	5807	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)331	5808	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)332	5809	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)333	5810	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)334	5811	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)335	5812	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)336	5813	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)337	5814	CHEUNG Chiu-hung, Fernando	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)338	5815	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority

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FHB(H)339	5816	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)340	5817	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)341	5824	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)342	6630	CHU Hoi-dick	140	(2) Subvention : Hospital Authority
FHB(H)343	6636	CHU Hoi-dick	140	(2) Subvention : Hospital Authority
FHB(H)344	6645	CHU Hoi-dick	140	(1) Health
FHB(H)345	4491	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)346	4493	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)347	4494	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)348	4495	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)349	4496	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)350	4497	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)351	4498	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)352	4499	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)353	4500	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)354	4501	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)355	4502	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)356	4503	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)357	4525	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)358	4550	KWOK Ka-ki	140	(1) Health
FHB(H)359	4551	KWOK Ka-ki	140	(1) Health
FHB(H)360	4588	KWOK Ka-ki	140	(1) Health
FHB(H)361	4589	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)362	4590	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

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FHB(H)363	4591	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)364	4592	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)365	4593	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)366	4594	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)367	4595	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)368	4597	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)369	4598	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)370	4599	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)371	4600	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)372	4601	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)373	4602	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)374	4603	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)375	4608	KWOK Ka-ki	140	(1) Health
FHB(H)376	4609	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)377	4610	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)378	4611	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)379	4612	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)380	4614	KWOK Ka-ki	140	(1) Health
FHB(H)381	4615	KWOK Ka-ki	140	(1) Health
FHB(H)382	4616	KWOK Ka-ki	140	(1) Health
FHB(H)383	4617	KWOK Ka-ki	140	(1) Health
FHB(H)384	4618	KWOK Ka-ki	140	(1) Health
FHB(H)385	4620	KWOK Ka-ki	140	-
FHB(H)386	4627	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)387	4629	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)388	4631	KWOK Ka-ki	140	(1) Health
FHB(H)389	4637	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

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FHB(H)390	4638	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)391	4653	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)392	4659	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)393	4660	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)394	4661	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)395	4663	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)396	4664	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)397	4665	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)398	4666	KWOK Ka-ki	140	(1) Health
FHB(H)399	4667	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)400	4669	KWOK Ka-ki	140	(1) Health
FHB(H)401	4670	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)402	4671	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)403	4672	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)404	4673	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)405	4674	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)406	4675	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)407	4676	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)408	4677	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)409	4678	KWOK Ka-ki	140	(1) Health
FHB(H)410	4683	KWOK Ka-ki	140	(1) Health
FHB(H)411	4686	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)412	4687	KWOK Ka-ki	140	(1) Health
FHB(H)413	4688	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)414	4699	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)415	4774	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

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FHB(H)417	5032	KWOK Ka-ki	140	-
FHB(H)418	6794	KWOK Ka-ki	140	(1) Health
FHB(H)419	6796	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)420	6797	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)421	6798	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)422	6799	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)423	6800	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)424	6801	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)425	6802	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)426	6803	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)427	6804	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)428	6805	KWOK Ka-ki	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)429	3386	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)430	3387	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)431	3664	LEUNG Mei-fun, Priscilla	140	(2) Subvention : Hospital Authority
FHB(H)432	3692	LEUNG Mei-fun, Priscilla	140	(1) Health
FHB(H)433	6726	LEUNG Yiu-chung	140	(1) Health
FHB(H)434	3728	MA Fung-kwok	140	(1) Health
FHB(H)435	3757	MA Fung-kwok	140	(2) Subvention : Hospital Authority
FHB(H)436	4432	MO, Claudia	140	(1) Health
FHB(H)437	4437	MO, Claudia	140	(2) Subvention : Hospital Authority

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FHB(H)438	4440	MO, Claudia	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)439	3612	MOK, Charles Peter	140	(1) Health
FHB(H)440	3956	QUAT, Elizabeth	140	(2) Subvention : Hospital Authority
FHB(H)441	6207	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)442	6213	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)443	6265	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)444	6266	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)445	6267	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)446	6327	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)447	6394	SHIU Ka-chun	140	(1) Health
FHB(H)448	6810	TAM Man-ho, Jeremy	140	(1) Health
FHB(H)449	4489	WAN Siu-kin, Andrew	140	(2) Subvention : Hospital Authority
FHB(H)450	4490	WAN Siu-kin, Andrew	140	(2) Subvention : Hospital Authority
FHB(H)451	4078	YEUNG, Alvin	140	(2) Subvention : Hospital Authority
FHB(H)452	3818	CHAN Chi-chuen	37	(1) Statutory Functions (2) Disease Prevention
FHB(H)453	3863	CHAN Chi-chuen	37	(1) Statutory Functions
FHB(H)454	3868	CHAN Chi-chuen	37	(2) Disease Prevention
FHB(H)455	3891	CHAN Chi-chuen	37	(2) Disease Prevention
FHB(H)456	3894	CHAN Chi-chuen	37	(1) Statutory Functions
FHB(H)457	3918	CHAN Chi-chuen	37	(2) Disease Prevention
FHB(H)458	3993	CHAN Chi-chuen	37	(2) Disease Prevention
FHB(H)459	3661	CHAN Hak-kan	37	(1) Statutory Functions
FHB(H)460	4138	CHAN, Tanya	37	(1) Statutory Functions
FHB(H)461	4139	CHAN, Tanya	37	(2) Disease Prevention
FHB(H)462	4346	CHAN, Tanya	37	(1) Statutory Functions
FHB(H)463	4453	CHAN, Tanya	37	-
FHB(H)464	4855	CHAN, Tanya	37	-
FHB(H)465	5274	CHEUNG Chiu-hung, Fernando	37	-
FHB(H)466	5783	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation

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FHB(H)468	5818	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)469	5819	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention
FHB(H)470	5820	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)471	5821	CHEUNG Chiu-hung, Fernando	37	-
FHB(H)472	6631	CHU Hoi-dick	37	(2) Disease Prevention
FHB(H)473	3315	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)474	3318	IP Kin-yuen	37	(1) Statutory Functions
FHB(H)475	3346	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)476	3347	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)477	3348	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)478	3423	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)479	3425	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)480	3446	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)481	3451	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)482	3452	IP Kin-yuen	37	(1) Statutory Functions
FHB(H)483	3463	IP Kin-yuen	37	(3) Health Promotion
FHB(H)484	3464	IP Kin-yuen	37	(2) Disease Prevention (3) Health Promotion
FHB(H)485	4492	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)486	4506	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)487	4511	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)488	4520	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)489	4549	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)490	4552	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)491	4574	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)492	4575	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)493	4578	KWOK Ka-ki	37	-
FHB(H)494	4579	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)495	4580	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)496	4581	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)497	4582	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)498	4583	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)499	4584	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)500	4585	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)501	4586	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)502	4587	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)503	4596	KWOK Ka-ki	37	(2) Disease Prevention

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FHB(H)505	4605	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)506	4606	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)507	4607	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)508	4613	KWOK Ka-ki	37	(4) Curative Care
FHB(H)509	4619	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)510	4621	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)511	4622	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)512	4623	KWOK Ka-ki	37	(4) Curative Care
FHB(H)513	4624	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)514	4625	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)515	4626	KWOK Ka-ki	37	(4) Curative Care
FHB(H)516	4628	KWOK Ka-ki	37	(4) Curative Care
FHB(H)517	4632	KWOK Ka-ki	37	(4) Curative Care
FHB(H)518	4633	KWOK Ka-ki	37	(4) Curative Care
FHB(H)519	4634	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)520	4635	KWOK Ka-ki	37	(4) Curative Care
FHB(H)521	4636	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)522	4639	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)523	4640	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)524	4641	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)525	4642	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)526	4643	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)527	4644	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)528	4645	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)529	4646	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)530	4647	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)531	4648	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)532	4649	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)533	4650	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)534	4651	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)535	4652	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)536	4654	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)537	4655	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)538	4656	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)539	4658	KWOK Ka-ki	37	(3) Health Promotion
FHB(H)540	4668	KWOK Ka-ki	37	(4) Curative Care
FHB(H)541	4680	KWOK Ka-ki	37	(4) Curative Care
FHB(H)542	4681	KWOK Ka-ki	37	(4) Curative Care
FHB(H)543	4682	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)544	4684	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)545	4685	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)546	4689	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)547	4775	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)548	4776	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)549	4777	KWOK Ka-ki	37	(3) Health Promotion

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FHB(H)550	5025	KWOK Ka-ki	37	(4) Curative Care
FHB(H)551	5026	KWOK Ka-ki	37	(2) Disease Prevention (3) Health Promotion (4) Curative Care
FHB(H)552	5027	KWOK Ka-ki	37	(2) Disease Prevention (3) Health Promotion
FHB(H)553	5028	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)554	5029	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)555	5030	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)556	5033	KWOK Ka-ki	37	(3) Health Promotion
FHB(H)557	5040	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)558	5041	KWOK Ka-ki	37	(2) Disease Prevention (3) Health Promotion (4) Curative Care
FHB(H)559	5042	KWOK Ka-ki	37	(4) Curative Care
FHB(H)560	5043	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)561	5118	KWOK Ka-ki	37	(2) Disease Prevention (3) Health Promotion (4) Curative Care
FHB(H)562	5119	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)563	6806	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)564	6768	KWOK Wai-keung	37	(2) Disease Prevention
FHB(H)565	6126	KWOK Wing-hang, Dennis	37	(5) Rehabilitation
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FHB(H)582	3960	QUAT, Elizabeth	37	(2) Disease Prevention
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FHB(H)602	6321	SHIU Ka-chun	37	(2) Disease Prevention
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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)001

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2706)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) has earlier allocated resources for the establishment of Gender Identity Disorder (GID) Clinic at the Prince of Wales Hospital (PWH), which provides on a progressive basis territory-wide gender assessment, sex reassignment surgery and other supporting services. In this connection, please advise on the following:

(1) What are the current mechanism and workflow for handling GID cases in the HA?

(2) In the past 5 years, what are the number of attendances of transgender people for GID diagnosis, the average waiting time of new cases at present and the number of new cases handled by the newly established GID Clinic at the PWH?

(3) What is the existing number of healthcare personnel (including plastic surgeons, psychiatrists and clinical psychologists) who possess relevant experience or qualifications to conduct GID diagnosis for patients? What is the number of healthcare personnel involved and in which hospitals are they working?

(4) What are the resources and manpower to be allocated to GID diagnostic services in the future? How will the HA enhance the diagnostic services?

(5) For patients who do not fall into the New Territories East Hospital Cluster, will there be any discretion to handle their cases on a cross-district basis?

(6) Will the Government extend the services to all the hospital clusters in the territory?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 41)

Reply:

(1)

Starting from October 2016, the Hospital Authority (HA) has centralised its services for Gender Identity Disorder (GID) patients at the GID clinic in Prince of Wales Hospital (PWH) in the New Territories East Cluster for serving the whole territory.

HA adopts a multi-disciplinary approach in providing services to GID patients, involving psychiatrists, clinical psychologists, surgeons, gynaecologists, physicians, endocrinologists, occupational therapists, nurses and medical social workers. The psychiatrists establish the diagnosis of GID and provide treatment; clinical psychologists make psychological assessment and provide counselling. According to patients' needs, psychiatrists may make referral to endocrinologists for prescribing sex hormones, occupational therapists for practical advice to adjust to real life experience in the patients' desired genders and medical social workers for providing social support.

Patients who have undergone at least 12 continuous months of hormonal treatment and lived in their acquired gender persistently for at least 12 months with satisfactory psychological and social adjustment as assessed by psychiatrists and clinical psychologists could be referred to surgeons for surgical assessment as needed. Upon referral, surgeons will further assess the patients' needs for surgery and provide relevant service, including sex reassignment surgery, accordingly.

(2)

The table below sets out the number of psychiatric Specialist Out-patient (SOP) attendances for patients diagnosed with GID from 2015-16 to 2019-20 (up to 31 December 2019).

Year	**Number of psychiatric SOP attendances for patients diagnosed with GID**
2015-16	630
2016-17	580
2017-18	770
2018-19	890
2019-20 (up to 31 December 2019) [provisional figures]	730

Psychiatric SOP clinics arrange medical appointments for new patients based on the urgency of their clinical conditions, which is determined with regard to the patients' clinical history and presenting symptoms. The dates of medical appointment for new patients therefore vary. In 2019-20 (up to 31 December 2019), the provisional figure for the median waiting time of new cases under routine category at psychiatric SOP clinics is 32 weeks.

(3)

Professionals in the GID clinic as mentioned above also provide medical services to patients suffering from other diseases. Separate statistics on the number of professionals who provide medical services specifically for GID patients are not readily available.

(4)

HA will continue to review its service provision, taking into consideration overseas experience and practices, the experience gained from the GID clinic, and views from patients and the community, to ensure that its services can meet patients' needs.

(5) and (6)

Patients with GID require highly specialised service provided by a multi-disciplinary team. As such, starting from October 2016, all new GID cases are handled by the one-stop GID clinic at PWH for centralised expertise and facility support. There is an established referral mechanism for referring patients with GID from other clusters to the GID clinic at PWH for service. A patient approaching a psychiatric SOP Clinic of any other cluster requesting for new appointments of GID service would be referred to the GID clinic at PWH for booking.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1736)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :

Regarding the services of the Prince of Wales Hospital, North District Hospital and Alice Ho Miu Ling Nethersole Hospital in Tai Po, will the Government inform this Committee of :

a. the average and the highest attendances per day at the Accident and Emergency (A&E) departments;
b. the number of beds and average bed occupancy rate;
c. the estimated number of additional beds in the coming 5 years;
d. the amount of recurrent provision;
e. the manpower of doctors and nurses and their turnover rates;
f. the average waiting time of patients of the 5 categories in the A&E departments; and
g. the impact of healthcare workers' strike early this year on the services?

Asked by : Hon CHAN Hak-kan (LegCo internal reference no. : 49)

Reply :

a.

The table below sets out the daily average and highest number of attendances in the Accident and Emergency (A&E) Departments of AHNH, NDH and PWH respectively in 2019-20 (up to 31 December 2019):

Hospital	**Daily number of A&E attendances [Provisional figures]**	
	Average	**Highest**
AHNH	313	396
NDH	264	332
PWH	408	521

b.

The table below sets out the number of hospital beds in AHNH, NDH and PWH in 2019-20 (as at 31 December 2019) and the overall inpatient bed occupancy rates (up to 31 December 2019):

Hospital	Number of hospital beds (as at 31 December 2019)	Inpatient bed occupancy rate (up to 31 December 2019) [Provisional figures]
AHNH	605	81%
NDH	658	95%
PWH	1 749	92%

In the Hospital Authority (HA), day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than 1 day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

c.

HA takes into account various factors when planning and developing public healthcare services and facilities. Such factors include the healthcare services estimates based on demographic change, distribution of service target groups, mode of healthcare services delivery, growth of services of individual specialties, and supply of healthcare services in the district concerned. HA will continue to regularly monitor the utilisation rate and trend of demand for various healthcare services. In 2020-21, NDH and PWH plan to open 25 and 58 new beds respectively.

d.

HA arranges its services on a cluster basis and hence the recurrent budget allocation for the cluster is provided. The recurrent budget allocation to the New Territories East Cluster in 2019-20 (projection as of 31 December 2019) is $10.74 billion.

The budget represents the funding allocated to the cluster for supporting its daily operational needs, such as staff costs, drugs expenditure, medical supplies and utilities charges, etc. On top of the recurrent budget allocation, each cluster has other incomes, such as fees and charges collected from patients for healthcare services rendered, which will also contribute to supporting the cluster's day-to-day operation. The above does not include capital budget allocation such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

Note:

The 2019-20 financial projection includes the financial impact of 2019-20 Annual Pay Adjustment.

e.

The table below provides the number of doctors and nurses in AHNH, NDH and PWH in 2019-20 (as at 31 December 2019):

Hospital	2019-20 (as at 31 December 2019)	
	Doctors	Nurses
AHNH	170	765

Hospital	2019-20 (as at 31 December 2019)	
	Doctors	Nurses
NDH	191	825
PWH	562	2 124

Notes:

1. The manpower figures are calculated on a full-time equivalent basis including permanent, contract and temporary staff.
2. Doctors exclude Interns and Dental Officers.

The table below provides the attrition (wastage) rate of full-time doctors and nurses in AHNH, NDH and PWH in 2019-20:

Hospital	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)	
	Doctors	Nurses
AHNH	9.1%	5.6%
NDH	8.0%	5.8%
PWH	4.3%	5.3%

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%
4. Doctors exclude Interns and Dental Officers.

f.

The table below sets out the average waiting time for A&E services in various triage categories in the A&E Departments of AHNH, NDH and PWH in 2019-20 (up to 31 December 2019):

Hospital	Average waiting time (minutes) for A&E services [Provisional figures]				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
AHNH	0	8	25	76	76
NDH	0	7	25	158	206
PWH	0	11	45	171	158

g.

The strike took place on 3 to 7 February 2020 and is not relevant to the current exercise on examining the estimates of expenditure for the year 2020-21.

Abbreviations

AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0483)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of Chinese Medicine Centres for Training and Research operated under a tripartite collaboration model,

please tabulate the number of attendances and types of consultation sought at each training and research centre in 2019-20;

please tabulate the number of attendances and types of consultation sought under the "integrated Chinese and Western medicine treatment" service at each training and research centre in 2019-20;

please tabulate by types of work the actual number of staff employed, the number of new recruits, the number of staff reduced through attrition, the number of retirees and the number of staff promoted at each training and research centre in 2019-20.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 50)

Reply:

The 18 Chinese Medicine Centres for Training and Research (renamed as Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) on 1 March 2020) have been established in each district to promote the development of "evidence-based" Chinese medicine (CM) and provide training placements for graduates of local CM degree programme. Each CMCTR operates on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. With CM incorporated as an integral part of the healthcare system in Hong Kong, the 18 CMCTRs are providing Government subsidised CM services at district level starting from March 2020.

The CM services provided by the 18 CMCTRs consist of CM general consultation and other CM services covering acupuncture, bone-setting and tui-na etc.

The attendances of the 18 CMCTRs in 2019 are as follows:

District	**Attendance (in 2019)**
Central & Western	58 805
Tsuen Wan	75 038
Tai Po	71 735
Wan Chai	55 004
Sai Kung	58 593
Yuen Long	83 099
Tuen Mun	64 844
Kwun Tong	68 003
Kwai Tsing	47 387
Eastern	54 795
North	81 868
Wong Tai Sin	58 360
Sha Tin	68 631
Sham Shui Po	66 436
Southern	59 250
Kowloon City	57 878
Yau Tsim Mong	50 685
Islands	49 732
Total	**1 130 143**

Note : The above attendances cover all kinds of CM services provided in the CMCTRs (i.e. CM general consultation services, acupuncture, bone-setting, tui-na, etc).

To help gather experiences in the operation of integrated Chinese-Western medicine (ICWM) and CM in-patient services, HA has been tasked to carry out the ICWM pilot project (pilot project). The pilot project was launched in phases to provide ICWM treatment for HA in-patients of selective disease areas, namely stroke care, musculoskeletal pain management and cancer palliative care.

Phase I of the pilot project was launched on 22 September 2014 and implemented at Tung Wah Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital (PYNEH) respectively. HA conducted an internal interim review to evaluate the implementation of both the clinical and operational frameworks, and the ICWM service model has been enhanced afterwards. With improvement measures introduced, Phase II was launched immediately after Phase I in seven public hospitals (including the three public hospitals of Phase I and four newly added hospital sites, namely Prince of Wales Hospital, Shatin Hospital, Princess Margaret Hospital and Kwong Wah Hospital).

As announced in the 2017 Policy Address, the Government has allocated resources for HA to continue to implement and expand the pilot project, in order to gather more experiences in the operation of ICWM and CM in-patient services. Phase III was launched in April 2018, in which one disease area on shoulder and neck pain care was added and implemented at PYNEH.

Up to 31 December 2019, the number of in-patient bed-days incurred is as follows:

Disease	Number of In-patient Bed-days
Stroke Care	15 209
Musculoskeletal Pain Management (Low back pain and Shoulder and neck pain)	2 767
Cancer Palliative Care	6 229
Total	**24 205**

Staff of the CMCTRs are employed by the respective operating NGOs. Based on the information provided by the NGOs, a total of 415 CM practitioners were employed at the 18 CMCTRs as at 31 December 2019.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)004

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0484)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Voluntary Health Insurance Scheme (VHIS), please provide in table form the numbers of VHIS subscribers and policies in the past 2 years.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 51)

Reply:

VHIS was fully implemented on 1 April 2019. As at end-September 2019, the number of VHIS policies was around 301 000.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)005

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0485)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the second stage of developing the Electronic Health Record Sharing System, please provide, in table form, the names of projects launched, their respective progress, anticipated dates of completion and amounts of expenditure incurred; and provide, in table form, the names of projects yet to commence, their respective anticipated dates of commencement and completion, and amounts of expenditure incurred.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 52)

Reply:

The Stage Two Development of the Electronic Health Record Sharing System (eHRSS), a five-year programme, has commenced since July 2017. All component-projects have commenced, with progress, anticipated dates of completion and estimated expenditure provided as follows –

	eHR Components	Progress	Anticipated Completion Date	Estimated Expenditure ($ million)
1	To broaden the scope of data sharing and develop the technical capability for sharing of radiological images and Chinese medicine information	Sharing of Chinese Medicine (CM) information is planned to be piloted in 2021. Sharing of radiological images is planned to be piloted in the first half of 2021.	Q1 2022	279.690

	eHR Components	Progress	Anticipated Completion Date	Estimated Expenditure ($ million)
2	To enhance patient's choice over the scope of data sharing and to facilitate patient access to the System	The sharing restriction feature is planned to be launched by the first half of 2021. Initial functions of the Patient Portal are planned to be launched by end 2020.	Q4 2021	78.580
3	To improve and enhance the core functionalities and security/privacy protection	More access control of data had been enabled. The development of enhancement work of security and privacy protection of the eHRSS is in progress.	Q1 2022	63.922
			TOTAL	**422.192**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.0486)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hospital Authority's provision of accident and emergency services, please tabulate, by month, the number of police officers who were injured on duty and sent to the hospital for treatment, the number of officers discharged on the same day, the number of officers admitted to the hospital and the average number of days hospitalised, and the number of officers who require long-term follow-up since June 2019.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.:53)

Reply:

The Hospital Authority does not maintain the requested statistics on police officers injured on duty.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.0488)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Public-Private Partnership (PPP) Programmes of the Hospital Authority, please provide, in table form, the expected and actual number of beneficiaries, and the expenditure involved for each PPP programme in each of the past 3 years.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 55)

Reply:

The Hospital Authority (HA) has implemented nine Public-Private Partnership (PPP) programmes since 2008, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP)[1], Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP) [2].

Service provisions and expenditure by PPP programme for 2017-18 are listed in the table below.

Programme	**2017-18**		
	Planned Provisions	**Actual Provisions**	**Actual Expenditure[3] ($ million)**
CSP	450 surgeries	465 surgeries	3.3
TSW PPP[1]	1 500 patients enrolled	1 618 patients enrolled	3.8

HD PPP	225 places	225 places	50.4
PEP	14 000 patients	17 979 patients	24.5
Radi Collaboration	19 590 scans	17 111 scans	37.2
GOPC PPP	19 131 participating patients	21 297 participating patients	46.6
Infirmary Service PPP	64 beds	64 beds	23.8
Colon PPP	1 130 colonoscopies	1 130 colonoscopies	16.9

Service provisions and expenditure by PPP programme for 2018-19 are listed in the table below.

Programme	**2018-19**		
	Planned Provisions	**Actual Provisions**	**Actual Expenditure[3] ($ million)**
CSP	500 surgeries	514 surgeries	2.9
HD PPP	246 places	246 places [4]	56.9
PEP	14 000 patients	16 826 patients	23.6
Radi Collaboration	20 200 scans	18 264 scans	36.7
GOPC PPP	29 926 participating patients	31 239 participating patients	72.2
Infirmary Service PPP	64 beds	64 beds[5]	24.1
Colon PPP	1 300 colonoscopies	1 332 colonoscopies	18.5

Service provisions and expenditure by PPP programme for 2019-20 are listed in the table below.

	2019-20	
Programme	**Planned Provisions**	**Projected Expenditure[3] ($ million)**
CSP	550 surgeries	3.4
HD PPP	267 places	62.3
PEP	14 000 patients	25.4
Radi Collaboration	20 200 scans	41.2

GOPC PPP	33 597 participating patients	90.7
Infirmary Service PPP	64 beds	25.0
Colon PPP	1 300 colonoscopies	21.2
Glaucoma PPP[2]	600 participating patients	1.5

Note:

1. The TSW PPP ended on 31 March 2018 and was migrated to the GOPC PPP on 1 April 2018.
2. Glaucoma PPP is a new clinical PPP launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by HA's ophthalmology specialist outpatient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community
3. Excluding expenditure on information technology and administration support.
4. Benefited 463 patients since programme launch in March 2010 and 278 patients in 2018-19 as at end of March 2019.
5. 106 applicants were offered placement since programme launch in September 2016 and 64 applicants stayed at the Service Unit of the Programme as at end of March 2019.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)008**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2429)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form a breakdown of the additional estimate of $4 billion for the Hospital Authority this year. How is such an increase determined? How to monitor the spending for the sake of cost-effectiveness? What are the increases in expenditures of the 18 Chinese medicine clinics in the past 3 years? What are the increases in salaries of the Chinese medicine practitioners and dispensers?

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 59)

Reply:

In determining the level of subvention for the Hospital Authority (HA), the Government will take into account a number of factors including the population growth and ageing in Hong Kong, the demand for public healthcare services, the need for service enhancement and the Government's overall fiscal position.

Recurrent subvention to the HA in 2020-21 amounts to $75.0 billion, representing an increase of 5.0% over the 2019-20 revised estimate ($71.4 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures:

(a) increasing 416 public hospital beds;

(b) enhancing the following manpower measures to retain staff and alleviate manpower pressure:

    (i) enhancement of opportunities for Associate Consultants to be promoted to Consultants;
    (ii) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;

(iii) provision of allowance for registered nurses who have attained recognised specialty qualifications;
(iv) continuation of enhancement measures for Patient Care Assistants, Operation Assistants and Executive Assistants; and
(v) continuation of recruitment of additional non-locally trained doctors under Limited Registration; and

(c) enhancing radiological imaging services; increasing the quotas for general outpatient clinics; providing additional specialist outpatient clinic attendances, etc.

Progress of the above programmes will be reported regularly to the HA Board and the Food and Health Bureau.

The 18 Chinese Medicine Centres for Training and Research (renamed as 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) on 1 March 2020) have been established to promote the development of "evidence-based" Chinese medicine (CM) and provide training placements for graduates of local CM degree programme. Each CMCTR operates on a tripartite collaboration model involving HA, a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. With CM incorporated as an integral part of the healthcare system in Hong Kong, the 18 CMCTRs are providing Government subsidised CM services at district level starting from March 2020.

The Government has earmarked $94.5 million in 2017-18, $112 million in 2018-19 and $147 million in 2019-20 for HA for the operation of the CMCTRs, maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of CM herbs, development and provision of training in "evidence-based" CM, enhancement and maintenance of the CM Information System.

The Chinese medicine practitioners and CM dispensers are the employees of the NGOs operating the CMCTRs. Their terms of employment and remuneration packages are determined by the NGOs.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)009

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0109)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding healthcare manpower,

I the description and grouping of targets and indicators of the manpower of "specialist", "non-specialist" and "nurse" under this Programme are revised this year. What are the details of the revisions?

II please set out the actual and estimated figures of the manpower of "specialist", "non-specialist" and "nurse" of the last three financial years based on the newly revised description and grouping.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 7)

Reply:

I

In this year's Controlling Officer's Report, description of some targets and indicators are revised for better lucidity. Revisions to the description of items under the section of Manpower are textual changes only. For medical staff, "no. of specialists" is revised to "specialist", and "no. of trainees / non-specialists" is revised to "non-specialist". As regards nursing staff, "qualified staff" is revised to "nurse".

II

The table below sets out the number of specialists, non-specialists and nursing staff in 2017-18, 2018-19 and 2019-20.

Grade	Number of Full Time Equivalent Staff as at 31 March		
	2017-18	**2018-19**	**2019-20 (Revised Estimate)**
Specialist	3 422	3 305	3 280
Non-specialist	2 436	2 658	2 850
Doctor Total	**5 858**	**5 963**	**6 130**
Nurse	25 303	26 220	27 170
Trainee	808	1 032	1 000
Nursing Total	**26 111**	**27 252**	**28 170**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0110)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

According to records, the strength of "specialists" and "non-specialists" under this programme was below the estimate in the past 3 years.

I Please list the number of newly recruited specialists and non-specialists and the expenditure involved in each of the past 3 years.

II Please list the number of specialists and non-specialists leaving the service and retired in each of the past 3 years.

III The estimated number of specialists for 2020-21 is lower than the revised estimate for 2019-20. What is the major reason for that? What are the specific criteria in devising the indicators?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 8)

Reply:

I

The table below sets out the number of intake of doctors of the Hospital Authority (HA) in the past 3 years.

	2017-18	**2018-19**	**2019-20 (April to December 2019)**
Total	518	571	552

The total salary expenditure of the intake of doctors is $317 million in 2017-18, $391 million in 2018-19 and $441 million in 2019-20 (full year projection).

Starting from 2018-19, 420 local medical graduates completing internship training with full registration by the Medical Council of Hong Kong are available annually for recruitment by

HA. The number of resident trainee posts in HA is increased accordingly to recruit and provide specialist training to all qualified local medical graduates for building up HA's medical workforce. Resident trainee would need to undergo around six to seven years of specialist training to become a specialist.

Note:
The total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death and disability benefit. The figures for 2019-20 represent full-year projection with annual pay adjustment.

II & III

The table below sets out the number of attrition of full-time doctors of HA and the corresponding number of retirees and non-retirees in the past 3 years.

	2017-18	**2018-19**	**2019-20 (Rolling 12 months from 1 January to 31 December 2019)**
Number of Retirees	67	60	51
Number of Non-retirees	269	314	313
Total	**336**	**374**	**364**

The projected decrease in the number of specialists in 2020-21 is mainly due to the higher attrition rate in recent years.

Note:

1. Intake refers to the total number of permanent and contract staff joining HA on headcount basis during the period. Transfer, promotion and staff movement within HA will not be regarded as intake.

2. Intake number of Doctors includes the number of Interns appointed as Residents.

3. Doctors exclude Interns and Dental Officers.

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

5. 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0111)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that District Health Centres (DHCs) will be set up in six districts in the coming two years, and about $600 million will be allocated to subsidise the setting up of "DHC Express" by non-governmental organisations (NGOs).

I Please set out the details of the plan for setting up six DHCs in the coming two years, including the locations, progress, time for completion and service commencement, and staff establishment.

II Please set out the details of the plan for setting up "DHC Express" in the coming two years, including the locations, progress, time for completion and service commencement, and staff establishment.

III Please set out the staff establishment responsible for the above two major activities in the Food and Health Bureau and the expenditure involved, with a breakdown by grade.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.:9)

Reply:

(1) Within the term of current Government, District Health Centres (DHCs) are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. The SSP DHC would be located in the Shek Kip Mei Estate Phase 6 Redevelopment, and the WTS DHC would be located in Diamond Hill Public Housing Development Phase I. We plan to identify suitable rental premises

for setting up DHCs in the remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for the other four DHCs in end 2020/early 2021.

(2) "DHC Express" is to be established in 11 districts (Wan Chai, Eastern, Central & Western, Yau Tsim Mong, Kwun Tong, Kowloon City, Tai Po, Islands, North, Shatin and Sai Kung) pending the establishment of DHCs.

Non-governmental organisations (NGOs) will be identified to operate "DHC Express" by way of invitation of proposals. The NGOs will propose the premises for "DHC Express" and the relevant costs would be accounted for within the approved funding. A consultation session was conducted in early January 2020 to collect views from NGOs on "DHC Express" including service scope, target participants, funding arrangement, as well as other key issues and concern. The Food and Health Bureau will continue to engage stakeholders with a view to inviting proposals for "DHC Express" in the third quarter of 2020. "DHC Express" in the various districts are targeted to commence services in 2021.

(3) 11 permanent civil service posts and 5 time-limited civil service posts with total annual staff cost of about $11 million will be created to support the development and the launching of the above mentioned 6 DHCs and 11 "DHC Express".

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1810)

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:

Regarding the Healthy Teeth Collaboration (HTC), please advise on:

I. the numbers of registrations and attendances, and the annual expenditure involved under the HTC in the past 2 years, broken down by year;

II. whether the Government has considered increasing the number of dental clinics providing services under the HTC? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 26)

Reply:

I. The Government launched a three-year programme named "Healthy Teeth Collaboration (HTC)" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows:

Financial Year	Annual Expenditure ($ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

II. Five non-governmental organisations had committed to provide dental service under the service agreement of HTC from 16 July 2018 to 15 July 2021. The Government

will work out the best way forward in meeting the dental care needs of the eligible users under HTC after completion of the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1811)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the promotion of organ donation, please provide:

I. The numbers of new registrations, withdrawals of registration and total registrations recorded in the Centralised Organ Donation Register in each of the past 5 financial years;

II. The numbers of organ donors and patients waiting for transplantation, their average waiting time and the longest waiting time in each of the past 5 financial years, with a breakdown by type of organ; and

III. The specific work plans and expenditure involved for the publicity efforts to be made by the Government in this financial year.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 27)

Reply:

I.

The number of registrations recorded in the Centralised Organ Donation Register (CODR) and withdrawal of registrations in the past 5 years are as follows –

	2015	**2016**	**2017**	**2018**	**2019**
Total number of registrations during the year	29 357	52 550	37 285	18 772	20 001
Cumulative total number of registrations	188 839	241 389	278 674	297 446	317 447
Total number of withdrawal of registrations during the year	185	751	1 513	266	524

Note: The total number of withdrawal of registrations have been deducted to give the total number of registrations during the corresponding year.

II.

The number of patients waiting for organ / tissue transplant, their average waiting time and the number of organ / tissue donations in the Hospital Authority (HA) in the past 5 years are as follows –

Year (as at December 31)	**Organ / Tissue**	**Number of Patients Waiting for Transplant**	**Average Waiting Time (months)** [Note 1]	**Number of Donations**
2015	Kidney	1 941	51	81
	Heart	36	16.1	14
	Lung	16	15.4	13
	Liver	89	43	59
	Cornea (piece)	374	24	262
	Bone	NA [Note 2]		4
	Skin			10
2016	Kidney	2 047	52	78
	Heart	50	16	12
	Lung	19	12.9	9
	Liver	89	42.9	73
	Cornea (piece)	298	15	276
	Bone	NA [Note 2]		1
	Skin			10
2017	Kidney	2 153	51	78
	Heart	48	21.7	13
	Lung	20	9.3	13
	Liver	87	42	74
	Cornea (piece)	273	11	367
	Bone	NA [Note 2]		3
	Skin			11
2018	Kidney	2 237	52	76
	Heart	51	22	17
	Lung	19	13.1	7
	Liver	69	43.2	53
	Cornea (piece)	274	12	346
	Bone	NA [Note 2]		0
	Skin			10
2019	Kidney	2 268	54	57
	Heart	54	26	8
	Lung	24	15	7

Year (as at December 31)	Organ / Tissue	Number of Patients Waiting for Transplant	Average Waiting Time (months) Note 1	Number of Donations
	Liver	60	43.8	43
	Cornea (piece)	269	11	324
	Bone	NA Note 2		1
	Skin			5

Note:
(1): "Average waiting time" is the average of the waiting time for patients on the organ / tissue transplant waiting list as at the end of that year.
(2): NA = Not Applicable. 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 / tissue donation waiting list.

III.

Over the years, the Food and Health Bureau, together with the Department of Health (DH) and HA, have been making continuous efforts to promote organ donation on various fronts in collaboration with community partners. These include: (1) promotion booths/ promotion activities in the 9 Smart Identity Card Replacement Centres; (2) institution-based networking by working with signatories of the Organ Donation Promotion Charter and supporters to promote organ donation and to encourage registration in the CODR; (3) public education through exhibitions, talks and seminars; (4) publicity campaigns using various channels, e.g. television, radio, newspapers, Internet etc; (5) e-engagement of the public by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK"; (6) development of promotional materials and distributing them in various occasions and events; and (7) organisation of large-scale activities. The expenditure and manpower on the publicity for organ donation cannot be separately identified as it is absorbed by the DH's overall provision for health promotion.

In line with DH's strategies and initiatives of promoting organ donation, HA has been organising various activities and appreciation events, which include (1) providing publicity and education videos and a hyperlink to the CODR website on a designated webpage in HA's internet and intranet websites; (2) promoting organ donation on HA's social media platform (e.g. Facebook); (3) media pitching about organ donation and articles on various media platforms; (4) setting up promotion booths in various HA hospitals and outpatient clinics, (5) inviting summer volunteers to participate in organ donation promotion activities, (6) supporting DH in the publicity work on the Organ Donation Day and (7) promulgating the Paired Kidney Donation Pilot Programme to the renal community and the general public through different channels, etc.. The expenditure on the publicity for organ donation cannot be separately identified as it is absorbed by HA's overall provision of healthcare services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1812)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government stated earlier that the results of the new round of healthcare manpower projection would be announced this year. Please advise on the following:

I. What are the specific work done and manpower deployed by the Food and Health Bureau for this item in this year?

II. Are the projection model and methodology used in the first round of healthcare manpower projection still adopted in the new round?

III. Are the healthcare professionals required for the development of primary medical service included for consideration in the new round of healthcare manpower projection? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 28)

Reply:

The Government has commissioned the University of Hong Kong ("HKU") to conduct a new round of manpower projection exercise to update the demand and supply projections of the 13 healthcare professions. The Food and Health Bureau briefed Members of the Legislative Council Panel on Health Services on the new round of healthcare manpower projection on 13 December 2019 (LC Paper No. CB(2)349/19-20(03)). At bureau level, the additional workload arising from the projection exercise will be absorbed by existing manpower resources.

In the previous manpower projection exercise, HKU developed a generic forecasting model that suits the local circumstances and could be adaptable to cater for differences in utilisation patterns among individual professions. The same model will be used in the new manpower projection exercise with 2017 as the base year. Under this model, demographic changes and other relevant factors, including the known and planned services and developments, the requirements of public and private healthcare, social welfare and

education sectors, as well as the demand for primary, secondary and tertiary care services in Hong Kong will be incorporated.

HKU will also address in the present exercise some specific requirements of various healthcare professions suggested during the last round of manpower projection. For instance, HKU will attempt to (a) conduct manpower projection for specialist doctors and dentists; and (b) differentiate workforce skills mix for registered nurses ("RN") and enrolled nurses ("EN") in order to conduct manpower projections for RN and EN respectively.

HKU is now collating profession-specific service utilisation data for the purpose of making projections. The Food and Health Bureau and HKU will conduct engagement sessions with all the 13 healthcare professions. Feedback from stakeholder groups will be incorporated in the projection exercise as appropriate. The projection exercise is expected to be completed before end 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1813)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding inpatient services with Integrated Chinese-Western Medicine (ICWM) treatment, please set out:

I. the number of attendances, average number of inpatient days and average medical spending of patients receiving ICWM services for stroke care, low back/shoulder and neck pain care, and cancer palliative care in the past 3 years by hospital; and

II. the staff establishment of each hospital for providing the relevant ICWM services in the past 3 years by grade, together with the expenditure involved.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 5)

Reply:

To help gather experiences in the operation of integrated Chinese-Western medicine (ICWM) and Chinese medicine (CM) in-patient services, the Hospital Authority (HA) has been tasked to carry out the ICWM pilot project (pilot project). The pilot project was launched in phases to provide ICWM treatment for HA in-patients of selective disease areas, namely stroke care, musculoskeletal pain management and cancer palliative care.

Phase I of the pilot project was launched on 22 September 2014 and implemented at Tung Wah Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital respectively. HA conducted an internal interim review to evaluate the implementation of both the clinical and operational frameworks, and the ICWM service model has been enhanced afterwards. With improvement measures introduced, Phase II was launched immediately after Phase I in seven public hospitals (including the three public hospitals of Phase I and four newly added hospital sites, namely Prince of Wales Hospital, Shatin Hospital, Princess Margaret Hospital and Kwong Wah Hospital).

As announced in the 2017 Policy Address, the Government has allocated resources for HA to continue to implement and expand the pilot project. Phase III was launched in April

2018, in which one disease area on shoulder and neck pain care was added and implemented at Pamela Youde Nethersole Eastern Hospital.

Under ICWM pilot programme, each involved hospital would arrange Western medicine team to facilitate the service provided by CM practitioners for in-patient care.

The accumulated expenditure incurred by the pilot project up to 31 December 2019 was $73.1 million.

Up to 31 December 2019, the number of in-patient bed-days incurred is as follows.

Disease	**Number of in-patient bed-days**
Stroke Care	15 209
Musculoskeletal Pain Management (Low back pain and Shoulder and neck pain)	2 767
Cancer Palliative Care	6 229
Total	**24 205**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1827)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that as the social incidents and the novel coronavirus epidemic have affected the mental health of many people in Hong Kong, sufficient resources will be allocated to the Food and Health Bureau and the Labour and Welfare Bureau for providing appropriate support to people suffering from mental distress.

I. What kind of support will be provided to these people this year? What are the details and expenditure involved?
II. Does the Government has any plan to conduct a mental health general survey and related service demand survey in view of the impact of the social incidents and the novel coronavirus epidemic? If yes, what are the details (including the content, timetable and expenditure)? If not, what are the reasons?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 43)

Reply:

I. The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress, as well as links to related websites for those in need of assistance. Hospital Authority is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen

the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

II. In order to gather more comprehensive information on the mental health status of the Hong Kong population, FHB has commissioned two universities to conduct three territory-wide mental health prevalence surveys covering children, adolescents and the elderly. The details of the surveys are as follows –

Target group	**Commencement date**	**Tentative project duration (as at March 2020)**	**Approved amount**
School-based children and adolescents aged 6 to 17	February 2019	30 months	$20 million
Youth aged 15 to 24	May 2019	36 months	$15 million
Elderly aged 60 or above	February 2019	33 months	$15 million

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)017

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1831)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the child and adolescent (C&A) psychiatric services of the Hospital Authority (HA),

1. please provide, by hospital cluster, the numbers of doctors providing C&A psychiatric services in the HA in each of the past 5 years;

2. please set out in the table below the numbers of patients receiving C&A psychiatric treatments in each hospital cluster, and the median and longest waiting times for Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases in each of the past 5 years; and

3. please set out in the table below the numbers of patients receiving C&A psychiatric treatments in each hospital cluster, and the median and longest waiting times for Routine (stable) cases in each of the past 5 years.

		Attention-deficit hyperactivity disorder	Autism spectrum disorder	Behavioural and emotional disorders	Anxiety-related disorders	Depression	Bipolar affective disorder	Schizophrenic spectrum disorder
Year	HKEC							
	HKWC							
	KEC							
	KCC							
	KWC							
	NTEC							
	NTWC							
	Overall							

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

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 47)

Reply:

1.
The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, the manpower for supporting individual psychiatric services cannot be separately quantified.

The table below sets out the number of psychiatric doctors working in psychiatric stream in HA in the past five years.

Year	**Psychiatric doctors**[1 & 2]
2015-16	344
2016-17[3]	349
2017-18[3]	347
2018-19[3]	351
2019-20[3] (as at 31 December 2019)	368

Note:
1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns.
3. Starting from 2016-17, psychiatric doctors also include doctors working in Siu Lam Hospital.

2. & 3.
The table below sets out the number of psychiatric patients aged below 18 treated and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders in each hospital cluster under HA from 2015-16 to 2019-20 (projection as of 31 December 2019).

Cluster[#]		Number of psychiatric patients aged below 18 [1,2]	Number of patients aged below 18 diagnosed with[8]				
			Autism spectrum disorder	Attention-deficit hyperactivity disorder	Behavioural and emotional disorders	Schizophrenic spectrum disorder	Depression/ Depressive disorders
2015-16	HKEC[5]	4 900	2 000	2 300	400	<50	100
	HKWC[5]						
	KCC[6]	9 000	2 500	3 400	400	200	100
	KWC[6]						
	KEC	4 300	1 800	1 900	400	100	100
	NTEC	6 400	1 700	1 400	100	<50	100
	NTWC	4 400	1 400	2 100	300	<50	100
	Overall	**28 800**	**9 300**	**11 100**	**1 600**	**400**	**400**
2016-17	HKEC[5]	5 500	2 200	2 600	400	<50	100
	HKWC[5]						
	KCC[6]	10 000	2 800	4 000	400	200	200
	KWC[6]						
	KEC	4 900	1 900	2 000	400	100	100
	NTEC	7 300	2 000	1 800	100	<50	100
	NTWC	4 700	1 600	2 300	300	<50	100
	Overall	**32 300**	**10 400**	**12 700**	**1 700**	**400**	**600**
2017-18	HKEC[5]	6 300	2 500	3 000	400	<50	100
	HKWC[5]						
	KCC[6]	10 700	3 100	4 300	400	200	300
	KWC[6]						
	KEC	5 400	2 000	2 200	500	<50	100
	NTEC	7 700	2 500	2 100	100	100	100
	NTWC	5 100	1 700	2 500	300	100	100
	Overall	**34 900**	**11 800**	**14 000**	**1 700**	**400**	**800**
2018-19	HKEC[5]	7 100	3 100	3 600	600	<50	200
	HKWC[5]						
	KCC[6]	11 100	3 300	4 700	500	200	400
	KWC[6]						
	KEC	5 800	2 100	2 300	500	100	100
	NTEC	8 400	3 100	2 900	300	100	100
	NTWC	5 800	2 000	2 700	300	<50	200
	Overall	**37 900**	**13 400**	**16 100**	**2 200**	**400**	**1 000**
2019-20 (projection as of 31 December 2019)	HKEC[5]	7 700	3 300	3 900	800	<50	200
	HKWC[5]						
	KCC[6]	11 300	3 300	4 800	600	100	400
	KWC[6]						
	KEC	6 000	2 100	2 400	500	<50	100
	NTEC	8 700	3 300	3 100	300	<50	100
	NTWC	6 100	2 100	2 800	400	<50	200
	Overall	**39 700**	**14 100**	**17 000**	**2 600**	**300**	**1 000**

Note:

1. Including inpatients, patients at specialist outpatient (SOP) clinics and day hospitals.
2. Refer to age as at 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.
5. The majority of the child and adolescent (C&A) psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
6. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
7. In HA, severe mental illness is generally referred to patients suffered from schizophrenic spectrum disorder. Other severely mentally ill patients suffered from other diagnosis are excluded.
8. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.

The tables below set out the number of C&A psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

Cluster [#]	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 [1] / HKWC [1]	12	2	84	3	2 711	95
KCC [2] / KWC [2]	38	1	245	4	3 679	41
KEC	32	1	135	5	1 764	83
NTEC	120	1	190	5	1 891	84
NTWC	0	N/A	261	1	1 427	86

2016-17

Cluster [#]	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 [1] / HKWC [1]	21	<1	97	3	2 264	80
KCC [2] / KWC [2]	70	1	264	4	3 574	57
KEC	17	1	158	2	1 407	96
NTEC	159	1	135	3	2 001	133
NTWC	0	N/A	221	4	1 286	87

2017-18

Cluster [#]	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 [1] / HKWC [1]	14	<1	131	4	1 445	96
KCC [2] / KWC [2]	45	1	195	3	3 131	74
KEC	20	<1	173	5	1 527	115
NTEC	105	1	245	5	2 025	119
NTWC	55	1	163	6	1 443	92

2018-19

Cluster	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[1] / HKWC[1]	16	<1	165	4	1 556	82
KCC[2] / KWC[2]	51	1	205	3	3 499	89
KEC	22	<1	191	1	1 511	96
NTEC	119	1	207	4	2 332	86
NTWC	74	1	162	5	1 853	70

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	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[1] / HKWC[1]	3	1	133	5	1 059	83
KCC[2] / KWC[2]	33	<1	204	3	2 975	113
KEC	13	<1	95	<1	1 381	93
NTEC	139	1	193	4	1 884	86
NTWC	75	1	129	4	1 356	73

The table below sets out the 90th percentile waiting time (weeks) of C&A psychiatric new cases in each hospital cluster under HA from 2015-16 to 2019-20 (up to 31 December 2019).

Cluster[#]	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
HKEC[1]	171	131	128	101	98
HKWC[1]					
KCC[2]	72	70	83	101	125
KWC[2]					
KEC	99	101	124	144	100
NTEC	128	170	140	116	99
NTWC	104	99	99	97	74

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
3. HA uses 90th percentile to denote the longest waiting time for SOP service.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

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. 1833)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the treatment of seasonal influenza in public hospitals, please provide the following information:
I. a breakdown by age group of the numbers of accident and emergency attendances, admissions and deaths with principal diagnosis of influenza in each of the past 5 years;
II. a breakdown by age group of the numbers of patients with and without influenza vaccination among the admissions and deaths with principal diagnosis of influenza in each of the past 5 years; and
III. a breakdown by cluster of the numbers of additional beds, time-limited and temporary, provided in each hospital under the Hospital Authority during surge periods in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 49)

Reply:

I. and II.

The table below sets out the number of admissions and deaths with principal diagnosis of influenza among hospitalised patients in the Hospital Authority (HA), with breakdowns by age group, in the past 5 years.

Year	Age Group	Number of admissions with principal diagnosis of influenza*	Number of deaths with principal diagnosis of influenza*
2015	<18 years old	1 928	0
	18-64 years old	1 726	9
	65 years old or above	6 090	223
	All ages	**9 744**	**232**
2016	<18 years old	3 282	0
	18-64 years old	1 698	16

Year	Age Group	Number of admissions with principal diagnosis of influenza*	Number of deaths with principal diagnosis of influenza*
	65 years old or above	2 672	76
	All ages	**7 653**	**92**
2017	<18 years old	3 898	1
	18-64 years old	2 612	10
	65 years old or above	6 021	159
	All ages	**12 531**	**170**
2018	<18 years old	4 736	0
	18-64 years old	2 669	19
	65 years old or above	4 058	134
	All ages	**11 464**	**153**
2019	<18 years old	4 910	0
	18-64 years old	3 176	19
	65 years old or above	3 837	131
	All ages	**11 923**	**150**

* The sum of breakdowns may not equal to the total number of admissions for all ages due to cases with unknown date of birth.

Note:
The annual variation in the number of deaths and admissions with principal diagnosis of influenza may be related to multiple factors, for example, the predominance of different circulating strains of influenza viruses which affects different age groups, and the effectiveness of the seasonal influenza vaccines.

The number of accident and emergency attendances by diagnosis and breakdown of the above service statistics by vaccination history are not readily available.

III.

To meet the rising demand from the ageing population, HA has opened 250, 231, 229, 574 and 506 additional beds in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 respectively. Opening of these new beds is crucial in alleviating hospitals' pressure especially during the service demand surge. The table below sets out the respective number of hospital beds opened in each cluster from 2015-16 to 2019-20.

Cluster	Number of hospital beds opened				
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**
HKEC	21	20	20	72	71
HKWC	–	–	–	6	19
KCC	–	24	26	49	80
KEC	36	16	58	126	86
KWC	–	–	8	104	78
NTEC	71	62	58	125	67
NTWC	122	109	59	92	105
Total	**250**	**231**	**229**	**574**	**506**

In addition, hospitals will add temporary beds during influenza season to cope with increased demand as required. For example, in January 2020, the average daily number of temporary beds added was around 960.

Note:
Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

Abbreviations

HKEC – Hong Kong East Cluster
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CONTROLLING OFFICER'S REPLY

(Question Serial No. 1834)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures taken by the Hospital Authority to deal with the surge periods, please provide the following figures by hospital cluster (including all clusters as a whole) for each of the past 3 years:
I. the number of staff joining the Special Honorarium Scheme in each grade, average rate of allowance, median allowance and total expenditure on the allowance; and
II. the number of staff rehired under the Special Retired and Rehire Scheme in each grade, average salary, median salary and total expenditure on the scheme.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 50)

Reply:

I.

The Special Honorarium Scheme (SHS) of the Hospital Authority (HA) aims to address the issue of short-term manpower constraint and can be utilised to respond promptly to crisis situation and to facilitate operation of extra service sessions to meet operational needs under special projects. A special honorarium, calculated based on 1/140 of the employees' current basic salary, will be paid to employees who join the SHS outside normal work hours on a voluntary basis. To encourage more staff to work during the surge period with significant increase in workload anticipated, the rate of SHS allowance has been adjusted by a 10% increase for all winter surge programmes and a 20% increase for special winter surge programmes in 2019-20 winter surge period.

The tables below provide the number of "medical", "nursing", "allied health" (AH), "care-related support staff", "management personnel", "professionals/administrator" and "other support staff" in HA who received payment for SHS and the amount involved in 2017-18, 2018-19 and 2019-20 (full year projection).

2017-18

Staff Group	No. of Staff	Payment for SHS ($million)
Medical	2 287	106.1
Nursing	8 115	124.3
AH	1 829	19.4
Care-related Support Staff	3 939	29.9
Management Personnel	2	0.3
Professionals / Administrator	3	<0.1
Other Support Staff	2 139	12
Total	**18 314**	**292**

2018-19

Staff Group	No. of Staff	Payment for SHS ($million)
Medical	2 676	139.5
Nursing	10 517	201.9
AH	2 401	27.3
Care-related Support Staff	5 664	60.8
Management Personnel	3	0.2
Professionals / Administrator	12	0.1
Other Support Staff	3 302	25.4
Total	**24 575**	**455.2**

2019-20 (Full-year projection)

Staff Group	No. of Staff	Payment for SHS ($million)
Medical	3 224	238.9
Nursing	10 702	253.5
AH	2 356	31.9
Care-related Support Staff	5 777	80.0
Management Personnel	3	0.1
Professionals / Administrator	32	0.2
Other Support Staff	3 344	33.4
Total	**25 438**	**638.0**

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, 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 participating in SHS may include Cluster Executives, Hospital Chief Executives, Principal Executive Officers, Executive Managers / Senior Executive Managers with clinical background etc. The SHS participated by "management personnel" group are clinical projects.

(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, Clerical Assistants, Data Processors, Operation Assistants, Executive Assistants, etc.

(8) Payment for SHS for 2019-20 represents full year projection with annual pay adjustment.

II.

The Special Retired and Rehire Scheme was first implemented in 2015-16 to rehire suitable serving doctors, nurses, AH professionals and supporting staff upon their retirement or completion of contract at / beyond their normal retirement age, for retaining suitable expertise for training and knowledge transfer, and alleviating manpower pressure. This special scheme supports re-employment of retired staff without creating promotion blockage to serving staff by creation of supernumerary posts.

As at 31 December 2019, 67 doctors, 125 nurses and 15 AH professionals were rehired after retirement and serving in HA. On the other hand, 2 242 supporting/other grades staff rejoined after retirement to fill existing vacancies and were serving in HA as at 31 December 2019. The table below sets out the detailed breakdown by clusters, the average and median salaries of retired staff re-employed by HA as at 31 December 2019.

	Number of Rehired Retired staff in HA (serving as at 31 December 2019 by clusters)								**Total**	**Monthly Basic Salary ($)** Note (1)	
	HAHO	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**		**Average**	**Median**
Doctors	1	11	5	14	13	9	6	8	**67**	182,165	181,650
Nurses	0	18	12	36	10	12	15	22	**125**	58,110	61,060
Allied Health Professionals	0	1	1	7	3	2	1	0	**15**	74,045	70,590
Supporting / Other Grades staff	9	280	247	427	245	356	390	288	**2242**	17,557	16,847

The total salary expenditure of doctors, nurses, AH professional and supporting / others grades staff being rehired after retirement was $459.4 million in 2017-18, $584.6 million in 2018-19 and $884.4 million in 2019-20 (full year projection). **Note (2)**

Note:

(1) The basic salaries for 2019-20 are based on actual figures as at December 2019. Annual pay adjustment has not been incorporated.

(2) The total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death and disability benefit. The figure for 2019-20 represents full-year projection with annual pay adjustment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2350)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the child and adolescent (C&A) psychiatric services of the Hospital Authority (HA),

1. please provide the healthcare staff establishment of C&A psychiatric services of the HA and the expenditure involved; and

2. please set out in the table below the numbers of "confirmed cases" and "cases receiving treatment" by age group (0-5, 6-12, 13 or above) in each of the past 5 years.

		Attention-deficit hyperactivity disorder	Autism spectrum disorder	Behavioural and emotional disorders	Anxiety-related disorders	Depression	Bipolar affective disorder	Schizophrenic spectrum disorder
2014-15	Aged 0 – 5							
	Aged 6 – 12							
	Aged 13 or above							
	Overall							
2015-16	Aged 0 – 5							
	Aged 6 – 12							
	Aged 13 or above							
	Overall							
2016-17	Aged 0 – 5							
	Aged 6 – 12							
	Aged 13 or above							
	Overall							

2017-18	Aged 0 – 5							
	Aged 6 – 12							
	Aged 13 or above							
	Overall							
2018-19	Aged 0 – 5							
	Aged 6 – 12							
	Aged 13 or above							
	Overall							

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 52)

Reply:

1. The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, the manpower and expenditure for supporting individual psychiatric services cannot be separately quantified.

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 psychiatric stream in HA as at 31 December 2019:

	Psychiatric doctors [1, & 2]	**Psychiatric Nurses** [1 & 3] **(including Community Psychiatric Nurses)**	**Community Psychiatric Nurses** [1] **(CPNs)**	**Allied Health Professionals**		
				Clinical Psychologists[1]	**Medical Social Workers** [4]	**Occupational Therapists** [1]
2019-20 (as at 31 December 2019)						
Total	**368**	**2 806**	**132**	**97**	**249**	**285**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding those in the HA Head Office.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns.
3. Psychiatric nurses include all nurses working in psychiatric 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.
4. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department.

The total expenditure for providing mental health services in 2019-20 is $5,611 million (revised estimate). The expenditure includes direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). Cost breakdown for the child and adolescent psychiatric services is not available.

2. The table below sets out the number of psychiatric patients aged below 18 who were treated in HA and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders by age group from 2015-16 to 2019-20 (projection as of 31 December 2019).

		Number of psychiatric patients aged below 18 [1,2,3]	**Number of patients aged below 18 diagnosed with[5]**				
			Autism spectrum disorder	**Attention-deficit hyperactivity disorder**	**Behavioural and emotional disorders**	**Schizophrenic spectrum disorder**	**Depression/ Depressive disorders**
2015-16	Aged [2] below 6	2 870	1 720	200	50	0	0
	Aged [2] from 6 to 11	15 170	4 870	6 670	680	10	20
	Aged [2] from 12 to 17	10 780	2 660	4 260	900	350	430
	Total[4]	**28 810**	**9 260**	**11 140**	**1 620**	**360**	**450**
2016-17	Aged [2] below 6	3 450	1 810	240	30	0	0
	Aged [2] from 6 to 11	16 680	5 520	7 540	740	10	20
	Aged [2] from 12 to 17	12 170	3 050	4 940	920	360	590
	Total[4]	**32 310**	**10 380**	**12 720**	**1 700**	**370**	**610**
2017-18	Aged [2] below 6	3 450	2 060	240	40	0	0
	Aged [2] from 6 to 11	17 660	6 170	8 100	720	10	20
	Aged [2] from 12 to 17	13 830	3 540	5 690	950	370	740
	Total[4]	**34 940**	**11 780**	**14 020**	**1 700**	**380**	**760**
2018-19	Aged [2] below 6	3 510	2 140	260	50	0	0
	Aged [2] from 6 to 11	18 980	7 070	8 970	1 010	10	20
	Aged [2] from 12 to 17	15 420	4 200	6 890	1 160	350	980
	Total[4]	**37 910**	**13 410**	**16 120**	**2 210**	**360**	**1 000**

		Number of psychiatric patients aged below 18 [1,2,3]	Number of patients aged below 18 diagnosed with[5]				
			Autism spectrum disorder	Attention-deficit hyperactivity disorder	Behavioural and emotional disorders	Schizophrenic spectrum disorder	Depression/ Depressive disorders
2019-20 (projection as of 31 December 2019)	Aged [2] below 6	3 090	1 780	190	50	0	0
	Aged [2] from 6 to 11	19 890	7 630	9 030	1 280	<5	20
	Aged [2] from 12 to 17	16 740	4 720	7 730	1 270	290	980
	Total[4]	**39 720**	**14 130**	**16 960**	**2 590**	**290**	**1 000**

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Referring to age of the patients as at 30 June of the respective year.
3. Figures are rounded to the nearest ten.
4. Individual figures may not add up to total due to rounding.
5. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2352)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the supervision of the implementation of the Voluntary Health Insurance Scheme (VHIS), will the Government advise this Committee on the following:

I. the timetable, details and approach for conducting a comprehensive review of the VHIS; and

II. given that the Food and Health Bureau stated in January this year that the number of policies under Certified Plans had exceeded 300 000 as at the end of last September, whether such number has met expectations; what criteria are used to determine the number of policies purchased is high or not; and whether future targets have been set on the registration number.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 51)

Reply:

The VHIS was fully implemented in April 2019. As at end-September 2019, the number of policies was around 301 000.

Before the launch of the VHIS, our independent consultant estimated that about 1 million people would purchase Certified Plans under the VHIS within the first two years of implementation. In view of the recent social incident and the coronavirus epidemic, we expect the overall market situation for medical insurance including VHIS to slow down. Notwithstanding this, we believe that public awareness on healthcare needs and medical protection would increase in the long run, and remain cautiously optimistic in meeting the original target. When more market data is available, we would review the effectiveness and attractiveness of VHIS.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)022

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2353)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Advisory Committee on Mental Health,

I. what are the major objectives of the Committee in the coming year?

II. what were the number of meetings held by the Committee in the past year and the average, highest and lowest attendance rate of the members?

III. what are the expenditures and supporting staff involved in the operation of the Committee?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.:54)

Reply:

I. In 2020-21, the Advisory Committee on Mental Health (Advisory Committee) will continue to follow up on and monitor the implementation of the recommendations of the Mental Health Review Report. It will also continue to assist the Government in developing strategies and measures, covering but not limited to mental health prevalence surveys, mental health promotion, children and adolescent mental health services, adult mental health services, rehabilitation services and carer support services, as well as mental health concerns arising from the social incidents and under the current epidemic, with a view to further enhancing the mental health services in Hong Kong.

II. The Advisory Committee conducted 16 meetings during its first two-year term from December 2017 to November 2019, with individual groups of members meeting over

20 times in between the meetings of the Advisory Committee to discuss various issues relating to the mental health needs of persons of different age groups. The average attendance rate of members for the meetings of the Advisory Committee was over 80%, with attendance rates attaining 100% the highest and about 54% the lowest.

III. The support to the Advisory Committee has been absorbed by existing resources. In 2020-21, one Executive Officer II post with an annual personal emolument of about $0.5 million will be provided to strengthen the secretariat support for the Advisory Committee.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3280)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Pilot Accredited Registers Scheme for Healthcare Professions (the AR Scheme), please advise on the following:

I Please set out the professional bodies which have completed the accreditation process since the implementation of the AR Scheme and the time required for each professional body to complete the whole accreditation process starting from the time of application.

II What is the specific plan of the relevant work for the coming year? Which professions are expected to commence or/and complete the accreditation process, and the estimated expenditures involved?

Asked by: Hon CHAN Hoi-yan(LegCo internal reference no.:55)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong has been appointed as the independent Accreditation Agent of the AR Scheme.

(I)

The application for the AR Scheme was closed in February 2017. The Government announced in June 2017 that the Accreditation Agent considered that five healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, were preliminarily assessed to meet the criteria for accreditation process under the AR Scheme. The accreditation assessment of these professions were conducted in phases between the third quarters of 2017 and 2019, with relevant training support provided by the Accreditation Agent. These professions have

subsequently passed accreditation assessments and were granted full accreditation status. Details are set out in the following table –

Accredited Professional Bodies	**Date of Award of Accreditation Status**
Hong Kong Institute of Speech Therapists	19 April 2018
Hong Kong Institute of Audiologists	30 November 2018
Hong Kong Academy of Accredited Dietitians	31 October 2019
Hong Kong Association of Educational Psychologists	
Hong Kong Institute of Clinical Psychologists	

(II)

The Accreditation Agent will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

Publicity on the AR Scheme will continue in the coming year via publication of articles and distribution of leaflets. In 2020-21, $7.6 million will be provided for DH to take forward the AR Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0973)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Programme (2) that the Hospital Authority (HA) will focus on 4 priority areas in the coming year: (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. However, a great number of policies cannot be implemented if there are insufficient healthcare professionals. In this connection, please inform this Committee of the details of training of healthcare professionals. Besides, given the need for the HA to fight against the epidemic, has any of the above plans been disrupted? What are the response strategies of the HA in this regard?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 21)

Reply:

The Hospital Authority (HA) has implemented various measures to enhance training for doctors, nurses, allied health professionals and supporting staff. Major measures include enhancing simulation training to build up the competencies of healthcare professionals, sponsoring healthcare professionals for overseas training, organising Registered Nurse and Enrolled Nurse training programmes, and providing corporate training programmes for supporting staff.

From 2018-19 onwards, an additional recurrent funding of about $200 million has been allocated to HA to enhance healthcare professional training primarily in the 3 training priority areas of service development, professional development, and job/operations requirements.

In view of the activation of Emergency Response Level at public hospitals since 25 January 2020 and the development of the Coronavirus 2019 pandemic, a number of local and overseas training activities scheduled in 2019-20 have been cancelled or deferred in light of the Government's advice on social distancing to reduce potential infection risk.

Alternative modes of training delivery, such as video conferencing and online training, are being adopted as far as practicable. HA would continue to closely monitor and review the latest development of the pandemic for further planning on the arrangement of staff training activities along with the infection control safety measures.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)025

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0974)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in Programme (2) that in the coming year the Hospital Authority ("HA") will continue to make use of investment returns generated from the $10 billion Public-Private Partnership ("PPP") Endowment Fund allocated to HA to operate clinical PPP programmes. In this connection, please inform this Committee of the number of PPP projects launched by HA in the past year and their outcomes, and whether HA will increase the number of PPP projects in the coming year.

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 22)

Reply:

In 2019-20, the Hospital Authority (HA) implemented eight Public-Private Partnership (PPP) programmes, namely the Cataract Surgeries Programme (CSP), Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP).

Glaucoma PPP is a new clinical PPP programme launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by HA's ophthalmology specialist outpatient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community. For 2019-20, the planned provision is 600 participating patients.

HA will carefully consider relevant factors when exploring new PPP programmes, including the potential complexity of the programmes, and the capacity and readiness of the private sector. HA will continue to communicate with the public and patient groups, and will

work closely with stakeholders to explore the feasibility of introducing other PPP programmes.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)026

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1040)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned in Programme (1) that the Government would continue to oversee the implementation of the Voluntary Health Insurance Scheme (VHIS). According to the latest information, about 300 000 members of the public have joined the scheme within the first half year since its implementation, and nearly half of the policyholders are young people aged below 40. This indicates that young people are concerned of medical protection and the overall response to the VHIS is good. In this connection, will the Government please inform this Committee when it will review the VHIS and put forward enhancement proposals, with particular emphasis on meeting the pressing demand of young people for medical protection?

Asked by: Hon CHAN Kin-por (LegCo internal reference no.:20)

Reply:

VHIS was fully implemented on 1 April 2019. As at end-September 2019, the number of VHIS policies was around 301 000, among which around one-third of the insured were aged below 30, and nearly half of the insured were aged below 40.

We have been closely monitoring the implementation of VHIS and the market response. When more market data is available, we would review the effectiveness and attractiveness of the VHIS, taking into account the concerns and needs of different age groups, among other considerations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1508)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government will continue to allocate resources to promote district-based primary healthcare services, with a view to enhancing the public's capability in self health management and providing community support for chronic patients. In this connection, will the Government inform this Committee of:

(1) the details of the plan to establish District Health Centres (DHCs) in 6 other districts following the setting up of the first DHC in Kwai Tsing District in the coming 2 years, including the locations, timetables, manpower, as well as a detailed breakdown of the estimated expenditure; and

(2) the details of the plan to set up interim DHC Expresses in the remaining 11 districts, including the locations, timetables, manpower, as well as a detailed breakdown of the estimated expenditure?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 1)

Reply:

(1) Within the term of the current Government, District Health Centres (DHCs) will be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. The SSP DHC would be located in the Shek Kip Mei Estate Phase 6 Redevelopment, and the WTS DHC would be located in Diamond Hill Public Housing Development Phase I. We plan to identify suitable rental premises for setting up DHCs in the above remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

The minimum number of staff required in the core team of the WTS and SSP DHCs as set out in the tender document is listed below-

Executive Director	1
Chief Care Coordinator	1
Care Coordinators	5
Nurses	3
Physiotherapists	2
Occupational Therapists	2
Pharmacist	1
Social Workers	3
Dietitian	1
Administrative Staff	8

(2) Non-governmental organisations (NGOs) will be identified to operate "DHC Express" by way of invitation of proposals. The NGOs will propose of the premises for "DHC Express" and the relevant costs would be accounted for within the approved funding. The Food and Health Bureau plans to invite proposals for "DHC Express" in the third quarter of 2020. The "DHC Express" in the 11 districts are targeted to commence services in 2021.

It will involve a recurrent expenditure of $654 million in a full year for operation and related expenses of the 6 DHCs and about $596 million non-recurrent expenditure for implementation of "DHC Express" over 3 years. 11 permeant civil service posts and 5 time-limited civil service posts with total annual staff cost of about $11 million will be created to support the development and the launching of the above mentioned 6 DHCs and 11 "DHC Express".

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)028

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1509)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 48 of the Budget Speech that Chinese medicine (CM) has been incorporated into Hong Kong's healthcare system. In this connection, will the Government please inform this Committee of the following:

(1) the details of establishing the first CM hospital, a detailed breakdown of the estimated expenditure, and the manpower planning (by rank);

(2) the estimated number of places to be increased for CM students, and the annual unit cost for training a CM student;

(3) projects to be developed and the details of funding approved in respect of the $500 million dedicated fund for promoting CM development in Hong Kong; and

(4) a breakdown of the expenditures involved for 18 training and research centres in each of the past 5 years;

(i) the numbers of full-time and part-time registered Chinese medicine practitioners (CMPs) recruited in each of the past 5 years by rank;

(ii) the attrition number, attrition rate (list separately CMPs recruited from the Mainland and those recruited in Hong Kong) and length of service upon departure of registered CMPs by post and by centre. Please also indicate whether all the resulting vacancies have been filled, and the time required for filling the vacancies

(5) the numbers of CMPs in each rank who have received training through the "Junior Scholarship in Chinese Medicine", "Senior Scholarship in Chinese Medicine" and "Superior Scholarship in Chinese Medicine" provided by the Hospital Authority over the past 5 years and a breakdown of the expenditures involved.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 7)

Reply:

(1)

The tendering exercise for selection of a suitable non-profit making organisation (NPMO) as contractor for the operation of the Chinese Medicine Hospital (CMH) adopts a two-staged process. The stage one Prequalification was launched in September 2019. The assessment of applications is now underway. It is planned that the second stage tendering will be launched in mid-2020. It is expected that a suitable NPMO will be identified by the end of 2020. As the tendering exercise is still in progress, the requested information is not available at the current stage.

(2)

At present, there are 3 local universities offering Chinese medicine (CM) undergraduate programmes accredited by the Chinese Medicine Practitioners Board (PB) of the CM Council of Hong Kong, namely Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. There are around 80 undergraduates enrolled each year. The Government will keep in view the demand and supply situation of Chinese medicine practitioners (CMPs) taking into account various CM development, including the CMH.

(3)

There are two types of support programmes under the CM Development Fund (the Fund). The Enterprise Support Programme provides matching funds for individual CMPs and clinics, members of the Chinese medicine (CM) industry and CM drug traders to enhance the professional and manufacturing standards as well as management quality of CM drug and help them with registration of proprietary Chinese medicines (pCms) in accordance with statutory requirements, such as offering technical and hardware support to manufacturers of pCms to assist them in conforming with the Good Manufacturing Practices standard. The Industry Support Programme provides funding for NPMOs, professional bodies, trade and academic associations and research institutions to support training programmes and courses to nurture talent for the future CMH and facilitate development of CM, conduct applied or policy research on CM, and organise various CM promotional activities. Besides, a CM resources platform has been established under the Fund to provide practical information to the industry.

Since the launch of the Fund in June 2019, the programmes on registration of pCms, CM-related training, research and promotional activity have received an overwhelming response from the industry. The Advisory Committee on the Fund has already approved a total of about $10 million on the above programmes and will continue to vet and process more applications in 2020-21. The details of the approved applications are uploaded on the Fund's website (www.cmdevfund.hk). In short, a sum of around $10 million has been approved for applications under the pCm Registration Support Scheme, the CM Industry Training Funding Scheme & CM Promotion Funding Scheme and the CM Applied Studies and Research Funding Scheme.

(4)

The 18 CM Centres for Training and Research (renamed as CM Clinics cum Training and Research Centres (CMCTRs) on 1 March 2020) have been established in each district to promote the development of "evidence-based" CM and provide training placements for graduates of local CM degree programme. Each CMCTR operates on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. With CM incorporated as an integral part of the healthcare system in Hong Kong, the 18 CMCTRs are providing Government subsidised CM services at district level starting from March 2020.

The Government has earmarked $94.5 million from 2015-16 to 2017-18, $112 million in 2018-19 and $147 million in 2019-20 respectively for HA for the operation of the CMCTRs. Since the CMCTRs are operated by the NGOs, there is no breakdown of expenditures by each CMCTR.

The table below set out the number of CMPs engaged at 18 CMCTRs.

Year	**Number of CMPs**
As at 31 December 2015	366
As at 31 December 2016	381
As at 31 December 2017	401
As at 31 December 2018	403
As at 31 December 2019	415

Note: The CMPs are employees of the NGOs operating the CMCTRs, and these figures are provided by the respective NGOs.

(5)

The programmes "Junior Scholarship in CM", "Senior Scholarship in CM" and "Superior Scholarship in CM" aim to offer more training opportunities, accelerate the maturation and facilitate experience acquisition of CMPs of the CMCTRs. The minimum application requirement of the post-qualification clinical experience for the CM junior and senior scholarship programme are two years and six years with relevant Master degree respectively. Since 2014, the CM Fellowship Programme has been combined with the CM Senior Scholarship Programme. In the past five years, a total of 60 junior scholars and 28 senior scholars attended the scholarship programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1513)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention in 2020-21, it is mentioned that the Health Branch will "continue efforts to promote organ donation". In this regard, please inform this Committee of the following:

(1) What are the estimated expenditure and manpower to be involved in promoting organ donation in 2020-21?
(2) In respect of the transplant operations performed in public hospitals on each kind of organs/tissues (including the transplants of liver (living, cadaveric), kidney (living, cadaveric), heart, cornea, skin, bone, bone marrow and lung, what are the respective numbers of donors and recipients in the past 3 years?
(3) What are the respective numbers of children and adults receiving various kinds of organ/tissue transplants, as well as the medical expenses incurred for each kind of organ/tissue transplant operations in the past 3 years?
(4) What are the details of funding received by the specialties/centres responsible for performing organ/tissue transplant operations at the Queen Mary Hospital, Prince of Wales Hospital, Pamela Youde Nethersole Eastern Hospital, Tuen Mun Hospital, Kwong Wah Hospital, Queen Elizabeth Hospital, Hong Kong Eye Hospital and Grantham Hospital in the past 3 years?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 7)

Reply:

(1)

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

(2)

The following table sets out the number of human organ / tissue donations for transplant handled by the Hospital Authority (HA) in the past 3 years.

Organ / Tissue Donation (Case)	**2017**	**2018**	**2019**
Kidney			
Cadaveric	61	60	42
Living	17	16	15
Kidney (total)	**78**	**76**	**57**
Liver			
Cadaveric	40	34	23
Living	34	19	20
Liver (total)	**74**	**53**	**43**
Other Organs / Tissue (Cadaveric)			
Heart	13	17	8
Double Lung	12	6	7
Single Lung	1	1	0
Cornea (piece)	367	346	324
Skin	11	10	5
Bone	3	0	1

Note: Cases of skin and bone transplant are spontaneous and urgent in nature. Substitutes will be used if suitable skin or bone is not available for transplant.

(3) and (4)

HA does not keep statistical breakdown of organ/tissue recipients by age group.

HA's organ transplant service is provided through a team approach. Members of the team include Organ Donation Coordinators and multi-disciplinary professionals from specialties such as Medicine, Intensive Care Unit, Surgery, Anaesthesia and laboratories. The scope of service covers care for organ recipients, identification of organ donors, life support for brain-dead patients, counselling for donors' families, organ transplant operations and post-operative care. As the team provides organ transplant service across all HA hospitals on a need basis, separate breakdown of expenditure on or funding for organ/tissue transplant operations for individual hospitals are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1516)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list the number of "management personnel", "professionals/administrators" and "support staff", as defined in the Hospital Authority (HA) Annual Report, in the areas of "medical", "nursing", "allied health professionals" and "care-related support" in the HA Head Office and each cluster, their total salary, mid-point monthly salary, and their median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2018-19, 2019-20 and 2020-21 (Estimate).

(b) Please list the number of staff of the above categories receiving overtime allowance/payment and the amount involved in 2018-19, 2019-20 and 2020-21 (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 in 2018-19, 2019-20 and 2020-21 (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 in 2018-19, 2019-20 and 2020-21 (Estimate).

Asked by: Hon CHAN Pierre (LegCo internal reference no.:12)

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 (HO) and each cluster, their total remuneration, mid-point monthly salary as well as their median and 90th, 75th, 25th and 10th percentile monthly salaries in 2018-19 and 2019-20 (full year projection):

2018-19

Cluster	Staff Group	No. of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	11	232	144,255	116,265	174,350	129,325	108,893	92,612
	Nursing	38	135	67,670	48,540	72,182	70,590	38,490	30,165
	AH	74	131	74,798	70,090	105,175	85,770	51,418	42,856
	Care-related Support Staff	2	1	18,892	18,892	20,425	19,850	17,933	17,358
	Management Personnel	36	122	298,875	154,190	215,915	195,160	149,070	144,100
	Professional/ Administrator	1 563	1,560	87,888	61,060	105,175	70,090	42,330	31,685
	Other Support Staff	602	208	35,888	21,585	40,420	30,165	19,260	15,103
HKEC	Medical	671	1,281	132,218	116,265	171,200	129,325	71,520	61,060
	Nursing	2 855	2,030	50,435	40,420	70,090	48,540	31,685	18,250
	AH	847	691	73,590	48,540	70,590	70,090	33,290	28,725
	Care-related Support Staff	1 551	373	25,704	16,532	19,667	19,030	15,208	13,158
	Management Personnel	11	34	173,120	116,265	230,960	136,713	99,430	93,315
	Professional/ Administrator	151	121	76,095	52,010	81,616	70,090	33,290	30,165
	Other Support Staff	2 333	610	44,548	15,365	30,165	20,270	12,208	11,787
HKWC	Medical	697	1,315	132,218	112,250	171,200	129,325	66,945	61,060
	Nursing	2 891	2,042	50,435	44,325	70,090	48,540	31,685	21,585
	AH	971	805	73,590	48,540	70,590	70,090	33,290	28,725
	Care-related Support Staff	1 388	344	20,576	17,555	19,667	19,030	15,599	14,476
	Management Personnel	16	40	154,530	116,265	159,460	144,100	108,713	94,284
	Professional/ Administrator	128	110	64,723	55,705	71,520	70,090	34,520	28,725
	Other Support Staff	2 036	557	42,773	15,365	30,165	21,585	12,343	12,081
KCC	Medical	1 318	2,519	132,218	116,265	171,200	129,325	71,520	61,060
	Nursing	5 522	3,947	61,155	46,420	70,090	48,540	33,290	18,250
	AH	1 695	1,376	73,590	46,420	70,590	70,090	33,290	28,725
	Care-related Support Staff	3 214	720	25,704	15,735	19,667	18,706	14,837	12,740
	Management Personnel	20	50	176,863	116,265	163,697	134,261	97,340	89,460
	Professional/ Administrator	320	233	74,798	50,825	71,520	70,090	30,165	27,340
	Other Support Staff	4 203	1,026	44,548	14,862	28,725	20,270	12,208	11,539

Cluster	Staff Group	No. of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	754	1,440	132,218	116,265	153,050	129,325	71,520	61,060
	Nursing	3 120	2,094	50,435	40,420	66,945	48,540	30,165	18,250
	AH	847	658	73,590	46,420	70,590	66,945	31,685	28,725
	Care-related Support Staff	1 658	401	27,656	16,945	19,667	19,030	15,587	13,158
	Management Personnel	10	29	164,170	122,795	211,781	129,325	95,366	89,460
	Professional/ Administrator	119	97	76,095	53,195	71,851	70,090	33,290	28,725
	Other Support Staff	1 972	478	35,888	15,337	25,790	19,260	12,343	12,081
KWC	Medical	1 078	2,051	132,218	116,265	153,050	129,325	71,520	61,060
	Nursing	4 506	3,196	50,435	44,325	70,590	50,825	33,290	27,340
	AH	1 275	1,034	73,590	46,420	70,590	63,930	33,290	28,725
	Care-related Support Staff	2 269	535	25,704	16,944	19,667	19,030	15,588	14,476
	Management Personnel	15	43	162,138	116,265	219,308	151,780	99,430	94,925
	Professional/ Administrator	186	160	74,798	55,705	81,975	70,090	33,290	27,894
	Other Support Staff	2 923	770	44,548	15,365	30,165	21,585	12,343	11,787
NTEC	Medical	1 057	1,956	132,218	112,250	148,400	129,325	66,945	61,060
	Nursing	4 565	3,141	50,435	42,330	70,090	48,540	30,165	18,250
	AH	1 310	1,037	73,590	46,420	70,590	66,945	33,290	28,725
	Care-related Support Staff	2 675	621	25,704	16,128	19,667	19,030	15,208	14,476
	Management Personnel	14	40	172,175	116,265	222,221	140,406	106,944	101,520
	Professional/ Administrator	183	160	73,590	55,705	85,770	70,090	33,290	27,340
	Other Support Staff	2 806	716	44,548	15,363	30,165	21,585	12,343	11,828
NTWC	Medical	852	1,622	132,218	112,250	171,200	129,325	70,090	61,060
	Nursing	3 756	2,726	50,435	44,325	70,090	50,825	34,930	25,790
	AH	1 037	804	73,590	46,420	70,590	63,930	31,685	28,725
	Care-related Support Staff	2 595	594	25,704	15,735	19,502	18,184	15,221	14,476
	Management Personnel	11	29	153,055	120,495	208,770	141,758	106,885	101,520
	Professional/ Administrator	198	153	63,380	46,420	70,090	70,090	30,165	27,340
	Other Support Staff	2 705	662	41,118	15,365	25,790	19,260	12,343	11,787

2019-20 (Full-year projection)

Cluster	Staff Group	No. of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	10	286	140,495	122,795	160,275	129,325	116,265	103,348
	Nursing	39	123	67,670	48,540	70,590	48,540	38,490	30,165
	AH	76	134	74,798	70,090	105,175	85,770	53,195	42,330
	Care-related Support Staff	3	1	19,182	16,994	20,510	19,192	16,985	16,979
	Management Personnel	37	135	187,530	154,190	215,915	190,315	149,070	144,100
	Professional/ Administrator	1 690	1,742	150,210	61,060	105,175	70,590	42,330	31,685
	Other Support Staff	623	237	37,751	22,865	40,420	30,165	20,801	16,801
HKEC	Medical	690	1,394	132,218	116,265	171,200	129,325	70,590	61,060
	Nursing	2 984	2,206	51,453	42,330	70,090	48,540	31,685	18,250
	AH	860	747	73,590	48,540	70,590	70,090	33,290	28,725
	Care-related Support Staff	1 637	433	26,143	17,853	21,150	19,160	16,425	14,211
	Management Personnel	12	33	175,018	116,265	230,960	136,713	97,418	89,460
	Professional/ Administrator	154	134	75,455	53,195	81,975	70,090	32,488	28,725
	Other Support Staff	2 406	679	44,976	15,365	30,165	20,801	13,185	12,730
HKWC	Medical	736	1,410	132,218	105,175	153,050	129,325	66,945	61,060
	Nursing	3 061	2,212	50,435	42,330	70,090	48,540	31,685	20,270
	AH	989	861	73,590	48,540	70,590	70,090	33,290	28,725
	Care-related Support Staff	1 377	382	21,016	19,030	21,240	20,707	16,975	15,634
	Management Personnel	16	42	156,375	120,495	162,721	144,100	108,713	98,059
	Professional/ Administrator	134	120	65,053	55,705	72,844	70,090	33,290	28,725
	Other Support Staff	2 130	615	44,976	16,847	30,165	21,585	13,330	13,093
KCC	Medical	1 361	2,788	132,218	116,265	171,725	129,325	71,520	61,060
	Nursing	5 943	4,339	61,155	46,420	70,590	48,540	33,290	21,585
	AH	1 786	1,518	73,590	46,420	70,590	70,090	33,290	28,725
	Care-related Support Staff	3 394	861	26,143	17,419	21,240	19,160	15,634	14,064
	Management Personnel	19	60	178,790	116,265	169,322	129,325	101,520	93,315
	Professional/ Administrator	333	267	75,455	50,825	74,830	70,090	31,685	28,725
	Other Support Staff	4 529	1,212	44,976	15,365	26,565	21,321	13,185	12,159
KEC	Medical	781	1,557	128,793	116,265	153,050	129,325	70,590	61,060
	Nursing	3 331	2,319	50,435	40,420	66,945	48,540	31,685	18,250
	AH	889	722	73,590	46,420	70,590	66,945	31,685	27,340
	Care-related Support Staff	1 793	471	28,096	17,853	21,240	20,131	16,426	14,211

Cluster	Staff Group	No. of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
	Management Personnel	10	30	170,163	122,795	219,025	129,325	99,299	93,315
	Professional/ Administrator	132	107	75,455	46,420	74,830	70,090	31,685	27,340
	Other Support Staff	2 140	563	37,751	15,845	24,611	20,270	13,330	13,185
KWC	Medical	1 108	2,221	132,218	116,265	153,050	129,325	71,520	61,060
	Nursing	4 752	3,444	51,453	44,325	70,590	50,825	33,290	27,340
	AH	1 311	1,109	73,590	48,540	70,590	63,930	33,290	28,725
	Care-related Support Staff	2 352	625	26,143	17,853	21,240	20,130	16,835	15,634
	Management Personnel	16	49	168,110	116,265	222,084	151,780	103,348	97,340
	Professional/ Administrator	190	182	74,798	55,705	86,139	70,090	33,290	27,340
	Other Support Staff	3 017	866	44,976	15,674	30,165	21,585	13,330	12,730
NTEC	Medical	1 107	2,081	132,218	105,175	148,400	129,325	66,945	61,060
	Nursing	4 694	3,424	50,435	40,420	70,090	48,540	31,685	18,250
	AH	1 353	1,127	73,590	46,420	70,590	66,945	31,685	28,725
	Care-related Support Staff	2 770	730	26,143	17,419	21,240	19,030	16,834	15,634
	Management Personnel	15	51	172,175	124,830	224,060	168,885	116,265	102,982
	Professional/ Administrator	193	177	73,590	55,705	78,380	70,090	31,685	27,340
	Other Support Staff	2 914	803	44,976	15,365	30,165	21,585	13,330	12,774
NTWC	Medical	899	1,765	132,218	112,250	171,200	129,325	68,518	61,060
	Nursing	3 975	2,983	50,435	44,325	70,090	50,825	33,290	28,725
	AH	1 082	868	73,590	46,420	70,590	63,930	31,685	28,725
	Care-related Support Staff	2 724	740	26,143	17,419	21,150	19,030	16,426	15,634
	Management Personnel	11	42	153,055	124,830	201,830	141,758	108,713	101,520
	Professional/ Administrator	205	158	63,380	48,540	70,390	70,090	30,165	27,340
	Other Support Staff	2 878	779	43,201	15,365	25,790	20,270	13,330	12,730

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, 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, clerical assistants, data processors, operation assistants, executive assistants, etc.

(8) The statistics on the number of staff for 2018-19 and 2019-20, which include permanent, contract and temporary staff, are calculated on full-time equivalent basis as at 31 March 2019 and 31 December 2019 respectively.

(9) Total remuneration includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit. The figures for 2019-20 represent full-year projection with annual pay adjustment.

(10) The basic salaries for 2019-20 are based on actual figures as at December 2019. Annual pay adjustment has not been incorporated.

(11) Mid-point monthly salary is the average of maximum and minimum salary point in each staff group.

(12) Estimate of 2020-21 is not available as the budget allocation for 2020-21 is under preparation.

(b)

The tables below provide the number of HA staff receiving payment for Special Honorarium Scheme (SHS) and/or overtime work and the amount involved in respect of the above staff categories in 2018-19 and 2019-20 (full year projection):

2018-19

Staff Group	**No. of Staff**	**Payment for SHS and Overtime Work ($million)**
Medical	2 683	139.8
Nursing	10 571	202.0
AH	2 407	27.3
Care-related Support Staff	6 310	71.1
Management Personnel	3	0.2
Professionals / Administrator	13	0.1
Other Support Staff	4 231	36.3
Total	**26 218**	**476.8**

2019-20 (Full-year projection)

Staff Group	**No. of Staff**	**Payment for SHS and Overtime Work ($million)**
Medical	3 232	239.1
Nursing	10 714	253.5
AH	2 358	31.9
Care-related Support Staff	6 198	90.3
Management Personnel	3	0.1
Professionals / Administrator	32	0.2
Other Support Staff	4 029	48.3
Total	**26 566**	**663.4**

Note:

(1) The number of staff receiving payment for SHS and/or overtime work in 2018-19 and 2019-20 are based on headcount statistics as at 31 March 2019 and 31 January 2020 respectively.

(2) Payment for SHS and overtime work for 2019-20 represents full-year projection with annual pay adjustment.

(3) Estimate on the number of HA staff receiving payment for SHS and/or overtime work and the amount involved for 2020-21 are not available as arrangement of SHS and overtime work is based on ad hoc service demand.

(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 2018-19 and 2019-20 (full year projection):

2018-19

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HKEC	Accident & Emergency	2	3.0
	Anaesthesia	1	0.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	4.5
	Medicine	10	5.6
	Obstetrics & Gynaecology	2	2.6
	Ophthalmology	3	1.7
	Orthopaedics & Traumatology	1	1.1
	Paediatrics	3	1.3
	Psychiatry	6	2.9
	Radiology	1	1.3
	Surgery	1	1.0
HKEC Total		**37**	**25.8**
HKWC	Accident & Emergency	4	0.7
	Anaesthesia	4	2.7
	Cardio-thoracic Surgery	1	0.2
	Clinical Oncology	2	0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.4
	Medicine	5	1.2
	Neurosurgery	1	0.9
	Obstetrics & Gynaecology	3	0.4
	Psychiatry	2	0.8
	Radiology	1	1.1
	Surgery	3	0.9
HKWC Total		**31**	**11.4**
KCC	Accident & Emergency	2	1.3
	Anaesthesia	2	2.4
	Clinical Oncology	2	1.6
	Ear, Nose, Throat	2	1.7
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	15	6.1
	Medicine	19	7.0
	Neurosurgery	3	1.7
	Obstetrics & Gynaecology	15	9.8
	Ophthalmology	4	2.2
	Orthopaedics & Traumatology	7	2.5

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Paediatrics	15	9.4
	Pathology	3	1.3
	Psychiatry	5	5.2
	Radiology	10	5.8
	Surgery	7	3.1
KCC Total		**111**	**61.1**
KEC	Accident & Emergency	5	2.0
	Anaesthesia	2	0.9
	Ear, Nose, Throat	3	0.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	2.3
	Medicine	13	5.2
	Obstetrics & Gynaecology	1	1.1
	Ophthalmology	4	0.7
	Orthopaedics & Traumatology	2	1.3
	Paediatrics	2	1.7
	Pathology	4	3.6
	Psychiatry	3	1.7
	Radiology	2	1.7
	Surgery	4	2.1
KEC Total		**48**	**24.7**
KWC	Accident & Emergency	9	5.5
	Anaesthesia	1	1.0
	Clinical Oncology	2	0.2
	Ear, Nose, Throat	1	0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	3.0
	Medicine	20	9.5
	Obstetrics & Gynaecology	2	1.2
	Ophthalmology	4	0.5
	Orthopaedics & Traumatology	2	1.3
	Paediatrics	6	3.6
	Pathology	1	2.3
	Psychiatry	6	3.1
	Radiology	4	3.3
	Surgery	6	5.3
KWC Total		**69**	**39.9**
NTEC	Accident & Emergency	4	2.3
	Anaesthesia	2	1.9
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	4.2
	Medicine	13	5.8
	Neurosurgery	1	1.3

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Obstetrics & Gynaecology	4	1.7
	Ophthalmology	3	2.8
	Orthopaedics & Traumatology	5	2.5
	Paediatrics	7	3.9
	Psychiatry	4	1.3
	Radiology	1	2.0
	Surgery	5	3.6
NTEC Total		**57**	**33.5**
NTWC	Accident & Emergency	5	4.3
	Anaesthesia	3	3.2
	Ear, Nose, Throat	1	0.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	2.2
	Medicine	11	7.4
	Neurosurgery	1	0.1
	Obstetrics & Gynaecology	4	4.0
	Ophthalmology	5	3.4
	Orthopaedics & Traumatology	2	0.2
	Paediatrics	3	1.6
	Pathology	2	0.7
	Psychiatry	4	2.8
	Radiology	2	2.0
	Surgery	7	6.4
NTWC Total		**56**	**39.1**
Grand Total		**409**	**235.5**

<u>2019-20</u> (Full-year projection)

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HKEC	Accident & Emergency	3	4.8
	Anaesthesia	1	0.4
	Ear, Nose, Throat	1	0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	3.8
	Medicine	9	5.5
	Neurosurgery	1	0.4
	Obstetrics & Gynaecology	2	2.5
	Ophthalmology	2	1.0
	Orthopaedics & Traumatology	1	1.2
	Paediatrics	3	0.7
	Psychiatry	7	3.3

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Radiology	1	1.4
	Surgery	1	1.0
HKEC Total		**38**	**26.1**
HKWC	Accident & Emergency	3	0.9
	Anaesthesia	4	4.8
	Cardio-thoracic Surgery	1	0.4
	Clinical Oncology	4	1.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	8	5.9
	Intensive Care Unit	1	0.5
	Medicine	4	2.7
	Neurosurgery	1	1.5
	Obstetrics & Gynaecology	3	0.4
	Paediatrics	2	0.7
	Pathology	1	0.3
	Psychiatry	3	1.2
	Radiology	1	1.2
	Surgery	2	1.4
HKWC Total		**38**	**23.2**
KCC	Accident & Emergency	6	2.9
	Anaesthesia	2	2.4
	Cardio-thoracic Surgery	1	1.5
	Clinical Oncology	2	1.5
	Ear, Nose, Throat	1	1.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	18	6.9
	Medicine	20	9.5
	Neurosurgery	4	4.8
	Obstetrics & Gynaecology	16	9.7
	Ophthalmology	5	1.8
	Orthopaedics & Traumatology	9	4.8
	Paediatrics	17	13.5
	Pathology	3	2.1
	Psychiatry	5	4.7
	Radiology	12	9.9
	Surgery	8	3.6
KCC Total		**129**	**81.1**
KEC	Accident & Emergency	5	3.0
	Anaesthesia	3	2.0
	Ear, Nose, Throat	3	0.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.7
	Medicine	21	8.8
	Obstetrics & Gynaecology	1	1.2

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Ophthalmology	2	0.5
	Orthopaedics & Traumatology	2	1.3
	Paediatrics	4	2.3
	Pathology	5	5.1
	Psychiatry	3	2.0
	Radiology	2	2.1
	Surgery	2	2.0
KEC Total		**58**	**33.5**
KWC	Accident & Emergency	13	9.0
	Anaesthesia	3	3.6
	Clinical Oncology	2	0.3
	Ear, Nose, Throat	2	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	3.6
	Medicine	21	9.9
	Obstetrics & Gynaecology	2	1.3
	Ophthalmology	4	0.8
	Orthopaedics & Traumatology	2	1.4
	Paediatrics	7	5.3
	Pathology	1	2.6
	Psychiatry	8	5.0
	Radiology	4	3.3
	Surgery	4	7.0
KWC Total		**79**	**53.3**
NTEC	Accident & Emergency	6	2.6
	Anaesthesia	2	2.3
	Clinical Oncology	1	0.7
	Ear, Nose, Throat	1	0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	10	5.5
	Intensive Care Unit	1	1.2
	Medicine	15	7.5
	Neurosurgery	1	1.4
	Obstetrics & Gynaecology	5	2.8
	Ophthalmology	3	2.4
	Orthopaedics & Traumatology	4	4.4
	Paediatrics	6	3.3
	Psychiatry	4	2.5
	Radiology	1	2.1
	Surgery	3	3.1
NTEC Total		**63**	**41.9**
NTWC	Accident & Emergency	6	4.8
	Anaesthesia	5	2.9

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
	Ear, Nose, Throat	1	0.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	3.8
	Medicine	12	9.0
	Neurosurgery	1	0.2
	Obstetrics & Gynaecology	5	4.3
	Ophthalmology	4	2.9
	Orthopaedics & Traumatology	5	1.0
	Paediatrics	4	3.7
	Pathology	3	1.5
	Psychiatry	2	2.1
	Radiology	2	2.3
	Surgery	9	7.5
NTWC Total		**66**	**46.8**
Grand Total		**471**	**305.9**

Note:

(1) The statistics on the number of doctors for 2018-19 and 2019-20 are based on headcounts as at 31 March 2019 and 31 December 2019 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, and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit. The figures for 2019-20 represent full-year projection with annual pay adjustment.

(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 2020-21 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 2018-19 and 2019-20 (full year projection) and the total amount of remuneration involved.

2018-19

Cluster	Specialty	No. of Honorary Doctor	Total Remuneration ($)
HKWC	Medicine	1	20,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	60,000
	Orthopaedics & Traumatology	1	40,000
	Paediatrics	1	30,000
	Pathology	2	108,000
	Surgery	1	60,000
HKWC Total		**8**	**378,000**
KCC	Ophthalmology	1	48,000
	Paediatrics	1	27,581
KCC Total		**2**	**75,581**
NTEC	Anaesthesia	1	60,000
	Clinical Oncology	1	60,000
	Pathology	4	120,000
	Psychiatry	1	21,000
	Surgery	2	60,000
NTEC Total		**9**	**321,000**
Grand Total		**19**	**774,581**

2019-20 (Full-year projection)

Cluster	Specialty	No. of Honorary Doctor	Total Remuneration ($)
HKWC	Medicine	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	40,000
	Pathology	3	108,000
	Surgery	1	60,000
HKWC Total		**7**	**328,000**
KCC	Ophthalmology	1	48,000
	Paediatrics	1	60,000
KCC Total		**2**	**108,000**
NTEC	Anaesthesia	1	60,000
	Clinical Oncology	1	60,000
	Pathology	2	120,000
	Surgery	1	60,000
NTEC Total		**5**	**300,000**
Grand Total		**14**	**736,000**

Note:

(1) The number of honorary doctors receiving remuneration from HA in 2018-19 and 2019-20 are based on headcount statistics as at 31 March 2019 and 31 January 2020 respectively.

(2) Total remuneration for 2019-20 represents full-year projection.

(3) Estimate on the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration for 2020-21 is not available as recruitment of non-HA doctors is based on ad hoc service demand.

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
HAHO – HA Head Office

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1517)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the healthcare professional training provided by the Hospital Authority (HA), including clinical practicum, as well as specialist and higher training, please inform this Committee of the following:

1. the estimated amount of provision allocated to the HA for healthcare professional training in 2019- 20 and 2020-21; and

2. a breakdown of the HA's expenditures on healthcare professional training and the number of persons who received such training in each rank by specialty in each of the past 5 years.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 13)

Reply:

In the past years, the Hospital Authority ("HA") has implemented various measures to enhance training for doctors, nurses and allied health staff. Major measures include enhancing simulation training to build up the competencies of healthcare professionals, sponsoring healthcare professionals for overseas training and organising Registered Nurse and Enrolled Nurse training programmes.

From 2018-19 onwards, a recurrent funding of about $200 million has been allocated to HA for enhancing healthcare professional training primarily in the three training priority areas of service development, professional development, and job/operations requirements. The target groups 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 some programmes are multi-disciplinary involving non-clinical professionals. As such, the training expenditure involved for healthcare professionals exclusively is not available.

The number of recorded training days (Note) of clinical staff in the past five years from 2015-16 to 2019-20 (as at 31 December 2019) covering both local and overseas training is set out in the following table –

Recorded Training Days					
Staff Group	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20** (up to 31 December 2019)
Doctors	45 181	48 053	60 526	64 042	45 276
Nurses	161 472	174 643	174 792	178 323	148 287
Allied Health staff	43 181	43 612	43 333	42 953	27 770
Total	**249 834**	**266 308**	**278 651**	**285 318**	**221 333**

Note:

1. The recorded training days are generated from HA's eLearning Centre and Human Resources Payroll System databases.
2. Training days for on-the-job training are not included.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 1518)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the attrition number, attrition rate and length of service upon departure of medical officers in each hospital under the Hospital Authority in 2018-19 and 2019-20 by post (including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee) and by department upon the officers' departure. Please also indicate whether all the resulting vacancies have been filled, and set out the time required and the expenditure involved for filling the vacancies.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 14)

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 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019).

In general, HA fills vacancies of Consultants and Associate Consultants 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 2018-19 and 2019-20, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2019, there were 6 204 doctors working in clusters, representing an increase of 4.2% from 5 952 in 2018-19, and 6.1% from 5 846 in 2017-18. The total additional expenditure incurred in the recruitment and promotion of doctors above the savings from staff attrition was around $377 million for 2018-19 and is projected at $426 million for 2019-20. The increase in the additional expenditure for 2019-20 is due to the recruitment of more doctors during the year.

Table 1: Attrition figures of full-time doctors by department and by rank in each hospital cluster in 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)

Cluster	Major Specialty	2018-19				2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	1	0	2	3	1	0	1	2
	Anaesthesia	1	3	2	6	1	0	0	1
	Family Medicine	0	0	3	3	0	1	2	3
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	3	2	6	1	2	3	6
	Neurosurgery	0	0	0	0	1	0	1	2
	Obstetrics & Gynaecology	0	2	0	2	0	1	1	2
	Ophthalmology	0	2	1	3	0	1	1	2
	Orthopaedics & Traumatology	0	1	0	1	0	2	1	3
	Paediatrics	1	0	0	1	0	0	2	2
	Pathology	0	0	0	0	0	0	0	0
	Psychiatry	1	0	1	2	1	0	1	2
	Radiology	1	1	0	2	1	2	0	3
	Surgery	1	2	1	4	0	0	1	1
	Others	1	1	1	3	0	1	1	2
	Total	**8**	**15**	**13**	**36**	**6**	**10**	**15**	**31**
HKWC	Accident & Emergency	1	1	0	2	0	0	1	1
	Anaesthesia	2	2	3	7	1	4	2	7
	Cardio-thoracic Surgery	1	0	0	1	0	0	0	0
	Family Medicine	0	1	4	5	0	0	4	4
	Intensive Care Unit	1	0	1	2	1	0	1	2
	Medicine	0	2	1	3	1	3	2	6
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	1	0	0	1	1	0	0	1
	Ophthalmology	0	1	1	2	0	0	1	1
	Orthopaedics & Traumatology	1	0	2	3	0	0	1	1
	Paediatrics	2	1	1	4	1	1	0	2
	Pathology	1	0	1	2	1	0	1	2
	Psychiatry	0	0	0	0	0	0	0	0
	Radiology	1	2	0	3	0	1	1	2
	Surgery	1	2	2	5	0	2	1	3
	Others	2	3	2	7	1	1	1	3
	Total	**14**	**15**	**18**	**47**	**7**	**12**	**16**	**35**
KCC	Accident & Emergency	0	2	2	4	1	3	2	6
	Anaesthesia	2	3	0	5	0	8	2	10
	Cardio-thoracic Surgery	2	0	1	3	0	2	0	2
	Family Medicine	1	0	6	7	0	1	7	8
	Intensive Care Unit	0	0	0	0	1	0	1	2
	Medicine	3	5	6	14	1	10	11	22
	Neurosurgery	2	1	0	3	2	2	1	5
	Obstetrics & Gynaecology	0	2	3	5	1	3	2	6
	Ophthalmology	0	1	0	1	0	2	1	3
	Orthopaedics & Traumatology	1	1	0	2	2	1	0	3
	Paediatrics	1	3	1	5	5	3	3	11
	Pathology	1	0	0	1	2	1	0	3
	Psychiatry	0	0	1	1	0	1	1	2
	Radiology	2	7	0	9	2	4	0	6
	Surgery	1	1	2	4	1	2	1	4
	Others	1	2	2	5	0	1	0	1
	Total	**17**	**28**	**24**	**69**	**18**	**44**	**32**	**94**
KEC	Accident & Emergency	1	1	5	7	1	0	1	2
	Anaesthesia	1	2	1	4	0	1	0	1

Cluster	Major Specialty	2018-19				2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Family Medicine	0	0	4	4	0	0	11	11
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	4	1	6	2	3	3	8
	Obstetrics & Gynaecology	1	0	0	1	0	0	1	1
	Ophthalmology	1	1	0	2	0	2	0	2
	Orthopaedics & Traumatology	1	3	1	5	1	1	2	4
	Paediatrics	3	0	1	4	2	1	1	4
	Pathology	0	2	1	3	0	2	0	2
	Psychiatry	0	3	2	5	0	2	1	3
	Radiology	0	1	0	1	1	0	0	1
	Surgery	1	6	1	8	2	5	1	8
	Others	0	3	0	3	0	1	1	2
	Total	**10**	**26**	**17**	**53**	**9**	**18**	**22**	**49**
KWC	Accident & Emergency	0	1	5	6	2	2	6	10
	Anaesthesia	1	3	1	5	0	0	1	1
	Family Medicine	0	2	9	11	0	0	5	5
	Intensive Care Unit	0	1	0	1	0	0	0	0
	Medicine	2	2	3	7	0	5	4	9
	Neurosurgery	1	0	1	2	0	0	0	0
	Obstetrics & Gynaecology	0	2	1	3	0	1	0	1
	Ophthalmology	1	0	0	1	0	0	0	0
	Orthopaedics & Traumatology	1	2	1	4	1	4	1	6
	Paediatrics	1	0	0	1	0	1	0	1
	Pathology	0	0	0	0	0	0	1	1
	Psychiatry	0	1	0	1	2	2	3	7
	Radiology	1	2	0	3	2	2	0	4
	Surgery	1	1	3	5	0	4	2	6
	Others	0	0	1	1	0	1	1	2
	Total	**9**	**17**	**25**	**51**	**7**	**22**	**24**	**53**
NTEC	Accident & Emergency	0	1	1	2	1	1	3	5
	Anaesthesia	2	3	2	7	1	3	0	4
	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	1	0	1	0	1	1	2
	Medicine	4	5	2	11	1	2	2	5
	Neurosurgery	1	0	0	1	1	0	0	1
	Obstetrics & Gynaecology	2	1	0	3	1	1	0	2
	Ophthalmology	1	0	2	3	1	3	1	5
	Orthopaedics & Traumatology	2	5	4	11	2	3	1	6
	Paediatrics	1	0	3	4	0	0	1	1
	Pathology	0	0	0	0	1	0	1	2
	Psychiatry	2	1	2	5	2	2	5	9
	Radiology	0	3	0	3	0	3	0	3
	Surgery	4	5	2	11	1	2	2	5
	Others	2	3	0	5	4	2	0	6
	Total	**21**	**29**	**20**	**70**	**16**	**24**	**21**	**61**
NTWC	Accident & Emergency	0	0	1	1	1	1	3	5
	Anaesthesia	0	2	0	2	1	0	0	1
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	1	2	2	5	0	1	1	2
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	2	4	7	0	0	5	5
	Neurosurgery	1	0	1	2	0	0	1	1
	Obstetrics & Gynaecology	0	1	1	2	0	1	0	1
	Ophthalmology	0	1	1	2	0	2	1	3

Cluster	Major Specialty	2018-19				2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Orthopaedics & Traumatology	0	8	1	9	2	3	0	5
	Paediatrics	0	1	1	2	0	0	0	0
	Pathology	0	0	0	0	2	3	0	5
	Psychiatry	1	0	3	4	0	0	2	2
	Radiology	0	2	1	3	2	2	1	5
	Surgery	1	2	2	5	1	0	1	2
	Others	0	3	1	4	0	0	2	2
	Total	**5**	**24**	**19**	**48**	**9**	**13**	**17**	**39**

Table 2: Attrition rates of full-time doctors by major department and by rank in 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)

Major Specialty	2018-19				2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	7.1%	3.2%	6.1%	5.1%	16.9%	3.7%	6.5%	6.3%
Anaesthesia	14.4%	10.7%	4.8%	8.6%	6.4%	9.4%	2.5%	5.8%
Cardio-thoracic Surgery	25.5%	0.0%	5.6%	9.6%	0.0%	16.0%	0.0%	4.9%
Family Medicine	12.2%	4.2%	7.2%	6.6%	0.0%	2.6%	8.2%	6.5%
Intensive Care Unit	5.5%	3.7%	1.4%	2.8%	10.4%	1.8%	4.3%	4.2%
Medicine	7.2%	5.2%	2.7%	4.1%	3.6%	5.5%	4.2%	4.6%
Neurosurgery	27.4%	4.5%	3.5%	8.2%	23.5%	8.2%	5.6%	9.5%
Obstetrics & Gynaecology	9.5%	13.5%	4.5%	8.0%	7.0%	11.5%	3.6%	6.5%
Ophthalmology	14.7%	11.3%	5.8%	8.8%	5.0%	18.0%	5.9%	10.0%
Orthopaedics & Traumatology	10.7%	19.8%	4.8%	10.2%	13.8%	13.9%	3.1%	8.0%
Paediatrics	14.2%	4.1%	3.8%	5.7%	12.1%	4.6%	3.6%	5.4%
Pathology	2.9%	3.0%	2.2%	2.6%	8.3%	9.3%	3.1%	6.4%
Psychiatry	10.8%	4.0%	5.0%	5.3%	13.0%	5.6%	7.0%	7.2%
Radiology	6.9%	20.6%	0.8%	8.4%	10.8%	16.4%	1.5%	8.1%
Surgery	11.5%	12.3%	4.3%	7.7%	5.7%	9.4%	3.0%	5.3%
Others	10.7%	16.9%	4.9%	9.8%	11.1%	8.1%	5.2%	7.3%
Overall	**10.0%**	**8.2%**	**4.3%**	**6.4%**	**8.6%**	**7.4%**	**4.7%**	**6.1%**

Table 3: Years of service in HA of departed full-time doctors by department in each hospital cluster in 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)

2018-19

Cluster	Major Specialty	2018-19						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	2	0	1	0	0	3
	Anaesthesia	0	1	0	2	1	2	6
	Family Medicine	0	0	1	1	0	1	3
	Medicine	0	1	1	1	1	2	6
	Obstetrics & Gynaecology	0	0	0	2	0	0	2
	Ophthalmology	0	0	1	2	0	0	3
	Orthopaedics & Traumatology	0	0	0	0	0	1	1
	Paediatrics	0	0	0	0	0	1	1
	Psychiatry	0	0	0	0	0	2	2
	Radiology	0	0	0	0	0	2	2
	Surgery	0	1	0	2	0	1	4
	Others	0	1	0	2	0	0	3
	Total	**0**	**6**	**3**	**13**	**2**	**12**	**36**

Cluster	Major Specialty	2018-19						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKWC	Accident & Emergency	0	0	0	0	0	2	2
	Anaesthesia	0	4	1	1	0	1	7
	Cardio-thoracic Surgery	0	0	0	0	0	1	1
	Family Medicine	0	1	2	2	0	0	5
	Intensive Care Unit	0	0	1	0	0	1	2
	Medicine	0	0	1	1	1	0	3
	Obstetrics & Gynaecology	0	0	0	0	1	0	1
	Ophthalmology	0	0	1	1	0	0	2
	Orthopaedics & Traumatology	0	1	0	1	0	1	3
	Paediatrics	0	1	0	1	1	1	4
	Pathology	0	0	0	1	0	1	2
	Radiology	0	1	1	0	1	0	3
	Surgery	0	1	1	0	2	1	5
	Others	0	0	1	2	0	4	7
	Total	**0**	**9**	**9**	**10**	**6**	**13**	**47**
KCC	Accident & Emergency	1	0	1	0	1	1	4
	Anaesthesia	0	0	0	2	1	2	5
	Cardio-thoracic Surgery	0	0	1	0	0	2	3
	Family Medicine	0	2	2	2	0	1	7
	Medicine	0	5	3	3	0	3	14
	Neurosurgery	0	0	0	1	0	2	3
	Obstetrics & Gynaecology	0	0	3	1	0	1	5
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	1	0	1	0	0	2
	Paediatrics	0	0	2	1	1	1	5
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	1	0	0	0	0	1
	Radiology	1	2	2	2	0	2	9
	Surgery	0	0	3	0	0	1	4
	Others	0	1	1	2	0	1	5
	Total	**2**	**12**	**18**	**16**	**3**	**18**	**69**
KEC	Accident & Emergency	2	2	1	0	0	2	7
	Anaesthesia	0	0	2	1	1	0	4
	Family Medicine	0	1	0	3	0	0	4
	Medicine	0	0	0	4	1	1	6
	Obstetrics & Gynaecology	0	0	0	0	0	1	1
	Ophthalmology	0	0	0	1	1	0	2
	Orthopaedics & Traumatology	0	0	1	0	2	2	5
	Paediatrics	0	0	0	1	0	3	4
	Pathology	0	2	1	0	0	0	3
	Psychiatry	0	1	0	1	1	2	5
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	1	3	3	1	8
	Others	0	0	0	3	0	0	3
	Total	**2**	**6**	**7**	**17**	**9**	**12**	**53**
KWC	Accident & Emergency	0	5	0	1	0	0	6
	Anaesthesia	1	0	2	0	0	2	5
	Family Medicine	0	0	3	8	0	0	11
	Intensive Care Unit	0	0	0	0	0	1	1
	Medicine	0	3	0	1	0	3	7
	Neurosurgery	0	0	0	1	0	1	2
	Obstetrics & Gynaecology	0	0	1	1	1	0	3
	Ophthalmology	0	0	0	0	0	1	1
	Orthopaedics & Traumatology	0	0	1	1	1	1	4
	Paediatrics	0	0	0	0	0	1	1
	Psychiatry	0	0	0	0	0	1	1
	Radiology	0	0	0	2	0	1	3
	Surgery	0	1	1	1	0	2	5
	Others	0	0	1	0	0	0	1
	Total	**1**	**9**	**9**	**16**	**2**	**14**	**51**

Cluster	Major Specialty	2018-19						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
NTEC	Accident & Emergency	0	1	0	0	0	1	2
	Anaesthesia	0	1	1	1	1	3	7
	Family Medicine	0	1	1	0	1	0	3
	Intensive Care Unit	0	0	0	0	1	0	1
	Medicine	0	1	1	4	1	4	11
	Neurosurgery	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	0	0	0	2	1	3
	Ophthalmology	0	0	2	0	1	0	3
	Orthopaedics & Traumatology	0	2	1	4	1	3	11
	Paediatrics	0	1	2	0	0	1	4
	Psychiatry	0	2	0	0	2	1	5
	Radiology	0	0	0	3	0	0	3
	Surgery	0	0	1	4	3	3	11
	Others	0	0	0	1	1	3	5
	Total	**0**	**9**	**9**	**17**	**15**	**20**	**70**
NTWC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	0	1	1	0	0	2
	Family Medicine	0	2	0	1	1	1	5
	Medicine	1	2	1	1	0	2	7
	Neurosurgery	0	1	0	0	0	1	2
	Obstetrics & Gynaecology	0	1	0	1	0	0	2
	Ophthalmology	0	0	2	0	0	0	2
	Orthopaedics & Traumatology	0	0	1	2	0	6	9
	Paediatrics	0	0	1	0	1	0	2
	Psychiatry	0	2	2	0	0	0	4
	Radiology	0	1	1	1	0	0	3
	Surgery	0	0	1	3	0	1	5
	Others	0	1	0	1	2	0	4
	Total	**1**	**11**	**10**	**11**	**4**	**11**	**48**

2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)

Cluster	Major Specialty	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	2	0	0	0	0	2
	Anaesthesia	0	0	0	0	0	1	1
	Family Medicine	0	1	1	0	1	0	3
	Medicine	0	2	0	1	1	2	6
	Neurosurgery	0	1	0	0	0	1	2
	Obstetrics & Gynaecology	0	1	1	0	0	0	2
	Ophthalmology	0	0	1	0	0	1	2
	Orthopaedics & Traumatology	0	1	0	1	0	1	3
	Paediatrics	0	0	2	0	0	0	2
	Psychiatry	0	0	0	0	0	2	2
	Radiology	0	0	1	1	0	1	3
	Surgery	0	1	0	0	0	0	1
	Others	0	1	1	0	0	0	2
	Total	**0**	**10**	**7**	**3**	**2**	**9**	**31**
HKWC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	1	2	1	2	1	0	7
	Family Medicine	0	2	2	0	0	0	4
	Intensive Care Unit	0	0	1	0	0	1	2
	Medicine	0	1	1	2	1	1	6
	Obstetrics & Gynaecology	0	0	0	0	0	1	1
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	1	0	0	0	0	1
	Paediatrics	0	1	0	0	1	0	2
	Pathology	0	0	0	1	0	1	2
	Radiology	0	2	0	0	0	0	2
	Surgery	0	0	1	2	0	0	3

Cluster	Major Specialty	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Others	0	0	0	1	0	2	3
	Total	**1**	**10**	**6**	**9**	**3**	**6**	**35**
KCC	Accident & Emergency	0	1	1	3	0	1	6
	Anaesthesia	0	1	0	5	3	1	10
	Cardio-thoracic Surgery	0	0	0	0	0	2	2
	Family Medicine	0	3	1	1	3	0	8
	Intensive Care Unit	1	0	1	0	0	0	2
	Medicine	0	3	4	8	0	7	22
	Neurosurgery	0	1	0	0	0	4	5
	Obstetrics & Gynaecology	0	1	1	2	0	2	6
	Ophthalmology	0	1	1	0	1	0	3
	Orthopaedics & Traumatology	0	1	0	1	0	1	3
	Paediatrics	2	3	1	2	0	3	11
	Pathology	0	0	0	0	1	2	3
	Psychiatry	0	1	0	0	1	0	2
	Radiology	0	1	1	3	1	0	6
	Surgery	0	0	1	1	0	2	4
	Others	0	0	0	1	0	0	1
	Total	**3**	**17**	**12**	**27**	**10**	**25**	**94**
KEC	Accident & Emergency	1	0	0	0	0	1	2
	Anaesthesia	0	0	1	0	0	0	1
	Family Medicine	0	2	7	2	0	0	11
	Medicine	0	3	1	1	1	2	8
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	0	1	0	0	1	2
	Orthopaedics & Traumatology	0	0	1	0	2	1	4
	Paediatrics	0	0	0	1	1	2	4
	Pathology	0	1	0	0	0	1	2
	Psychiatry	0	1	0	1	1	0	3
	Radiology	0	0	0	1	0	0	1
	Surgery	0	1	0	3	2	2	8
	Others	0	0	0	1	0	1	2
	Total	**1**	**8**	**12**	**10**	**7**	**11**	**49**
KWC	Accident & Emergency	0	4	1	2	0	3	10
	Anaesthesia	0	0	1	0	0	0	1
	Family Medicine	1	2	0	0	2	0	5
	Medicine	0	2	2	3	1	1	9
	Obstetrics & Gynaecology	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	1	2	0	2	0	1	6
	Paediatrics	0	0	0	1	0	0	1
	Pathology	0	1	0	0	0	0	1
	Psychiatry	0	1	1	0	2	3	7
	Radiology	0	0	0	2	0	2	4
	Surgery	0	1	1	2	1	1	6
	Others	0	0	2	0	0	0	2
	Total	**2**	**13**	**8**	**12**	**7**	**11**	**53**
NTEC	Accident & Emergency	0	3	0	1	0	1	5
	Anaesthesia	0	0	0	0	2	2	4
	Family Medicine	0	3	1	0	1	0	5
	Intensive Care Unit	0	1	0	1	0	0	2
	Medicine	1	1	1	1	1	0	5
	Neurosurgery	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	0	0	1	0	1	2
	Ophthalmology	0	0	1	2	2	0	5
	Orthopaedics & Traumatology	0	1	0	2	1	2	6
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	2	0	0	0	0	2
	Psychiatry	0	2	3	0	1	3	9
	Radiology	0	0	1	1	1	0	3
	Surgery	0	1	0	2	0	2	5

Cluster	Major Specialty	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
NTEC	Others	1	0	0	0	1	4	6
	Total	**2**	**14**	**8**	**11**	**11**	**15**	**61**
NTWC	Accident & Emergency	0	2	0	2	0	1	5
	Anaesthesia	0	0	0	0	1	0	1
	Family Medicine	0	1	0	0	1	0	2
	Medicine	0	4	1	0	0	0	5
	Neurosurgery	0	1	0	0	0	0	1
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	0	2	1	0	0	3
	Orthopaedics & Traumatology	0	0	0	0	0	5	5
	Pathology	0	1	1	2	0	1	5
	Psychiatry	0	1	1	0	0	0	2
	Radiology	0	0	3	1	0	1	5
	Surgery	0	1	0	0	0	1	2
	Others	0	2	0	0	0	0	2
	Total	**0**	**13**	**9**	**6**	**2**	**9**	**39**

Note:

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

2. Doctors exclude Interns and Dental Officers.

3. 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.

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

5. Manpower on full-time equivalent (FTE) includes permanent, contract and temporary staff in cluster (excluding HA Head Office).

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

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)033**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1519)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate in the format below the cross-district attendance rate of the Hospital Authority in 2018-19, 2019-20 and 2020-21 (Estimate):

a) number of specialist outpatient attendances and number of patients

b) number of general outpatient attendances and number of patients

c) number of accident and emergency attendances and number of patients

d) number of general inpatient and number of patients

e) number of patient days for general inpatient services

	List by hospital cluster
List by hospital cluster in which patients' districts of residence locate	

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 15)

Reply:

The Hospital Authority (HA) provides different types of public healthcare services throughout the territory to enable convenient access to services by patients according to their needs. HA encourages patients to seek medical treatment from hospitals 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 outpatient 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.

Statistical figures pertaining to the specialist outpatient (SOP), general outpatient (GOP), accident and emergency (A&E) as well as inpatient services provided by HA, by hospital cluster for 2018-19 and 2019-20 (up to 31 December 2019), are set out in the following tables. Corresponding figures for 2020-21 are not yet available.

(a)

Number of attendances of SOP service provided by HA in 2018-19 and 2019-20 (up to 31 December 2019)

2018-19

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**	698 835	135 147	18 765	6 420	7 436	8 684	2 478	**877 765**
Central & Western, Southern	**HKWC**	43 376	535 298	10 909	2 696	4 737	5 190	1 749	**603 955**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	20 698	46 745	931 220	51 932	137 765	35 269	8 398	**1 232 027**
Kwun Tong, Sai Kung	**KEC**	41 685	52 059	218 867	800 577	32 215	36 276	6 225	**1 187 904**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	18 911	63 815	197 255	13 026	1 123 609	38 527	19 679	**1 474 822**
Sha Tin, Tai Po, North	**NTEC**	13 601	32 633	78 791	15 293	30 411	1 113 180	14 123	**1 298 032**
Tuen Mun, Yuen Long	**NTWC**	9 794	33 621	45 116	5 624	37 499	39 720	1 041 429	**1 212 803**
Others (e.g. Macau and Mainland China)		237	5 431	2 299	158	701	4 519	1 196	**14 541**
Overall		**847 137**	**904 749**	**1 503 222**	**895 726**	**1 374 373**	**1 281 365**	**1 095 277**	**7 901 849**

2019-20 (up to 31 December 2019) [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**	532 608	103 644	14 797	4 872	5 489	6 141	1 833	**669 384**
Central & Western, Southern	**HKWC**	33 570	409 844	8 978	1 994	3 459	3 878	1 362	**463 085**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	15 899	36 005	706 537	39 443	102 679	25 891	6 408	**932 862**
Kwun Tong, Sai Kung	**KEC**	32 823	40 677	173 198	605 014	24 056	27 609	4 863	**908 240**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	15 166	50 455	152 535	10 532	859 791	29 711	15 420	**1 133 610**
Sha Tin, Tai Po, North	**NTEC**	10 285	24 823	61 066	11 404	22 850	848 262	10 643	**989 333**
Tuen Mun, Yuen Long	**NTWC**	7 306	25 677	35 646	4 268	28 172	30 430	799 173	**930 672**
Others (e.g. Macau and Mainland China)		167	3 887	1 747	150	574	3 373	909	**10 807**
Overall		**647 824**	**695 012**	**1 154 504**	**677 677**	**1 047 070**	**975 295**	**840 611**	**6 037 993**

(b)

Number of attendances of GOP service provided by HA in 2018-19 and 2019-20 (up to 31 December 2019)

2018-19

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**	493 048	18 168	6 689	4 671	3 082	2 563	1 593	**529 814**
Central & Western, Southern	**HKWC**	35 852	330 949	4 901	1 994	2 387	1 720	1 346	**379 149**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	12 629	7 680	908 542	55 927	24 439	10 298	4 999	**1 024 514**
Kwun Tong, Sai Kung	**KEC**	23 249	9 456	82 875	895 501	15 339	10 573	3 907	**1 040 900**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	12 021	9 136	87 250	8 989	956 171	11 348	10 404	**1 095 319**
Sha Tin, Tai Po, North	**NTEC**	9 082	5 164	46 171	14 468	18 285	980 901	8 423	**1 082 494**
Tuen Mun, Yuen Long	**NTWC**	6 210	4 427	16 368	3 647	19 033	14 549	839 288	**903 522**
Others (e.g. Macau and Mainland China)		269	111	570	166	218	1 541	635	**3 510**
Overall		**592 360**	**385 091**	**1 153 366**	**985 363**	**1 038 954**	**1 033 493**	**870 595**	**6 059 222**

2019-20 (up to 31 December 2019) [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**	362 752	13 042	5 108	3 233	2 460	1 844	1 221	**389 660**
Central & Western, Southern	**HKWC**	26 070	245 766	3 613	1 507	1 732	1 323	1 099	**281 110**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	9 217	5 611	674 518	41 242	17 821	7 832	3 854	**760 095**
Kwun Tong, Sai Kung	**KEC**	17 743	7 327	63 344	652 199	11 739	7 924	3 153	**763 429**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	9 056	7 315	65 352	6 867	725 652	9 062	8 802	**832 106**
Sha Tin, Tai Po, North	**NTEC**	6 662	3 667	33 927	10 591	13 385	730 266	6 892	**805 390**
Tuen Mun, Yuen Long	**NTWC**	4 512	3 225	12 506	2 685	14 126	11 319	648 362	**696 735**
Others (e.g. Macau and Mainland China)		154	81	490	130	158	1 143	428	**2 584**
Overall		**436 166**	**286 034**	**858 858**	**718 454**	**787 073**	**770 713**	**673 811**	**4 531 109**

(c)

Number of attendances of A&E service provided by HA in 2018-19 and 2019-20 (up to 31 December 2019)

2018-19

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**	167 375	9 889	3 307	2 162	2 738	1 994	1 162	**188 627**
Central & Western, Southern	**HKWC**	18 692	95 627	2 094	973	1 867	1 144	860	**121 257**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	6 405	3 969	228 838	20 593	19 146	7 575	3 481	**290 007**
Kwun Tong, Sai Kung	**KEC**	9 016	3 600	24 387	248 827	9 443	6 726	2 666	**304 665**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	5 056	4 542	31 651	3 507	413 074	7 830	6 639	**472 299**
Sha Tin, Tai Po, North	**NTEC**	3 730	2 242	11 176	3 760	10 393	318 118	5 515	**354 934**
Tuen Mun, Yuen Long	**NTWC**	2 899	2 154	6 953	1 918	13 492	10 380	370 871	**408 667**
Others (e.g. Macau and Mainland China)		1 555	1 878	4 155	944	3 929	2 692	2 008	**17 161**
Overall		**214 728**	**123 901**	**312 561**	**282 684**	**474 082**	**356 459**	**393 202**	**2 157 617**

2019-20 (up to 31 December 2019) [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**	124 189	7 573	2 364	1 600	2 048	1 381	873	**140 028**
Central & Western, Southern	**HKWC**	13 280	72 824	1 600	749	1 298	862	753	**91 366**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	4 563	2 915	167 452	15 444	14 741	5 830	2 848	**213 793**
Kwun Tong, Sai Kung	**KEC**	6 582	2 888	17 922	188 162	7 477	5 145	2 309	**230 485**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	3 712	3 468	22 581	2 777	320 119	5 975	5 174	**363 806**
Sha Tin, Tai Po, North	**NTEC**	2 633	1 681	8 052	2 816	7 822	242 529	4 423	**269 956**
Tuen Mun, Yuen Long	**NTWC**	2 023	1 676	5 096	1 452	9 856	7 348	300 424	**327 875**
Others (e.g. Macau and Mainland China)		1 191	1 287	2 866	724	2 580	1 870	1 586	**12 104**
Overall		**158 173**	**94 312**	**227 933**	**213 724**	**365 941**	**270 940**	**318 390**	**1 649 413**

(d)

(i) Number of inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2018-19 and 2019-20 (up to 31 December 2019)

2018-19

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**	99 295	13 021	1 456	709	793	926	419	**116 619**
Central & Western, Southern	**HKWC**	7 130	80 124	840	340	512	468	289	**89 703**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 967	4 830	163 569	8 643	5 817	3 571	1 095	**189 492**
Kwun Tong, Sai Kung	**KEC**	3 945	4 657	21 178	122 078	2 733	3 528	865	**158 984**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 770	6 451	22 704	1 218	184 714	4 006	2 219	**223 082**
Sha Tin, Tai Po, North	**NTEC**	1 309	3 143	6 401	1 591	3 044	167 702	1 655	**184 845**
Tuen Mun, Yuen Long	**NTWC**	984	3 672	4 651	714	3 994	4 855	144 146	**163 016**
Others (e.g. Macau and Mainland China)		400	1 643	1 339	211	1 036	1 223	718	**6 570**
Overall		**116 800**	**117 541**	**222 138**	**135 504**	**202 643**	**186 279**	**151 406**	**1 132 311**

2019-20 (up to 31 December 2019) [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**	73 671	9 683	1 203	502	614	634	271	**86 578**
Central & Western, Southern	**HKWC**	5 185	59 007	763	254	408	402	219	**66 238**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 462	3 601	122 557	6 536	4 589	2 644	900	**142 289**
Kwun Tong, Sai Kung	**KEC**	2 936	3 805	16 611	93 995	2 205	2 671	715	**122 938**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 355	4 917	17 475	1 002	145 332	3 114	1 584	**174 779**
Sha Tin, Tai Po, North	**NTEC**	916	2 266	5 070	1 198	2 380	126 001	1 298	**139 129**
Tuen Mun, Yuen Long	**NTWC**	679	2 634	3 670	532	3 008	3 429	110 219	**124 171**
Others (e.g. Macau and Mainland China)		303	1 036	1 086	214	748	830	513	**4 730**
Overall		**86 507**	**86 949**	**168 435**	**104 233**	**159 284**	**139 725**	**115 719**	**860 852**

(ii) Number of day inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2018-19 and 2019-20 (up to 31 December 2019)

2018-19

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**	59 146	14 520	1 141	346	364	647	182	**76 346**
Central & Western, Southern	**HKWC**	3 025	54 137	579	103	278	326	109	**58 557**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 451	6 082	88 464	3 825	4 004	3 167	601	**107 594**
Kwun Tong, Sai Kung	**KEC**	3 449	6 918	20 850	59 045	2 053	4 451	508	**97 274**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 110	7 777	15 578	778	79 978	3 554	1 407	**110 182**
Sha Tin, Tai Po, North	**NTEC**	889	4 551	4 793	808	1 521	111 399	1 167	**125 128**
Tuen Mun, Yuen Long	**NTWC**	466	5 283	3 571	282	3 001	3 831	88 893	**105 327**
Others (e.g. Macau and Mainland China)		24	854	140	6	18	319	61	**1 422**
Overall		**69 560**	**100 122**	**135 116**	**65 193**	**91 217**	**127 694**	**92 928**	**681 830**

2019-20 (up to 31 December 2019) [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**	47 424	11 181	1 000	296	262	469	121	**60 753**
Central & Western, Southern	**HKWC**	2 469	43 128	755	72	140	249	66	**46 879**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	1 279	5 206	67 372	3 035	2 882	2 311	513	**82 598**
Kwun Tong, Sai Kung	**KEC**	2 790	6 023	17 384	47 948	1 826	3 013	404	**79 388**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 182	6 591	12 789	598	64 634	2 509	1 025	**89 328**
Sha Tin, Tai Po, North	**NTEC**	707	3 659	4 552	507	1 156	85 757	932	**97 270**
Tuen Mun, Yuen Long	**NTWC**	445	4 280	3 202	246	2 138	3 070	68 067	**81 448**
Others (e.g. Macau and Mainland China)		18	530	154	6	26	223	52	**1 009**
Overall		**56 314**	**80 598**	**107 208**	**52 708**	**73 064**	**97 601**	**71 180**	**538 673**

(e)

Number of patient days (including inpatient patient days and day inpatient discharges and deaths) for all general specialties of inpatient service provided by HA in 2018-19 and 2019-20 (up to 31 December 2019)

2018-19

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**	607 061	90 940	10 012	3 912	3 839	5 898	2 511	**724 173**
Central & Western, Southern	**HKWC**	42 826	486 216	6 336	1 799	2 981	3 044	1 242	**544 444**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	10 620	41 749	1 185 781	54 242	29 947	27 202	8 424	**1 357 965**
Kwun Tong, Sai Kung	**KEC**	20 265	38 693	202 606	770 969	14 464	27 341	5 452	**1 079 790**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	8 472	48 815	146 253	6 134	1 052 145	29 544	15 350	**1 306 713**
Sha Tin, Tai Po, North	**NTEC**	6 077	27 203	39 584	8 087	15 289	1 150 396	9 740	**1 256 376**
Tuen Mun, Yuen Long	**NTWC**	4 703	30 995	29 933	3 398	20 324	34 487	958 349	**1 082 189**
Others (e.g. Macau and Mainland China)		2 699	11 983	11 713	1 572	7 275	10 242	6 916	**52 400**
Overall		**702 723**	**776 594**	**1 632 218**	**850 113**	**1 146 264**	**1 288 154**	**1 007 984**	**7 404 050**

2019-20 (up to 31 December 2019) [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**	459 129	68 834	8 920	2 809	3 366	4 347	1 221	**548 626**
Central & Western, Southern	**HKWC**	32 437	356 722	5 782	958	2 643	2 519	1 143	**402 204**
Kowloon City, Yau Tsim Mong, Wong Tai Sin	**KCC**	8 687	31 589	904 780	40 108	23 465	20 383	7 115	**1 036 127**
Kwun Tong, Sai Kung	**KEC**	15 891	31 391	157 826	599 687	11 153	20 357	5 005	**841 310**
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	6 712	38 875	112 620	4 884	822 004	22 398	10 718	**1 018 211**
Sha Tin, Tai Po, North	**NTEC**	4 005	20 130	31 280	6 279	12 496	879 063	8 092	**961 345**
Tuen Mun, Yuen Long	**NTWC**	3 151	21 618	24 757	2 285	15 955	25 334	732 281	**825 381**
Others (e.g. Macau and Mainland China)		2 626	9 595	9 069	1 467	4 432	7 348	6 146	**40 683**
Overall		**532 638**	**578 754**	**1 255 034**	**658 477**	**895 514**	**981 749**	**771 721**	**5 673 887**

Note:
"Others" includes cases where patients provided a non-Hong Kong address or failed to provide residential information.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than one day. The calculation of the number of patient days and discharges and deaths includes both inpatients and day inpatients.

HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges and transfers involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. The requested data on patient headcount is not readily available.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1520)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please set out the details of the provisions for adult psychiatric, psychogeriatric, as well as child and adolescent psychiatric services of the 2 psychiatric hospitals and other psychiatric specialist outpatient clinics under the Hospital Authority (HA) from 2015-16 to 2019-20.

(b) Please tabulate the provisions for the HA's psychiatric centres, as well as the healthcare manpower, attendances and costs of the HA's 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 the related consultation-liaison services in the Accident and Emergency (A&E) departments from 2015-16 to 2019-20.

(c) Please provide the number of hospital admissions of new and follow-up psychiatric patients via the consultation-liaison services in the A&E departments from 2015-16 to 2019-20.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 16)

Reply:

(a) & (b)

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, hence the manpower and expenditure for supporting individual psychiatric services cannot be separately quantified.

The table below sets out the number of doctors, nurses and allied health professionals working in the psychiatric stream in HA from 2015-16 to 2019-20 (as at 31 December 2019).

Year	**Psychiatric doctors**[1,2]	**Psychiatric Nurses**[1,3] **(including Community Psychiatric Nurses)**	**Allied Health Professionals**		
			Clinical Psychologists[1]	**Medical Social Workers**[5]	**Occupational Therapists**[1]
2015-16	344	2 472	82	243	245
2016-17[4]	349	2 493	90	243	257
2017-18[4]	347	2 588	86	243	263
2018-19[4]	351	2 670	90	246	263
2019-20[4] (as at 31 December 2019)	368	2 806	97	249	285

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding those in the HA Head Office.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital (SLH)), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.
5. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department.

The table below sets out the total number of attendances of psychiatric specialist outpatient clinics (SOPCs) in HA from 2015-16 to 2019-20 (up to 31 December 2019).

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [provisional figures]**
Total number of attendances of psychiatric SOPCs	825 591	859 338	873 141	897 777	690 643

The table below sets out the expenditure for providing mental health services by HA from 2015-16 to 2019-20.

	Expenditure on Mental Health Services ($ million)				
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20 (Revised Estimate)**
In-patient	2,422	2,501	2,577	2,712	3,004
Out-patient	1,100	1,174	1,249	1,356	1,521
Community Outreach	565	611	621	671	748
Day Hospital	281	293	309	312	338
Total	**4,368**	**4,579**	**4,756**	**5,051**	**5,611**

The expenditure includes direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). Expenditure breakdown for individual clinic / unit is not available.

(c)

The table below sets out the number of hospital admissions to the psychiatry specialty via the Accident and Emergency (A&E) departments in HA from 2015-16 to 2019-20 (up to 31 December 2019).

Year	**Number of Hospital Admissions to Psychiatry Specialty via A&E Department**
2015-16	7 666
2016-17	7 539
2017-18	7 561
2018-19	7 777
2019-20 (up to 31 December 2019) [provisional figures]	5 683

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1521)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :

Please provide the following by cluster under the Hospital Authority (including all clusters as a whole) :

(a) the numbers of infirmary, mentally-ill and mentally-handicapped inpatients, patient days and costs of medical services for these patients, as well as the number of healthcare staff involved;

(b) the 90th, 75th, 25th and 10th percentile of length of stay for infirmary, mentally-ill and mentally-handicapped inpatients and the reasons for the length of stay at the 75th and 90th percentile;

(c) the number of general outpatient attendances; and

(d) the number of specialist outpatient attendances.

Asked by : Hon CHAN Pierre (LegCo internal reference no.: 17)

Reply:

(a)

The table below sets out the number of patient days (number of inpatient patient days and number of day inpatient discharges & deaths) for infirmary, mentally ill and mentally handicapped inpatient services in each hospital cluster under the Hospital Authority (HA) in 2019-20 (up to 31 December 2019).

Number of patient days in 2019-20 (up to 31 December 2019) [Provisional figures]	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary	124 584	32 293	59 234	25 615	34 345	71 308	22 547	**369 926**
Mentally Ill	79 126	16 288	103 641	11 007	185 108	111 987	202 502	**709 659**
Mentally Handicapped *	–	–	–	–	15 105	–	122 943	**138 048**

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

HA classifies day inpatients as those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via the Accident and Emergency Department or those who have stayed for more than one day. The calculation of the number of patient days includes that of both inpatients and day inpatients.

HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission / attendances, discharges and transfers, involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested data on patient headcount are not readily available.

The table below sets out the estimated costs of inpatient services in each hospital cluster by infirmary, mentally ill and mentally handicapped services in 2019-20.

Type of Beds	Estimated Service Costs ($ million)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Infirmary	332	70	128	77	95	157	45	**904**
Mentally Ill	344	147	408	102	681	508	814	**3 004**
Mentally Handicapped *	–	–	–	–	64	–	309	**373**

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

The inpatient service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

It should be noted that the inpatient service costs vary among different clusters 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 clusters. The service costs also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and

other factors, including specialisation of the specialties in the clusters. Hence clusters with greater number of patients or heavier load of patients with more complex condition or requiring more costly treatment would incur a higher service cost. Therefore, the service costs cannot be directly compared among clusters.

The table below sets out the full-time equivalent (FTE) strength of doctors and nurses in the specialties of psychiatry and medicine by cluster as at 31 December 2019. HA does not have the manpower breakdowns for mentally handicapped service and infirmary service as they are covered by the manpower under the specialties of psychiatry and medicine respectively.

2019-20 (As at 31 December 2019)

Staff Group	Cluster	Psychiatry	Medicine
Doctors	HKEC	38	167
	HKWC	30	150
	KCC	37	278
	KEC	40	170
	KWC	76	218
	NTEC	63	225
	NTWC	84	171
Doctors Total		**368**	**1 379**
Nursing	HKEC	269	947
	HKWC	138	765
	KCC	267	1 473
	KEC	193	1 194
	KWC	722	1 061
	NTEC	456	1 511
	NTWC	761	978
Nursing Total		**2 806**	**7 930**

Note :

1. The manpower figures above are calculated on a FTE basis including permanent, contract and temporary staff in all HA clusters, but excluding those in the 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. Psychiatric 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 nurses in psychiatric stream.
4. Nurses working in Mentally Handicapped Department are excluded.

(b)

The table below sets out the 25th, 50th, 75th, 90th percentile of length of stay for the psychiatric specialty in each hospital cluster under HA in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

Inpatient Length of Stay (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
25th percentile	7	10	12	17	14	5	14	**10**
50th percentile	18	25	24	30	25	17	28	**23**
75th percentile	44	46	43	52	48	38	61	**46**
90th percentile	101	78	82	92	100	78	159	**95**

HA makes use of the commonly used yardsticks of 25th, 50th and 75th percentile (i.e. lower quarter percentile, median, upper quarter percentile) for statistical review. To reflect the relatively long inpatient length of stay, HA uses 90th percentile.

Infirmary and mentally handicapped services involve long-stay patients and small patient volume. The length of stay of discharged patients is highly variable year by year and across clusters, in particular the discharge of a few exceptionally long stay patients can bring great variations in the length of stay in the cluster concerned. Furthermore, in view of the relatively small number of discharges and deaths every year comparing with the total number of patients being treated, the figure does not reflect the services provided to all patients during the reporting period. Therefore, the number of patient days serves a better indicator to reflect the utilisation of the services.

(c) & (d)

The table below sets out the number of general outpatient (GOP) and specialist outpatient (SOP) attendances in each hospital cluster under HA in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

Number of Attendances	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
GOP	436 166	286 034	858 858	718 454	787 073	770 713	673 811	**4 531 109**
SOP	647 824	695 012	1 154 504	677 677	1 047 070	975 295	840 611	**6 037 993**

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. 1522)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 40 of the Budget Speech that the Government has devoted substantial resources to healthcare and public health services. Will the Government please inform this Committee of the following:

(1) The recurrent expenditure of $87.124 billion on healthcare covers the recurrent resources allocated for 4 health-related heads of expenditure, namely Head 140 - Food and Health Bureau (Health Branch), Head 37 - Department of Health, Head 48 - Government Laboratory and Head 155 - Government Secretariat: Innovation and Technology Commission. Please list the recurrent expenditure items related to healthcare and the respective estimated expenditures under the above heads.

Asked by: Hon CHAN Pierre (LegCo internal reference no.:20)

Reply:

(1)

The recurrent expenditure of $87.124 billion on healthcare covers a wide range of recurrent expenditure items. Details could be found in the Controlling Officer's Report of the respective Heads including Head 140, 37, 48 and 155.

The table below sets out the breakdown of the estimated recurrent expenditure allocated to the 4 health-related Heads of Expenditure in 2020-21:

Head of Expenditure	2020-21 Estimate ($million)
Head 140 – Food and Health Bureau (Health Branch)	76,116.2
Head 37 – Department of Health	10,928.7
Head 48 – Government Laboratory	67.4
Head 155 – Government Secretariat : Innovation and Technology Commission	3.4
Total :	(Note) **87,115.7**

(Note) The total recurrent expenditure for Policy Area Group (PAG): Health amounts to $87,124 million per Appendix B of the Budget Speech. It has included $7.8 million Additional Commitments under Head 106 – Miscellaneous Services apportioned to PAG: Health to meet funding for initiatives under planning and also any unavoidable recurrent expenditure that may arise during the year in excess of the amounts provided under other heads and subheads of the Estimates.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1523)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of doctors in 2019-20, please set out:

(a) by hospital cluster, specialty and rank the number of doctors in the establishment;

(b) by hospital cluster, specialty and rank the numbers of full-time and part-time doctors employed; and

(c) by hospital cluster, specialty and rank the numbers of vacancies for full-time and part-time doctors.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 22)

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 2020-21, HA plans to recruit about 530 doctors.

As at 31 December 2019, there were 478 part-time doctors working in HA, providing support equivalent to about 189 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 HA in 2019-20 (as at 31 December 2019).

Cluster	Specialty	2019-20 (as at 31 December 2019)			
		Consultant	**SMO/AC**	**MO/R**	**Total**
HKEC	Accident & Emergency	8	29	24	60
	Anaesthesia	6	13	18	37
	Family Medicine	2	14	41	57
	Intensive Care Unit	2	6	10	18
	Medicine	19	60	88	167
	Neurosurgery	2	3	6	11
	Obstetrics & Gynaecology	5	6	10	21
	Ophthalmology	4	6	11	21
	Orthopaedics & Traumatology	6	10	18	34
	Paediatrics	6	7	14	28
	Pathology	8	5	8	21
	Psychiatry	6	12	20	38
	Radiology	11	10	23	44
	Surgery	8	17	27	52
	Others	6	8	17	31
	Total	**98**	**206**	**336**	**640**
HKWC	Accident & Emergency	3	13	15	31
	Anaesthesia	16	26	31	72
	Cardio-thoracic Surgery	5	3	4	12
	Family Medicine	3	19	20	43
	Intensive Care Unit	2	6	6	14
	Medicine	25	47	78	150
	Neurosurgery	3	3	7	13
	Obstetrics & Gynaecology	7	7	14	28
	Ophthalmology	2	4	9	15
	Orthopaedics & Traumatology	5	8	22	35
	Paediatrics	11	11	27	49
	Pathology	11	6	16	33
	Psychiatry	3	9	17	30
	Radiology	9	11	19	39
	Surgery	13	17	43	73
	Others	7	8	16	31
	Total	**124**	**198**	**344**	**667**
KCC	Accident & Emergency	6	28	36	70
	Anaesthesia	14	37	47	98
	Cardio-thoracic Surgery	4	6	5	15
	Family Medicine	3	28	83	113
	Intensive Care Unit	5	9	8	22
	Medicine	34	113	132	278
	Neurosurgery	7	10	19	36
	Obstetrics & Gynaecology	11	15	29	56
	Ophthalmology	6	15	16	37
	Orthopaedics & Traumatology	14	21	25	60
	Paediatrics	28	55	57	140
	Pathology	21	16	21	58
	Psychiatry	6	10	22	37
	Radiology	21	23	36	80
	Surgery	22	34	67	124
	Others	11	15	24	50
	Total	**213**	**435**	**627**	**1 275**
KEC	Accident & Emergency	6	26	41	72
	Anaesthesia	8	20	23	51

Cluster	Specialty	2019-20 (as at 31 December 2019)			
		Consultant	**SMO/AC**	**MO/R**	**Total**
	Family Medicine	2	31	56	88
	Intensive Care Unit	1	6	6	13
	Medicine	25	59	87	170
	Obstetrics & Gynaecology	7	7	13	27
	Ophthalmology	1	8	12	21
	Orthopaedics & Traumatology	8	12	32	52
	Paediatrics	8	16	21	44
	Pathology	9	5	9	23
	Psychiatry	4	17	19	40
	Radiology	10	9	13	32
	Surgery	9	24	31	64
	Others	4	12	10	26
	Total	**101**	**252**	**372**	**724**
KWC	Accident & Emergency	10	42	68	119
	Anaesthesia	8	35	23	67
	Family Medicine	3	33	84	120
	Intensive Care Unit	3	11	16	30
	Medicine	30	75	113	218
	Neurosurgery	2	3	8	13
	Obstetrics & Gynaecology	5	9	12	26
	Ophthalmology	3	11	12	26
	Orthopaedics & Traumatology	11	20	37	68
	Paediatrics	8	20	22	50
	Pathology	14	13	18	45
	Psychiatry	9	30	37	76
	Radiology	12	10	14	36
	Surgery	15	31	49	95
	Others	8	15	23	46
	Total	**142**	**356**	**536**	**1 034**
NTEC	Accident & Emergency	8	30	35	73
	Anaesthesia	9	32	35	76
	Cardio-thoracic Surgery	2	3	8	13
	Family Medicine	3	28	69	100
	Intensive Care Unit	5	11	14	30
	Medicine	31	63	130	225
	Neurosurgery	3	3	7	13
	Obstetrics & Gynaecology	7	9	18	34
	Ophthalmology	3	6	16	25
	Orthopaedics & Traumatology	12	17	41	70
	Paediatrics	9	20	33	62
	Pathology	9	13	18	40
	Psychiatry	7	22	33	63
	Radiology	11	14	21	46
	Surgery	18	22	51	91
	Others	9	18	27	55
	Total	**145**	**312**	**557**	**1 014**
NTWC	Accident & Emergency	8	28	50	86
	Anaesthesia	7	13	30	51
	Cardio-thoracic Surgery	1	1	0	2
	Family Medicine	3	23	66	91
	Intensive Care Unit	2	9	10	21
	Medicine	23	57	90	171

Cluster	Specialty	2019-20 (as at 31 December 2019)			
		Consultant	**SMO/AC**	**MO/R**	**Total**
	Neurosurgery	3	4	7	14
	Obstetrics & Gynaecology	8	9	18	35
	Ophthalmology	4	9	14	26
	Orthopaedics & Traumatology	9	14	26	49
	Paediatrics	8	11	25	45
	Pathology	5	7	12	24
	Psychiatry	11	28	46	84
	Radiology	11	6	22	39
	Surgery	15	18	41	74
	Others	8	11	19	38
	Total	**126**	**249**	**475**	**851**

(c)

As at 2019-20, the cumulative number of doctor shortfall is around 260. At the same time, HA is also facing the challenge of high attrition rate of doctors. On top of retirement, drainage to the private market is another major reason of doctor attrition. In 2019-20, the attrition rate is 6.1% (rolling 12 months from 1 January 2019 to 31 December 2019), equivalent to 364 full-time doctors.

Note:

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. Manpower on headcount basis includes permanent, contract, temporary part time staff in HA's workforce.

3. The services of the medicine department include services for palliative care, rehabilitation and infirmary. The services of the psychiatry department include services for the mentally handicapped.

4. Doctors exclude Interns and Dental Officers.

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

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)038

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1524)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 40 of the Budget Speech, the Government has announced the "expansion of the scope of the HA Drug Formulary". Will the Government inform this Committee of the following:

(a) the numbers of standard drugs incorporated into or removed from the Hospital Authority Drug Formulary (the Formulary) and the expenditure involved in subsidising the use of standard drugs in 2018-19, 2019-20 and 2020-21 (estimates);

(b) the names of drugs to be incorporated into the Formulary in 2020-21, numbers of patients using and expected to use these drugs in 2018-19, 2019-20 and 2020-21, amount paid by patients purchasing these drugs at their own expenses, and the estimated expenditure involved in introducing these drugs as standard drugs; and

(c) the names of drugs in the Formulary which use will be extended in 2020-21, numbers of patients using and expected to use these drugs in 2018-19, 2019-20 and 2020-21, and the estimated expenditure involved in extending the use of these drugs.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 23)

Reply:

Since appraisal of new drugs is an ongoing process driven by evolving medical evidence, latest clinical development and market dynamics, the Hospital Authority (HA) is at present unable to project the number of new drugs to be incorporated into or removed from the HA Drug Formulary (HADF) in 2020-21.

(a)

The table below sets out the number of drugs newly incorporated into and those removed from HADF in 2018-19 and 2019-20.

	2018-19	**2019-20**
Number of new drugs incorporated into HADF	38	57
Number of drugs removed from HADF	54	19

With additional recurrent resources from the Government, HA has been expanding the scope of HADF by incorporating specific new drugs / drug classes as Special drugs and extending the therapeutic applications of different Special drugs / drug classes in HADF. The amount of drug consumption expenditure on General and Special drugs in HADF (i.e. the expenditure on General drugs and Special drugs prescribed to patients at standard fees and charges) in 2018-19 and 2019-20 (projection based on expenditure figure as at 31 December 2019) are $5,662 million and $6,206 million respectively. In 2020-21, the additional recurrent financial requirement for widening the indications of Special drugs and re-positioning Self-financed drugs as Special drugs for treating hepatitis, oncology and cardiovascular diseases is $84.2 million. The growth in drug consumption expenditure on General and Special drugs in HADF is projected at around 7%.

Note :
HA has established mechanisms to regularly appraise new drugs and review the existing drug list in HADF in order to meet contemporary and evolving service needs. Obsolete drugs, including those discontinued by manufacturers or no longer in use due to change in practice are removed from HADF.

(b)

The table below sets out the names of the Self-financed drugs to be repositioned as Special drugs in HADF in 2020-21, the patient headcount prescribed with these drugs, and the total amount of patients' contribution to purchase these drugs in 2018-19 and 2019-20 (up to 31 December 2019).

Drug Name / Class	**Patient Headcount Prescribed with the Drug**		**Amount of Patients' Contribution ($ million)**	
	2018-19	**2019-20 (Up to 31 December 2019)**	**2018-19**	**2019-20 (Up to 31 December 2019)**
i) Erlotinib	1 114	977	67.65	49.51
ii) Sacubitril / Valsartan	265	481	N/A[Note]	N/A[Note]

The patient headcount and the amount of patients' contribution include all patients prescribed with these drugs as Self-financed drugs for treatment of different diseases and the expenditure on the drugs for a variety of therapeutic uses other than those incorporated into HADF in 2020-21.

Note :
This drug falls outside the list of Self-financed drugs available for purchase by patients at HA pharmacies and thus the amount of patients' contribution is not available.

The table below sets out the estimated expenditure involved and the estimated number of patients who will benefit from the above-said drugs for specified clinical conditions to be repositioned as Special drugs in HADF in 2020-21.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ million)	Estimated Number of Patients Benefited
i) Erlotinib for advanced or metastatic non-small-cell lung cancer	63.0	1 000
ii) Sacubitril / Valsartan for heart failure	15.6	2 167

HA has a mechanism in place to regularly appraise new drugs for listing in HADF. Apart from the above drugs, other new drugs will be incorporated into HADF within the year as and when appropriate.

(c)

HA will extend the therapeutic application of one Special drug / drug class in HADF in 2020-21. The table below sets out the patient headcount prescribed with this drug in 2018-19 and 2019-20 (up to 31 December 2019).

Drug Name / Class	2018-19	2019-20 (Up to 31 December 2019)
i) Tenofovir	1 512	1 161

The patient headcount includes all patients prescribed with this drug under standard fees and charges for different clinical indications.

The table below sets out the estimated expenditure involved and the estimated number of patients who will benefit from the extended therapeutic application of this Special drug in 2020-21.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients Benefited
i) Tenofovir for treating Hepatitis B for pregnant women	5.6	783

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Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)039**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1525)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the total number of and total annual remuneration packages (including basic salary, allowances, contributions for retirement schemes and other benefits) for the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives, Deputy Cluster Chief Executives, Hospital Chief Executives, Deputy Hospital Chief Executives, Chief Managers, Senior Managers, Cluster General Managers and General Managers of the Hospital Authority in 2018-19 and 2019-20.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 24)

Reply:

The table below sets out the number and remunerations (including salaries, allowances, contributions for retirement schemes and other benefits) of Chief Executive, Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority (HA) in 2018-19. The actual expenditure for 2019-20 will only be available after the close of the current financial year.

Rank[#]	**Number** (as at 31 March 2019)	**Remuneration**
Chief Executive	1	$6.2 million
Directors / Heads / Cluster Chief Executives	14	$67.5 million
Hospital Chief Executives (HCE)	16	$66.5 million
Deputy Hospital Chief Executives (DHCE) *	37	Not applicable

Deputy Director, Deputy Cluster Chief Executive, Chief Manager, Senior Manager and the other Manager posts are position titles in HA and are filled by different grades/professions. Information on the numbers and remunerations of these positions is not readily available.

* DHCE is a concurrent appointment of which the incumbent needs to take up the role of DHCE in addition to his/her clinical duties. DHCE's appointment is created for hospitals where the HCE has to manage more than 1 hospital.

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)040

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1527)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list, by each cluster and all clusters of the Hospital Authority as a whole, the total population and the population aged 65 or above served/to be served, the total provisions, the total number of doctors, nurses, allied health professionals and general beds, and their respective percentage shares, as well as their ratios per 1 000 population and per 1 000 population aged 65 or above in 2018-19, 2019-20 and 2020-21 (Estimate).

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 26)

Reply:

The table below sets out the recurrent budget allocation in respect of each cluster of the Hospital Authority (HA) in 2018-19 and 2019-20. The recurrent budget allocation to individual clusters for 2020-21 is being worked out by HA and hence not yet available.

Cluster	**2018-19 ($ billion)**	**2019-20 (projection as of 31 December 2019) ($ billion)**
HKEC	6.31	6.90
HKWC	6.58	7.17
KCC	12.25	14.14
KEC	6.59	7.30
KWC	10.01	11.03
NTEC	9.82	10.74
NTWC	8.57	9.52
Total for Clusters	**60.13**	**66.80**

The tables below set out the population and the population aged 65 or above in respect of each cluster of HA in 2018, 2019 and 2020.

Population Estimates in 2018 (as at mid-2018)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 100	136 300
Central & Western, Southern	HKWC	518 700	91 000
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 178 900	204 600
Kwun Tong, Sai Kung	KEC	1 154 700	197 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 372 400	231 100
Sha Tin, Tai Po, North	NTEC	1 314 400	220 200
Tuen Mun, Yuen Long	NTWC	1 143 700	185 000
Overall Hong Kong		**7 451 000**	**1 266 200**

Projected Population in 2019 (as at mid-2019)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	761 100	139 800
Central & Western, Southern	HKWC	512 900	93 100
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 174 800	212 000
Kwun Tong, Sai Kung	KEC	1 169 400	208 000
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 408 900	245 700
Sha Tin, Tai Po, North	NTEC	1 318 700	229 800
Tuen Mun, Yuen Long	NTWC	1 155 400	196 200
Overall Hong Kong		**7 502 600**	**1 324 600**

Projected Population in 2020 (as at mid-2020)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	757 200	145 200
Central & Western, Southern	HKWC	509 000	96 100
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 182 800	223 600
Kwun Tong, Sai Kung	KEC	1 176 700	217 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 428 800	257 000
Sha Tin, Tai Po, North	NTEC	1 343 300	241 600
Tuen Mun, Yuen Long	NTWC	1 159 300	205 300
Overall Hong Kong		**7 558 100**	**1 386 800**

The tables below set 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 2018-19 and 2019-20 (as at 31 December 2019). Relevant information for 2020-21 is not yet available.

2018-19

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	622	10.5%	0.8	4.6	2 855	10.5%	3.7	20.9	847	10.6%	1.1	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	630	10.6%	1.2	6.9	2 891	10.6%	5.6	31.8	971	12.2%	1.9	10.7	Central & Western, Southern
KCC	1 235	20.8%	1.0	5.6	5 522	20.3%	4.5	26.1	1 695	21.2%	1.3	7.6	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	698	11.7%	0.6	3.5	3 120	11.5%	2.7	15.8	847	10.6%	0.7	4.3	Kwun Tong, Sai Kung
KWC	1 000	16.8%	0.7	4.3	4 506	16.6%	3.3	19.5	1 275	16.0%	0.9	5.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	963	16.2%	0.7	4.4	4 565	16.8%	3.5	20.7	1 310	16.4%	1.0	5.9	Sha Tin, Tai Po, North
NTWC	802	13.5%	0.7	4.3	3 756	13.8%	3.3	20.3	1 037	13.0%	0.9	5.6	Tuen Mun, Yuen Long
Cluster Total	5 952	100%	0.8	4.7	27 214	100%	3.7	21.5	7 982	100%	1.1	6.3	

2019-20 (as at 31 December 2019)

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	640	10.3%	0.8	4.6	2 984	10.4%	3.9	21.3	860	10.4%	1.1	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	667	10.7%	1.3	7.2	3 061	10.7%	6.0	32.9	989	12.0%	1.9	10.6	Central & Western, Southern
KCC	1 275	20.5%	1.0	5.4	5 943	20.7%	4.8	26.8	1 786	21.6%	1.4	7.6	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	724	11.7%	0.6	3.5	3 331	11.6%	2.8	16.0	889	10.8%	0.8	4.3	Kwun Tong, Sai Kung
KWC	1 034	16.7%	0.7	4.2	4 752	16.5%	3.4	19.3	1 311	15.9%	0.9	5.3	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 014	16.3%	0.8	4.4	4 694	16.3%	3.6	20.4	1 353	16.4%	1.0	5.9	Sha Tin, Tai Po, North
NTWC	851	13.7%	0.7	4.3	3 975	13.8%	3.4	20.3	1 082	13.1%	0.9	5.5	Tuen Mun, Yuen Long
Cluster Total	6 204	100%	0.8	4.7	28 740	100%	3.8	21.7	8 270	100%	1.1	6.2	

The tables below set out the number and ratio of general beds in HA per 1 000 population by hospital clusters in 2018-19, 2019-20 and 2020-21.

2018-19

Hospital Cluster	Number of general beds#	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 177	9.6%	2.8	16.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 866	12.7%	5.5	31.5	Central & Western, Southern
KCC	4 949	21.9%	4.2	24.0	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 531	11.2%	2.2	12.8	Kwun Tong, Sai Kung
KWC	3 531	15.7%	2.6	15.3	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 819	16.9%	2.9	17.3	Sha Tin, Tai Po, North
NTWC	2 688	11.9%	2.4	14.5	Tuen Mun, Yuen Long
Overall HA	**22 561**	**100.0%**	**3.0**	**17.8**	

Hospital beds as at 31 March 2019

2019-20

Hospital Cluster	Number of general beds^	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 247	9.7%	3.0	16.1	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 831	12.3%	5.5	30.4	Central & Western, Southern
KCC	5 135	22.3%	4.2	23.4	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 604	11.3%	2.2	12.5	Kwun Tong, Sai Kung
KWC	3 559	15.4%	2.5	14.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 886	16.9%	2.9	16.9	Sha Tin, Tai Po, North
NTWC	2 787	12.1%	2.4	14.2	Tuen Mun, Yuen Long
Overall HA	**23 049**	**100.0%**	**3.1**	**17.4**	

^ Hospital beds as at 31 December 2019

2020-21

Hospital Cluster	Number of general beds (Estimate)*	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 275	9.7%	3.0	15.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 794	11.9%	5.5	29.1	Central & Western, Southern
KCC	5 282	22.5%	4.3	22.5	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 690	11.4%	2.3	12.3	Kwun Tong, Sai Kung
KWC	3 633	15.4%	2.5	14.1	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	4 001	17.0%	3.0	16.6	Sha Tin, Tai Po, North
NTWC	2 851	12.1%	2.5	13.9	Tuen Mun, Yuen Long
Overall HA	**23 526**	**100.0%**	**3.1**	**17.0**	

* Hospital beds as at 31 March 2021

Note:

1) 2019-20 financial projection is primarily based on budget allocation as at 31 December 2019, adjusted to include the financial impact of 2019-20 Annual Pay Adjustment.

2) The recurrent budget allocation as shown in the table above represents the funding allocated to clusters for supporting their daily operational needs, such as staff costs, drugs expenditure, medical supplies and utilities charges, etc. On top of the recurrent budget allocation, each cluster has other incomes, such as fees and charges collected from patients for healthcare services rendered, which will also contribute to supporting the cluster's day-to-day operation. The above does not include capital budget allocation such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

3) The resource needs of a cluster depend not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, budget allocation to individual clusters is not directly comparable.

4) The above population figures are based on the latest revised mid-year population estimates 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.

5) The manpower and general bed to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

6) The ratios of doctors, nurses, allied health professionals and 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 considered;

   (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.

7) The above bed information includes only the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds are not included given their specific nature.

8) Hong Kong Children's Hospital (HKCH) in KCC is a specialty hospital providing territory-wide paediatric services and serving as a tertiary referral centre for complex cases. Hospital beds / manpower of HKCH are therefore excluded when calculating the bed / manpower ratios (i.e. number of beds per 1 000 population and number of staff per 1 000 population) in KCC, but included when calculating the overall HA bed / manpower ratios.

9) 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.

10) Doctors exclude Interns and Dental Officers.

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. 1528)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list by specialty and cluster (including all clusters as a whole and a breakdown by cluster) the number of general beds, bed occupancy rate, number of attendances, number of patients, number of patient days, average length of stay, cost per inpatient discharged and cost per patient day under the Hospital Authority in 2018-19, 2019-20 and 2020-21(estimate).

(b) Please list the bed occupancy rate of each hospital and specialty with a breakdown by cluster in the past 1 year.

Asked by : Hon CHAN Pierre (LegCo internal reference no.: 27)

Reply:

(a) & (b)

The tables below set out :

(i) the number of hospital beds;

(ii) inpatient (IP) bed occupancy rate;

(iii) number of IP discharges and deaths (IP D&D);

(iv) number of day inpatient discharges and deaths (DP D&D);

(v) number of patient days (number of IP patient days and number of DP D&D); and

(vi) IP average length of stay (IP ALOS)

by major specialties in each cluster under the Hospital Authority (HA) in 2018-19 and 2019-20 (up to 31 December 2019). For 2020-21, estimates of relevant information for all general specialties are also provided below but the figures by specialty are not available.

2018-19

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
All general specialties (acute & convalescent)								
Number of hospital beds #	2 177	2 866	4 949	2 531	3 531	3 819	2 688	**22 561**
IP bed occupancy rate	91%	77%	91%	98%	93%	91%	104%	**92%**
IP D&D	116 800	117 541	222 138	135 504	202 643	186 279	151 406	**1 132 311**
DP D&D	69 560	100 122	135 116	65 193	91 217	127 694	92 928	**681 830**
Patient days	702 723	776 594	1 632 218	850 113	1 146 264	1 288 154	1 007 984	**7 404 050**
IP ALOS (days)	5.4	5.8	6.7	5.8	5.2	6.3	6.0	**5.9**
Major specialties								
Gynaecology								
Number of hospital beds #	38	78	72	79	95	52	64	**478**
IP bed occupancy rate	108%	64%	83%	81%	94%	78%	109%	**84%**
IP D&D	3 937	4 600	8 576	5 075	6 857	4 212	6 438	**39 695**
DP D&D	2 317	5 541	4 355	1 979	2 541	4 631	9 075	**30 439**
Patient days	12 175	18 685	24 295	14 580	14 580	14 323	20 593	**119 231**
IP ALOS (days)	2.4	2.8	2.3	2.4	1.7	2.2	1.8	**2.2**
Medicine								
Number of hospital beds #	999	955	1 892	1 274	1 658	1 645	1 234	**9 657**
IP bed occupancy rate	96%	93%	100%	108%	102%	105%	113%	**103%**
IP D&D	52 442	49 336	91 893	62 311	89 019	77 791	54 128	**476 920**
DP D&D	22 351	43 044	57 055	37 223	39 528	47 593	33 594	**280 388**
Patient days	333 290	337 599	719 939	474 028	590 064	642 722	486 323	**3 583 965**
IP ALOS (days)	5.4	5.8	7.0	6.5	6.0	7.5	8.0	**6.6**
Obstetrics								
Number of hospital beds #	62	89	224	81	103	124	76	**759**
IP bed occupancy rate	76%	62%	65%	55%	66%	67%	93%	**68%**
IP D&D	3 516	5 575	13 297	5 000	6 174	8 766	8 268	**50 596**
DP D&D	769	1 586	10 423	993	1 458	3 798	4 028	**23 055**
Patient days	13 777	18 075	52 475	15 082	18 326	32 324	27 773	**177 832**
IP ALOS (days)	3.7	3.0	3.1	2.8	2.7	3.2	2.9	**3.0**
Orthopaedics & Traumatology								
Number of hospital beds #	216	334	432	276	429	498	359	**2 544**
IP bed occupancy rate	97%	71%	111%	105%	98%	84%	95%	**95%**
IP D&D	10 870	9 619	16 385	13 910	21 165	20 430	13 091	**105 470**
DP D&D	7 250	2 025	5 049	1 348	2 036	3 510	2 758	**23 976**
Patient days	72 101	73 218	174 776	104 597	153 977	156 895	123 294	**858 858**
IP ALOS (days)	5.6	7.2	9.6	6.6	6.9	7.2	8.8	**7.5**
Paediatrics								

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
Number of hospital beds #	54	183	239	110	258	149	106	**1 099**
IP bed occupancy rate	87%	72%	76%	84%	74%	84%	89%	**79%**
IP D&D	4 429	6 013	12 859	11 007	14 591	13 095	9 716	**71 710**
DP D&D	433	7 524	5 964	552	4 965	7 071	1 877	**28 386**
Patient days	15 927	41 517	53 897	32 378	53 975	55 762	36 494	**289 950**
IP ALOS (days)	3.3	5.2	3.6	2.9	3.1	3.6	4.0	**3.6**
Surgery								
Number of hospital beds #	266	593	571	376	448	513	379	**3 146**
IP bed occupancy rate	89%	70%	87%	93%	91%	89%	107%	**89%**
IP D&D	17 968	20 603	31 000	24 226	34 568	25 898	24 319	**178 582**
DP D&D	16 011	22 087	20 449	11 896	23 238	23 615	19 332	**136 628**
Patient days	93 719	136 659	174 615	123 077	154 440	162 621	148 670	**993 801**
IP ALOS (days)	4.0	5.2	4.6	4.3	3.6	5.2	4.9	**4.5**

Number of hospital beds as at 31 March 2019

2019-20 (up to 31 December 2019) [Provisional Figures]

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
All general specialties (acute & convalescent)								
Number of hospital beds ^	2 247	2 831	5 135	2 604	3 559	3 886	2 787	**23 049**
IP bed occupancy rate	90%	77%	92%	98%	95%	91%	104%	**93%**
IP D&D	86 507	86 949	168 435	104 233	159 284	139 725	115 719	**860 852**
DP D&D	56 314	80 598	107 208	52 708	73 064	97 601	71 180	**538 673**
Patient days	532 638	578 754	1 255 034	658 477	895 514	981 749	771 721	**5 673 887**
IP ALOS (days)	5.5	5.7	6.8	5.8	5.1	6.4	6.0	**6.0**
Major specialties								
Gynaecology								
Number of hospital beds ^	38	78	72	81	95	52	64	**480**
IP bed occupancy rate	103%	63%	78%	71%	94%	84%	113%	**82%**
IP D&D	2 779	3 216	6 091	3 645	5 165	3 031	4 753	**28 680**
DP D&D	1 799	4 298	3 303	1 609	2 021	3 608	7 066	**23 704**
Patient days	8 874	13 875	17 397	10 803	11 098	11 431	16 094	**89 572**
IP ALOS (days)	2.5	2.9	2.3	2.5	1.8	2.5	1.9	**2.3**

	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Medicine								
Number of hospital beds ^	1 049	957	1 939	1 310	1 694	1 692	1 308	**9 949**
IP bed occupancy rate	96%	92%	103%	108%	104%	103%	113%	**103%**
IP D&D	39 234	36 243	67 737	47 636	70 970	57 748	39 820	**359 388**
DP D&D	18 749	37 093	43 883	31 111	31 717	37 639	26 123	**226 315**
Patient days	255 717	251 998	546 447	368 862	476 811	488 385	375 994	**2 764 214**
IP ALOS (days)	5.6	5.7	7.2	6.6	6.0	7.6	8.5	**6.8**
Obstetrics								
Number of hospital beds ^	62	89	224	81	103	124	76	**759**
IP bed occupancy rate	69%	60%	63%	51%	61%	66%	91%	**65%**
IP D&D	2 548	4 229	9 543	3 676	4 564	6 255	5 978	**36 793**
DP D&D	664	1 105	6 963	818	996	2 464	2 720	**15 730**
Patient days	9 593	13 061	37 934	11 270	12 789	23 662	20 314	**128 623**
IP ALOS (days)	3.5	2.8	3.2	2.8	2.6	3.3	2.9	**3.0**
Orthopaedics & Traumatology								
Number of hospital beds ^	216	334	432	278	429	498	359	**2 546**
IP bed occupancy rate	91%	73%	111%	104%	99%	87%	92%	**95%**
IP D&D	8 151	7 097	12 795	10 787	16 624	15 585	10 356	**81 395**
DP D&D	5 332	1 537	3 791	1 194	1 592	2 691	1 998	**18 135**
Patient days	51 359	55 065	131 644	81 071	117 733	121 282	89 541	**647 695**
IP ALOS (days)	5.4	7.1	9.4	6.7	6.8	7.4	8.0	**7.4**
Paediatrics								
Number of hospital beds ^	54	150	322	110	208	169	100	**1 113**
IP bed occupancy rate	80%	67%	75%	85%	77%	80%	91%	**78%**
IP D&D	3 352	4 014	11 270	8 496	11 440	8 946	7 354	**54 872**
DP D&D	349	4 645	8 741	632	3 272	4 187	1 140	**22 966**
Patient days	11 081	25 897	59 456	24 938	39 952	33 628	26 214	**221 166**
IP ALOS (days)	2.9	4.9	4.2	3.1	2.9	3.0	3.3	**3.4**
Surgery								
Number of hospital beds ^	284	593	617	369	448	513	389	**3 213**
IP bed occupancy rate	90%	68%	87%	94%	95%	96%	111%	**91%**
IP D&D	13 573	15 369	24 240	18 206	27 852	20 719	19 216	**139 175**
DP D&D	12 225	16 244	15 883	8 718	18 337	18 693	13 852	**103 952**
Patient days	71 605	98 693	134 095	91 315	122 462	133 128	115 164	**766 462**
IP ALOS (days)	4.1	4.8	4.6	4.2	3.6	5.2	5.0	**4.5**

^ Number of hospital beds as at 31 December 2019

2020-21 (Estimate)

All general specialties (acute & convalescent)	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Number of hospital beds [Δ]	2 275	2 794	5 282	2 690	3 633	4 001	2 851	**23 526**
IP bed occupancy rate	91%	77%	91%	98%	93%	91%	104%	**92%**
IP D&D	119 660	117 050	233 040	141 670	213 270	194 070	158 640	**1 177 400**
DP D&D	75 370	102 570	146 610	72 940	93 630	131 470	98 010	**720 600**
Patient days	717 270	774 770	1 702 010	898 740	1 196 130	1 331 070	1 046 610	**7 666 600**
IP ALOS (days)	5.4	5.8	6.7	5.8	5.2	6.3	6.0	**5.9**

[Δ] Number of hospital beds as at 31 March 2021

The table below sets out the average cost (general (acute & convalescent)) per IP D&D and per patient day for each major specialty by hospital cluster for 2018-19.

2018-19

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Average cost per IP D&D – General specialties (acute & convalescent) ($)								
Obstetrics & Gynaecology	22,820	17,180	15,370	23,220	16,060	17,480	9,600	**16,210**
Medicine	24,780	25,850	25,920	25,970	24,190	26,890	30,280	**26,190**
Orthopaedics & Traumatology	30,170	47,270	45,230	36,600	35,620	37,980	43,110	**39,190**
Paediatrics	24,510	44,590	29,990	22,380	23,900	25,970	25,280	**27,520**
Surgery	24,060	32,720	29,510	24,770	20,700	29,130	27,360	**26,710**
Overall average cost	**26,830**	**32,400**	**30,300**	**27,140**	**25,150**	**28,130**	**26,820**	**28,120**
Average cost per patient day – General specialties (acute & convalescent) ($)								
Obstetrics & Gynaecology	8,600	7,770	7,120	9,870	8,400	7,620	6,370	**7,700**
Medicine	4,500	5,070	3,930	4,050	4,210	3,820	3,910	**4,130**
Orthopaedics & Traumatology	5,690	6,570	4,500	5,000	5,030	5,180	4,790	**5,100**
Paediatrics	7,680	8,680	6,920	6,570	6,790	6,490	6,140	**6,940**
Surgery	7,010	7,290	6,840	6,050	6,630	6,540	6,050	**6,620**
Overall average cost	**5,560**	**6,610**	**4,940**	**5,110**	**5,290**	**5,070**	**4,940**	**5,270**

The table below sets out the projected average cost (general (acute & convalescent)) per IP D&D and per patient day by hospital cluster in 2019-20. The breakdown by different specialties is not available.

2019-20 Revised Estimate

General specialties (acute & convalescent)	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Overall average cost per IP D&D ($)	29,490	35,820	34,480	30,150	27,530	30,640	30,120	**31,200**
Overall average cost per patient day ($)	6,180	7,320	5,670	5,680	5,830	5,550	5,580	**5,880**

2020-21 Estimate

The estimated average cost (general (acute & convalescent)) per patient day for 2020-21 is $6,090. Cost per inpatient discharged for 2020-21, as well as, breakdown of the information by hospital cluster and specialty are not available.

Note :

(1) In HA, DP refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. IP are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day. The calculation of the number of hospital beds, patient days, and D&D includes that of both IP and DP. The calculation of IP ALOS and IP bed occupancy rate, on the other hand, does not include that of DP.

(2) It should be noted that IP 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 IP bed occupancy rate and IP ALOS also vary among different hospital clusters due to different case-mix, i.e. 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.

(3) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission / attendances, discharges and transfers, involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested data on patient headcount are not readily available.

(4) HA 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. Activity indicators such as patient days, IP bed occupancy rate and IP ALOS should be interpreted at cluster level.

(5) The IP service costs include direct staff costs (such as doctors, nurses 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 repair and maintenance of medical equipment). The average cost

per patient day and per IP D&D of individual clusters represent an average computed with reference to its total costs of the respective IP service and the corresponding activities (in terms of patient days and IP D&D) provided.

(6) It should be noted that the average cost per patient day and per IP D&D vary among different specialties owing to the diverse nature of care, different medical technology and treatments across specialties.

(7) The average cost per patient day and per IP D&D vary among different cases within and between different specialties and clusters owing to the varying complexity of the conditions of patients and different diagnostic services, treatments and prescriptions. The average cost per patient day and per IP D&D vary with the length of stay of patients in the clusters. The average cost per patient day and per IP D&D also vary among different 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 clusters. Hence, clusters with greater number of patients or heavier load of patients having more complex conditions or requiring more costly treatment would incur a higher cost. Therefore, the figures cannot be directly compared among clusters or specialties.

(8) The average cost per IP D&D will vary depending on the actual length of stay of individual patients which is highly variable. The average cost per patient day is a better indicator for reflecting the average cost of the services involved. The average cost per IP D&D is not available from 2020-21 onwards.

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. 1529)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 45 of the Budget Speech that "The HA established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff." Will the Government advise this Committee of:
(a) regarding proposal (1) on enhancing the Special Retired and Rehire Scheme, details of the Scheme, the estimated increase in manpower and detailed breakdown of the estimated expenditure;
(b) regarding proposal (2), the estimated increase in the number of Consultants and the salary expenditure involved with breakdown by stream; and
(c) regarding proposal (3), upon introduction of the proposed additional allowance for registered nurses who have attained specialty qualifications, the estimated expenditure and manpower involved?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 28)

Reply:

The Hospital Authority (HA) established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Task Group has so far put forward 3 major proposals, including –

(a) enhancing the Special Retired and Rehire Scheme (SRRS) to encourage experienced doctors to continue their service on contract terms in the HA after retirement until age 65;
(b) creating opportunities for around 200 Associate Consultants (ACs) to be promoted to Consultants within the next 5 years so as to retain experienced medical personnel; and
(c) providing registered nurses who have attained recognised specialty qualifications with additional allowance so as to retain manpower and encourage their continuing professional development in nursing.

It is estimated that the additional expenditure for the above 3 initiatives would increase from around $160 million in 2021-22 to around $1.2 billion in 2025-26.

The estimated split amongst the three initiatives is being worked out by HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1534)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Project on Dental Services for Persons with Intellectual Disability known as Healthy Teeth Collaboration, will the Government inform this Committee of:

1. the manpower and expenditure involved since the implementation of the project, as well as the estimated expenditure and manpower for 2020-21; and

2. the numbers of attendances and treatments per year since the implementation of the project and the number of patients with intellectual disability on the waiting list?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 37)

Reply:

1. The Government launched a three-year programme named "Healthy Teeth Collaboration (HTC)" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

Financial Year	Annual Expenditure ($ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

2. As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)044

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1537)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

To address the surge of influenza, the Hospital Authority arranged for private hospitals to receive public hospital patients. In this connection, will the Government advise this Committee of the number of patients transferred, the professional services such patients received and their lengths of stay, and the expenditure involved since the implementation of the arrangements?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 41)

Reply:

To help tackle the service demand surge during the influenza peak season, the Hospital Authority has collaborated with a private hospital to utilise its low-charge beds to provide choices for suitable inpatients to be transferred to private for continual care since 26 July 2017. Similar collaboration was extended to another private hospital for the influenza peak season starting from 5 January 2018.

Since the implementation of the arrangements in July 2017, 86 patients from medical, surgical, orthopaedics & traumatology, gynaecology and neurosurgery units had been transferred to the two private hospitals for a total number of 377 bed days during the influenza surge in 2017-18 and 2018-19. The estimated expenditure incurred was around $0.5 million. The 2019-20 winter surge started in January 2020 and the related information is not yet available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)045

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1538)

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

Subhead (No. & title): ( )

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the commissioning of independent consultants, the commissioning of institutions for the submission of consultation reports and the establishment of the Health and Medical Research Fund by the Food and Health Bureau and the Hospital Authority, please set out in table form the commissioned institutions, expenditure involved and research topics in the past 3 years.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 43)

Reply:

Regarding the commissioning of independent consultants, the requested information is provided at the Annex.

Annex

The commissioning of institutions for the submission of consultation reports and the establishment of the Health and Medical Research Fund by the Food and Health Bureau and the Hospital Authority in 2017-18 to 2019-20

Name of studies	Name of institutions	Expenditure ($ million)		
		2017-18	2018-19	2019-20
1. Consultancy Study on the Implementation Details of Underwriting and Service Guidelines under the Voluntary Health Insurance Scheme	Deloitte Advisory (Hong Kong) Limited	1.80	1.05	0.15
2. Consultancy Study on the Implementation Details of Complying Requirements in Product Design under the Voluntary Health Insurance Scheme	Deloitte Advisory (Hong Kong) Limited	0.90	1.95	0.15
3. Consultancy Study on the Benefit Limits of Standard Plan under the Voluntary Health Insurance Scheme with Premium and Impact Assessment	Deloitte Advisory (Hong Kong) Limited	-	2.85	0.15
4. Project to update Hong Kong's Domestic Health Accounts 2015/16 to 2017/18	The University of Hong Kong	-	0.67	1.33
5. Privacy Compliance Assessment and Related Consultancy Services on the Electronic Health Record Programme	Ernst & Young Advisory Services Limited	-	0.15	0.35
6. Consultancy Services for Providing Expert Advice on Pre-Qualification, Tender and Related Matters on the Operations of the Chinese Medicine Hospital	PricewaterhouseCoopers Advisory Services Limited	-	-	4.16

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1539)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision of services by Community Health Centres (CHCs) under the Hospital Authority, please inform this Committee of the following:

1. What are the number of attendances and consultation quotas of each CHC in the past 3 years, and their consultation quotas for the coming year?

2. What are the details of the service programmes provided by each CHC, the healthcare professionals involved and the number of attendances in the past 3 years?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 44)

Reply:

(1) & (2)

The Tin Shui Wai (Tin Yip Road) Community Health Centre (CHC), the North Lantau CHC and Kwun Tong CHC of the Hospital Authority provide 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.

The integrated multi-disciplinary healthcare services at CHCs involve doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants, general service assistants, etc. As these staff work in a multi-disciplinary manner, across different service programmes and at multiple service sites, the estimated manpower by professional grade and rank of individual CHCs cannot be separately identified.

The number of general outpatient attendances in the Tin Shui Wai (Tin Yip Road) CHC, North Lantau CHC and Kwun Tong CHC in the past three years (up to 31 December 2019) is set out in the table below. The anticipated overall GOPC services of the CHCs in 2020-21 will be comparable to that of the prior year.

CHC	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [Provisional figures]**
Tin Shui Wai (Tin Yip Road) CHC	109 946	120 924	99 966
North Lantau CHC	66 384	66 583	51 143
Kwun Tong CHC	234 983	233 814	168 771

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1540)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :
Please list by cluster (including all clusters as a whole and a breakdown by cluster) the numbers of new and follow-up attendances of specialist outpatient services under the Hospital Authority as well as the average cost per attendance in 2018-19, 2019-20 and 2020-21 (Estimate).

Asked by : Hon CHAN Pierre (LegCo internal reference no.: 46)

Reply:

The tables below set out the number of first and follow-up attendances of the specialist outpatient (SOP) services by hospital cluster under the Hospital Authority (HA), by major specialty and their respective total in 2018-19 and 2019-20 (up to 31 December 2019). For 2021-21, estimates of relevant information are also provided below but the figures by specialty are not available.

2018-19

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP first attendances	HKEC	7 902	4 504	16 761	3 588	13 089	7 210	1 146	2 418	11 848	74 264
	HKWC	6 289	5 111	14 193	9 244	7 542	7 895	3 082	4 435	13 918	83 096
	KCC	12 164	9 798	22 526	16 110	22 217	12 246	3 599	2 089	28 791	151 225
	KEC	8 990	6 881	18 868	4 355	15 235	12 257	3 471	5 016	22 817	112 568
	KWC	11 284	5 880	20 123	7 227	18 397	11 445	4 910	11 447	25 422	124 109
	NTEC	16 720	10 166	25 811	14 165	20 431	17 192	3 767	9 220	26 079	158 291
	NTWC	11 632	5 947	16 692	12 058	18 393	9 467	1 768	6 498	21 098	110 291
	Overall	**74 981**	**48 287**	**134 974**	**66 747**	**115 304**	**77 712**	**21 743**	**41 123**	**149 973**	**813 844**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP follow-up attendances	HKEC	39 557	20 808	286 980	16 455	115 065	55 844	14 808	84 130	79 374	772 873
	HKWC	29 577	41 431	260 430	30 904	82 697	59 264	34 824	66 412	120 206	821 653
	KCC	47 022	62 369	401 948	95 633	223 303	95 316	55 908	65 841	156 589	1 351 997
	KEC	29 406	38 201	221 264	27 092	122 831	76 155	36 750	103 231	98 655	783 158
	KWC	47 891	21 397	440 248	13 751	157 522	102 293	36 081	234 752	126 811	1 250 264
	NTEC	48 237	31 836	346 159	32 072	170 146	104 446	38 602	142 482	98 011	1 123 074
	NTWC	35 796	28 527	281 258	33 664	167 814	80 575	30 175	159 806	93 449	984 986
	Overall	**277 486**	**244 569**	**2 238 287**	**249 571**	**1 039 378**	**573 893**	**247 148**	**856 654**	**773 095**	**7 088 005**
SOP total attendances	HKEC	47 459	25 312	303 741	20 043	128 154	63 054	15 954	86 548	91 222	847 137
	HKWC	35 866	46 542	274 623	40 148	90 239	67 159	37 906	70 847	134 124	904 749
	KCC	59 186	72 167	424 474	111 743	245 520	107 562	59 507	67 930	185 380	1 503 222
	KEC	38 396	45 082	240 132	31 447	138 066	88 412	40 221	108 247	121 472	895 726
	KWC	59 175	27 277	460 371	20 978	175 919	113 738	40 991	246 199	152 233	1 374 373
	NTEC	64 957	42 002	371 970	46 237	190 577	121 638	42 369	151 702	124 090	1 281 365
	NTWC	47 428	34 474	297 950	45 722	186 207	90 042	31 943	166 304	114 547	1 095 277
	Overall	**352 467**	**292 856**	**2 373 261**	**316 318**	**1 154 682**	**651 605**	**268 891**	**897 777**	**923 068**	**7 901 849**

2019-20 (up to 31 December 2019) [Provisional Figures]

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP first attendances	HKEC	5 924	3 416	13 265	2 526	9 528	5 449	784	2 491	9 031	56 911
	HKWC	5 089	3 767	11 472	7 141	6 233	6 692	2 542	3 160	10 870	65 850
	KCC	8 956	7 309	16 920	11 574	19 855	9 265	2 810	1 554	22 489	117 900
	KEC	6 203	5 344	14 249	3 375	12 825	10 563	2 714	4 196	15 662	86 004
	KWC	7 914	4 693	16 282	5 408	14 354	9 172	3 981	8 950	18 176	95 105
	NTEC	11 597	8 050	20 153	10 396	15 185	14 235	3 243	6 160	18 991	121 014
	NTWC	9 345	4 622	12 248	8 701	14 044	7 788	1 472	5 276	14 336	82 883
	Overall	**55 028**	**37 201**	**104 589**	**49 121**	**92 024**	**63 164**	**17 546**	**31 787**	**109 555**	**625 667**
SOP follow-up attendances	HKEC	31 057	16 496	219 520	11 633	85 302	42 685	11 427	65 348	61 086	590 913
	HKWC	23 225	30 224	202 364	23 072	65 126	43 562	25 355	51 175	91 270	629 162
	KCC	35 721	47 551	304 630	67 571	175 075	75 145	46 969	50 704	121 082	1 036 604
	KEC	24 307	27 185	168 106	19 504	89 931	59 511	26 339	80 365	73 931	591 673
	KWC	34 304	16 167	338 194	9 660	119 054	78 077	26 286	176 824	98 521	951 965
	NTEC	37 446	24 598	269 633	25 645	119 869	80 417	25 320	108 370	76 601	854 281
	NTWC	24 086	21 402	224 767	25 797	123 946	61 235	22 706	126 070	71 013	757 728
	Overall	**210 146**	**183 623**	**1 727 214**	**182 882**	**778 303**	**440 632**	**184 402**	**658 856**	**593 504**	**5 412 326**
SOP total attendances	HKEC	36 981	19 912	232 785	14 159	94 830	48 134	12 211	67 839	70 117	647 824
	HKWC	28 314	33 991	213 836	30 213	71 359	50 254	27 897	54 335	102 140	695 012
	KCC	44 677	54 860	321 550	79 145	194 930	84 410	49 779	52 258	143 571	1 154 504
	KEC	30 510	32 529	182 355	22 879	102 756	70 074	29 053	84 561	89 593	677 677
	KWC	42 218	20 860	354 476	15 068	133 408	87 249	30 267	185 774	116 697	1 047 070
	NTEC	49 043	32 648	289 786	36 041	135 054	94 652	28 563	114 530	95 592	975 295
	NTWC	33 431	26 024	237 015	34 498	137 990	69 023	24 178	131 346	85 349	840 611
	Overall	**265 174**	**220 824**	**1 831 803**	**232 003**	**870 327**	**503 796**	**201 948**	**690 643**	**703 059**	**6 037 993**

Note : Individual figures may not add up to the figure for all specialties because the figure includes attendances of other specialties apart from the major specialties as listed in the table.

2020-21 (Estimate)

	Cluster	All specialties
SOP first attendances	HKEC	77 400
	HKWC	90 200
	KCC	154 800
	KEC	120 800
	KWC	131 200
	NTEC	158 900
	NTWC	112 700
	Overall	**846 000**
SOP follow-up attendances	HKEC	779 700
	HKWC	833 000
	KCC	1 361 200
	KEC	798 900
	KWC	1 263 100
	NTEC	1 133 900
	NTWC	998 200
	Overall	**7 168 000**
SOP total attendances	HKEC	857 100
	HKWC	923 200
	KCC	1 516 000
	KEC	919 700
	KWC	1 394 300
	NTEC	1 292 800
	NTWC	1 110 900
	Overall	**8 014 000**

The table below sets out the average cost per SOP attendance by hospital cluster under HA for 2018-19. For the projected average cost per SOP attendance in 2019-20, the breakdown by different specialties is not available.

2018-19

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	860	915	1,250	1,090	735	980	985	**975**
MED	1,840	1,930	2,430	2,250	2,100	2,140	2,080	**2,130**
O&G	1,240	1,210	950	1,060	1,190	895	975	**1,040**
OPH	680	600	650	665	600	735	625	**655**
ORT	1,110	1,070	1,060	1,070	1,050	1,230	1,080	**1,100**
PAE	1,630	2,170	2,610	1,260	1,720	1,820	1,260	**1,870**
PSY	1,370	1,430	1,510	1,290	1,400	1,680	1,620	**1,480**
SUR	1,520	1,650	1,410	1,410	1,260	1,550	1,310	**1,440**
SOP (overall)	**1,220**	**1,400**	**1,300**	**1,160**	**1,330**	**1,330**	**1,230**	**1,280**

2019-20 (Revised Estimate)

Projected average cost per SOP attendance of all specialties ($)							
HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
1,360	1,520	1,550	1,260	1,450	1,450	1,390	**1,440**

2020-21 (Estimate)

The estimated average cost per SOP attendance is $1,490 in 2020-21. The breakdown by hospital cluster and specialty is not available.

Notes :

(1) The SOP service costs include direct staff costs (such as doctors, nurses 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, repair and maintenance of medical equipment). The average cost per SOP attendance of individual cluster represents an average computed with reference to its total SOP service costs divided by the corresponding activities (in terms of attendances) provided.

(2) It should be noted that average cost per SOP attendance varies among different specialties owing to the diverse nature of care, the adoption of different medical technology and treatments across specialties, etc.

(3) The average cost per SOP attendance also varies among different clusters owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. Besides, the average cost also varies among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. 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

Specialties :

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

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

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)048

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1541)

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

Subhead (No. & title): (-)

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On organ donation registration in Hong Kong and the Government's efforts in promoting organ donation, would the Government inform this Committee of:

1. the respective numbers of new registration and total registration in the Centralised Organ Donation Register in the past 3 years;

2. the respective numbers of organ/tissue donations and patients waiting for transplant in the past 3 years; and

3. the number of follow-up consultations made by patients who had undergone transplant operations outside Hong Kong at healthcare facilities under the Hospital Authority, with a breakdown by specialty.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 47)

Reply:

(1)

The number of registrations recorded in the Centralised Organ Donation Register in the past 3 years are as follows –

	2017	**2018**	**2019**
Number of total registrations during the year	37 285	18 772	20 001
Cumulative total number of registrations	278 674	297 446	317 447

(2)

The number of organ / tissue donations and patients waiting for transplant in the past 3 years are as follows –

Year (as at December 31)	Organ / Tissue	Number of Donations	Number of Patients Waiting for Transplant
2017	Kidney	78	2 153
	Heart	13	48
	Lung	13	20
	Liver	74	87
	Cornea (piece)	367	273
	Bone	3	N/A Note
	Skin	11	
2018	Kidney	76	2 237
	Heart	17	51
	Lung	7	19
	Liver	53	69
	Cornea (piece)	346	274
	Bone	0	N/A Note
	Skin	10	
2019	Kidney	57	2 268
	Heart	8	54
	Lung	7	24
	Liver	43	60
	Cornea (piece)	324	269
	Bone	1	N/A Note
	Skin	5	

Note: *N/A = Not Applicable. 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 / tissue donation waiting list.*

(3)

The Hospital Authority (HA) does not maintain statistics on the number of follow-up consultations made by patients who had undergone transplant operations outside Hong Kong at healthcare facilities under HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1543)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that "The social incidents and the novel coronavirus epidemic have affected the mental health of many people in Hong Kong. I will allocate sufficient resources to the FHB, the Labour and Welfare Bureau and the Education Bureau for providing appropriate support to people suffering from mental distress." In this connection, please advise this Committee of the following: a breakdown on the use of resources, such as expenditures on publicity, medical equipment, drug subsidy and manpower.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 49)

Reply:

The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress, as well as links to related websites for those in need of assistance. Hospital Authority is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1544)

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

Subhead (No. & title): (979) Hospital Authority - equipment and information systems (block vote)

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 the upgrading and acquisition of general equipment by the Hospital Authority, please inform this Committee of: the average time needed, from placing order to delivery, for the procurement of general equipment in the past 3 years with a breakdown by type of equipment.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 50)

Reply:

The provision under Head 140 Subhead 979 to the Hospital Authority (HA) is for the procurement of equipment items and computerisation projects costing over $200,000 each.

Insofar as medical equipment is concerned, HA procures a wide variety of new and replacement medical equipment items to meet operational requirements. Medical equipment items are normally purchased through tender process or by quotations, as appropriate, in accordance with HA's Procurement and Materials Management Manual (PMMM). Individual hospitals procure medical equipment items costing $200,000 or less each (minor medical equipment items) and statistics on procurement of these minor medical equipment items are not readily available. The procurement of medical equipment items costing over $200,000 each (major medical equipment items) is co-ordinated by the HA Head Office. The lead time (excluding delivery) for procurement of major medical equipment items usually ranges from around two to nine months, depending on the purchasing amount and the procurement procedures set out in PMMM.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)051

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1545)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the expenditure of the Special Honorarium Scheme in table form with a breakdown by post, cluster, department and specialty.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 51)

Reply:

The Special Honorarium Scheme (SHS) of the Hospital Authority aims to address the issue of short-term manpower constraint and can be utilised to respond promptly to crisis situation and to facilitate operation of extra service sessions to meet operational needs under special projects. A special honorarium, calculated based on 1/140 of the employees' current basic salary, will be paid to employees who join the SHS outside normal work hours on a voluntary basis. To encourage more staff to work during the surge period with significant increase in workload anticipated, the rate of SHS allowance has been adjusted by a 10% increase for all winter surge programmes and a 20% increase for special winter surge programmes in 2019-20 winter surge period.

The table below sets out the total expenditure on SHS by staff group in 2019-20 (full year projection).

Staff Group	Total Expenditure on SHS ($ million)
Medical	238.9
Nursing	253.5
Allied Health	31.9
Care-related Support Staff	80.0
Management Personnel	0.1
Professionals/Administrator	0.2
Other Support Staff	33.4

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, 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 participating in SHS may include cluster executives, hospital chief executives, principal executive officers, executive managers/senior executive managers with clinical background etc. The SHS participated by "management personnel" group are clinical projects.

(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, clerical assistants, data processors, operation assistants, executive assistants, etc.

(8) Expenditure on SHS for 2019-20 represents full-year projection with annual pay adjustment.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)052

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1546)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In regard to commissioning independent consultants to conduct studies by the Prince Philip Dental Hospital over the past 3 years, please inform this Committee of the following:

1. a breakdown of the expenditure involved each year, topics of consultancy studies and the organisations commissioned in table form.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 52)

Reply:

The information requested is provided as follows -

Financial Year	Expenditure	Consultancy Area	Name of Consultant
2017-18	Nil		
2018-19	$115,600	To provide recommendations and layout design for Areas 5B, 6B and 7B of the Hospital	A. Lead Architects Limited
2019-20	$173,400	-ditto-	-ditto-
	$300,000	Financial reporting requirements	KPMG

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1547)

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

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that "we should plan ahead to enhance the capability of our healthcare system in preventing and treating infectious diseases, such as building additional medical and quarantine facilities, increasing our stock of medical supplies as well as strengthening scientific research on infectious disease prevention and control, pathology and medication" . Please inform this Committee of the following:

1. the expenditure on building additional medical and quarantine facilities, as well as the respective numbers and types of these additional facilities;

2. the expenditure on increasing the stock of medical supplies, as well as the respective numbers and types of these additional supplies; and

3. the expenditure on strengthening scientific research on infectious disease prevention and control, pathology and medication, as well as the respective numbers and types of these research projects.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 53)

Reply:

In view of the development of the Coronavirus Disease 2019 (COVID-19), the Government and the Hospital Authority (HA) have taken various measures to strengthen the capability of the healthcare system in combating the disease.

Isolation facilities at public hospitals

As of noon 22 March 2020, HA has activated 954 isolation beds in public hospitals for use with an occupancy rate of 51.3%. In addition to isolation beds, HA has set up "surveillance wards" in public hospitals to tie in with the extended coverage of the "Enhanced Laboratory Surveillance" scheme to all pneumonia inpatients since 31 January 2020.

In light of the latest development, HA plans to retrofit 1 to 2 general wards in each cluster into standard negative pressure wards, with a view to providing about 400 additional standard negative pressure beds for patients who are recovering but not yet ready for discharge.

The Government would keep monitoring the demand and usage of isolation facilities at public hospitals with a view to reviewing the allocation of resources for enhancing the capacity of public hospitals in combatting epidemic.

Quarantine facilities

In view of the development of the outbreak of COVID-19, the Government has endeavoured to look for more suitable sites and set up quarantine facilities in full steam. Apart from converting existing facilities at sites such as Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan etc., constructing additional units through application of the modular integrated construction method is considered the most desirable by our works agent. Expenditure of the works concerned is funded under the Capital Works Reserve Fund and the Lotteries Fund, and hence details on the works are outside the scope of Head 140 under the General Revenue Account.

Stock of personal protective equipment (PPE)

With the development of COVID-19 infection, HA has expedited and significantly increased the procurement of PPE since January 2020. HA has immediately taken actions with a view to increasing the stockpile to almost 6 months so as to ensure sufficient PPE supply. In view of the recent global situation where the production, supply chain and transportation of PPE has become extremely tight, coupled with the shortage in supply of the raw materials necessary for PPE production, HA has since the second half of January 2020 proceeded with global procurement through the flexible approach of direct purchase.

For infection prevention and control, Department of Health (DH) regularly maintains stockpile of PPE for use by healthcare and front-line personnel. To combat COVID-19, DH has been liaising closely with the Government Logistics Department to increase and speed up purchases for replenishment of PPE with a view to ensuring sufficient provision for healthcare and front-line personnel.

The Government has proceeded with global procurement with an aim to procuring appropriate PPE soonest possible. The Government will continue to closely liaise with HA and will accord priority to allocate PPE items purchased to cater for the needs of frontline clinical staff of DH and HA.

Scientific research

The Health and Medical Research Fund administered by the Food and Health Bureau (the Bureau) invites applications each year for investigator-initiated projects, covering the broad theme of infectious diseases. In response to the health threats from the spread of COVID-19 in Hong Kong, the Bureau has invited the 2 medical schools to submit preliminary proposals to address knowledge gaps in the transmissibility and infectability of

the virus, effective detection and surveillance, effective clinical management, and enhanced infection control and prevention strategies. The proposals are under review and will be considered by the Research Council.

Anti-epidemic Fund to enhance support to HA

To strengthen the capability of public hospitals in combating the epidemic, the Government would allocate $4.7 billion from the Anti-epidemic Fund to provide additional resources for HA in tackling the disease. HA would flexibly deploy the additional resources on various fronts including for personnel-related expenditure for frontline staff, procuring additional PPE, enhancing support for laboratory testing and procuring drug and medical equipment, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1548)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On the Electronic Health Record Sharing System (eHRSS), please inform this Committee of:

(1) the recurrent expenditure, non-recurrent expenditure and manpower involved over the past 3 years and in the coming year;

(2) the numbers of clinics under the Department of Health (DH) that: (i) can share health records with the eHRSS; (b) can only access and view the information contained in the eHRSS; (c) have not been connected to the eHRSS; and the detailed outcomes of the information systems strategy consultancy study commissioned by the DH. Has a timetable been set for turning Type (ii) and Type (iii) clinics to Type (i)?

(3) the numbers of patients, doctors and organisations joining the eHRSS since its commissioning (please list by private hospital, clinic and residential care home for the elderly);

(4) the numbers of meetings held by the Steering Committee on Electronic Health Record Sharing, the attendance rates of its members and the expenditure incurred by the operation of the Committee over the past 3 years.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 43)

Reply:

(1) The recurrent and non-recurrent expenditure as well as manpower involved for developing and operating the Electronic Health Record Sharing System (eHRSS) over the past 3 years and the coming year are listed in the table below.

Financial Year	Recurrent Expenditure ($M)	Non-recurrent Expenditure ($M)	Manpower (no. of posts at the Hospital Authority (HA))
2017-18 (actual)	214.6	21.4	262
2018-19 (actual)	236.5	62.4	317
2019-20 (revised estimate)	241.0	88.0	324
2020-21 (estimate)	285.5	136.0	326

As the eHRSS is only part of the duties of the relevant officers at the Food and Health Bureau (FHB), a breakdown of the relevant expenditure and manpower is not available.

(2) The status of connection of clinics of the Department of Health (DH) to the eHRSS as at 29 February 2020 is provided below –

Status of connection with the eHRSS	Number of DH clinics
(i) Capable of viewing and sharing health records on the eHRSS	155
(ii) Capable of viewing health records on the eHRSS	19
(iii) Not connected to the eHRSS	0

The Finance Committee of Legislative Council approved at its meeting held in June 2018 a capital commitment of $1,057 million for DH to implement the first stage of the "Strategic Plan to Re-engineer and Transform Public Services of DH" ("SPRINT-1") from Q4 2018 to Q4 2025, including enhancement of DH's Clinical Information Management System (CIMS). Upon full implementation of the enhanced CIMS, all clinical service units of DH (except Methadone Clinics) will be fully connected to the eHRSS for viewing and sharing patients' electronic health records (eHRs) among participating public and private healthcare providers (HCPs), including HA.

(3) The eHRSS was commissioned in March 2016. As at early-March 2020, over 1.2 million patients had joined the eHRSS. As for HCPs, participation in the eHRSS is on an organisational basis. HA, DH and over 1 870 other public and private HCPs had registered with the eHRSS. A breakdown of the HCPs that had registered is provided below –

Type of HCP	Number
(i) Public HCPs	4
(ii) Private hospitals	12
(iii) Private clinics or groups	1 759
(iv) Elderly centres/elderly service providers	75
(v) Others	29

Under the above registered HCPs, about 12 900 healthcare professional accounts had been created for doctors' use.

(4) The Steering Committee on Electronic Health Record Sharing (EHRSC) met twice over the past 3 years and the average attendance rate of its members was 85%. The secretariat service for EHRSC is provided by FHB. The related expenses are subsumed under the overall expenditure of FHB and a breakdown is not available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)055

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2083)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Adjustment to the fees and charges for a number of public hospital services took effect from 18 June 2017, with the fee of accident and emergency (A&E) services for eligible persons increasing from $100 to $180 per attendance. Regarding the outcome of the fee adjustment, please inform this Committee of the following:

1. The numbers of attendances in various triage categories in the A&E departments of public hospitals in each month of 2017-18, 2018-19 and 2019-20 in table form as shown below.

2017-18

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2017					
May 2017					
June 2017					
July 2017					
August 2017					
September 2017					
October 2017					
November 2017					
December 2017					
January 2018					
February 2018					
March 2018					

2. Under the prevailing mechanism, the fees and charges of the Hospital Authority are reviewed biennially. Has the Government assessed the outcome of the fee adjustment by making comparison with the numbers of A&E attendances in Triages 4 and 5 categories

during the same period over the last 3 years? If yes, what are the details? If no, what are the reasons?

3. The average unit cost of A&E service

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 9)

Reply:

(1)

The tables below set out the number of attendances by various triage categories in Accident & Emergency (A&E) Departments of the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2017	1 693	4 093	62 334	107 161	9 839
May 2017	1 661	4 198	65 435	112 939	10 005
June 2017	1 711	4 253	64 429	106 330	8 216
July 2017	1 873	4 361	65 887	104 965	8 471
August 2017	1 634	4 194	59 193	93 461	7 046
September 2017	1 590	4 123	58 529	93 995	7 065
October 2017	1 726	4 172	61 341	101 731	7 786
November 2017	1 718	4 081	61 050	97 361	7 005
December 2017	2 042	4 621	63 620	97 224	7 757
January 2018	2 262	4 858	66 364	102 374	7 730
February 2018	2 370	4 572	58 140	88 828	6 666
March 2018	1 864	4 585	62 857	99 052	7 089

2018-19

Month	Number of A&E attendances				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
April 2018	1 674	4 278	59 506	96 679	7 216
May 2018	1 690	4 273	62 959	102 583	7 117
June 2018	1 600	3 939	59 094	95 680	6 019
July 2018	1 670	4 195	62 916	98 873	6 329
August 2018	1 813	4 268	62 567	96 504	6 175
September 2018	1 596	4 177	59 526	94 963	6 175
October 2018	1 812	4 350	63 840	103 051	6 831
November 2018	1 828	4 166	62 644	100 337	6 475
December 2018	2 161	4 542	64 804	100 102	6 717

Month	Number of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
January 2019	2 411	4 909	67 445	105 497	7 002
February 2019	1 919	4 134	56 398	88 061	6 042
March 2019	2 056	4 785	66 944	105 803	7 161

2019-20 (Up to 31 December 2019) [Provisional figures]

Month	Number of A&E attendances				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
April 2019	1 777	4 392	64 761	106 111	7 192
May 2019	1 760	4 582	66 535	109 892	7 272
June 2019	1 737	4 420	63 870	105 284	6 168
July 2019	1 769	4 396	65 577	105 694	5 564
August 2019	1 780	4 382	61 264	95 862	5 141
September 2019	1 718	4 387	61 390	99 702	5 558
October 2019	1 804	4 421	61 847	100 510	5 667
November 2019	1 809	4 512	60 810	94 950	5 265
December 2019	2 242	4 773	65 777	98 906	5 888

(2)

The fee for A&E services at public hospitals was revised from $100 to $180 on 18 June 2017. According to HA's information, the overall number of A&E attendances between July 2017 and June 2018 had decreased by about 4.4% when compared with the corresponding period before the fee revision. The numbers of Triage 4 (Semi-urgent) and Triage 5 (Non-urgent) attendances had decreased by 6.9% and 17.6% respectively, while the total number of Triage 1 (Critical), Triage 2 (Emergency) and Triage 3 (Urgent) attendances had increased by 1.3%.

As for the period from July 2018 to June 2019, the total number of Triage 1 (Critical), Triage 2 (Emergency) and Triage 3 (Urgent) attendances had increased by 4.4%, while the numbers of Triage 4 (Semi-urgent) and Triage 5 (Non-urgent) attendances had decreased by 3.7% and 24.7% respectively when compared with the corresponding period before the fee revision 2 years ago.

The number of attendances before and after the fee revision may, to some extent, show that the fee revision has led to certain behavioural change of patients with less urgent conditions (i.e. Triage 4 and 5) in seeking medical consultation. Nonetheless, it is likely that the fee revision does not have much impact on the behavior of patients with more urgent conditions (i.e. Triage 1, 2 and 3) in seeking medical consultation. The Government and HA will continue to monitor the utilisation and quality of A&E services to ensure timely treatment for patients in need.

(3)

The table below sets out the average cost per attendance of A&E services provided by HA from 2017-18 to 2019-20.

Year	**Average cost per attendance ($)**
2017-18	1,390
2018-19	1,530
2019-20 (Revised Estimate)	1,660

HA's service costs include direct staff costs (such as doctors and nurses) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment). The average cost per attendance represents an average computed with reference to the total A&E service costs and the corresponding activities (in terms of attendances) provided.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)056

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2084)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of specialist outpatient (SOP) new cases triaged as Priority 1, Priority 2 and Routine cases; their respective percentages in the total number of SOP new cases; and their respective average, median, 10th percentile, 25th percentile, 75th percentile and 90th percentile waiting time by specialty and hospital cluster for 2019-10.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 11)

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 (stable) cases; their respective percentages in the total number of SOP new cases; and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), upper quartile (75^{th} percentile) and longest (90^{th} percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)				Number of new cases	% of total new cases	Waiting Time (weeks)			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKEC	ENT	483	6%	<1	<1	<1	<1	2 229	28%	1	4	7	7	5 135	65%	10	26	78	91
	MED	1 071	10%	<1	1	1	2	2 942	28%	3	5	7	7	6 651	62%	16	41	94	118
	GYN	603	16%	<1	<1	<1	1	366	10%	3	6	7	7	2 872	75%	19	26	47	52
	OPH	4 213	37%	<1	<1	<1	1	1 530	14%	4	7	8	8	5 503	49%	12	60	83	102
	ORT	1 054	14%	<1	1	1	1	1 209	16%	3	5	7	7	5 535	71%	24	78	105	113
	PAE	107	13%	<1	<1	1	1	610	72%	3	4	5	7	131	15%	5	7	9	11
	PSY	203	8%	<1	<1	1	1	718	29%	2	3	6	7	1 550	63%	5	13	30	50
	SUR	705	7%	<1	1	1	2	2 754	26%	4	7	7	8	7 297	68%	23	64	82	90
HKWC	ENT	1 532	24%	<1	<1	<1	<1	1 880	30%	4	7	7	7	2 854	46%	13	28	92	97
	MED	1 484	13%	<1	<1	1	1	1 443	13%	3	4	6	7	8 269	74%	15	44	90	169
	GYN	1 173	21%	<1	<1	1	1	729	13%	3	5	6	7	3 598	65%	9	41	59	62
	OPH	2 525	34%	<1	1	1	2	1 295	17%	4	7	8	8	3 682	49%	61	62	63	64
	ORT	808	9%	<1	<1	1	1	1 282	15%	2	4	5	7	6 350	74%	11	21	70	156
	PAE	129	7%	<1	1	1	2	376	21%	2	3	6	8	1 297	72%	7	10	15	21
	PSY	417	16%	1	1	1	2	573	21%	2	4	6	7	1 678	63%	17	66	89	96
	SUR	1 615	14%	<1	<1	1	1	2 086	18%	2	5	6	7	7 886	68%	7	18	56	89
KCC	ENT	1 187	9%	<1	<1	1	1	1 595	13%	3	6	7	7	9 888	78%	25	68	76	131
	MED	1 359	7%	<1	1	1	2	2 891	15%	4	5	7	7	14 977	78%	35	79	107	112
	GYN	819	9%	<1	<1	1	1	2 460	27%	3	5	6	7	5 851	64%	14	23	35	38
	OPH	6 200	29%	<1	<1	<1	<1	4 030	19%	1	2	4	6	11 092	52%	56	120	122	124
	ORT	1 571	12%	<1	<1	1	1	1 523	12%	3	5	6	7	9 504	75%	23	57	106	132
	PAE	816	23%	<1	<1	1	1	669	19%	3	4	6	7	2 088	58%	13	17	20	22
	PSY	145	8%	<1	1	1	1	837	43%	2	4	7	7	948	49%	9	14	16	73
	SUR	2 179	8%	<1	1	1	2	4 178	16%	4	5	7	8	19 613	75%	17	47	72	78
KEC	ENT	1 587	17%	<1	<1	<1	1	2 424	26%	3	4	6	7	5 306	57%	71	93	94	94
	MED	1 204	7%	<1	1	1	2	3 978	23%	4	7	7	8	12 403	70%	25	117	132	139
	GYN	1 039	16%	<1	1	1	1	736	11%	3	6	7	7	4 638	72%	15	48	51	91
	OPH	4 470	30%	<1	<1	<1	1	619	4%	4	6	7	7	9 773	66%	8	14	143	163
	ORT	2 742	22%	<1	<1	1	1	2 807	22%	4	6	7	8	7 162	56%	25	60	123	138
	PAE	803	23%	<1	<1	<1	1	599	17%	1	4	6	7	2 108	60%	9	12	34	73
	PSY	104	2%	<1	1	1	1	1 108	19%	1	3	5	7	4 161	73%	12	69	98	111
	SUR	1 337	7%	<1	1	1	1	4 376	23%	2	5	7	7	12 923	69%	32	52	60	109
KWC	ENT	2 285	18%	<1	<1	1	1	1 816	14%	3	5	6	8	8 426	67%	20	73	133	151
	MED	1 633	10%	<1	1	1	2	4 064	25%	3	5	7	8	10 099	61%	37	72	99	102
	GYN	189	3%	<1	<1	1	1	1 120	17%	3	6	7	8	5 180	79%	19	53	69	73
	OPH	5 226	33%	<1	<1	<1	<1	4 701	29%	2	3	5	6	6 024	38%	6	90	113	123
	ORT	1 547	12%	<1	1	2	2	2 079	16%	3	3	5	7	9 414	72%	18	57	71	119
	PAE	1 888	37%	<1	<1	<1	1	784	16%	3	4	6	7	2 301	46%	10	16	20	23

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			
	PSY	201	2%	<1	<1	1	1	556	5%	2	4	6	7	9 583	93%	3	22	79	119
	SUR	1 778	8%	<1	1	1	2	4 559	21%	4	5	7	7	14 809	70%	17	32	40	62
NTEC	ENT	2 619	18%	<1	<1	1	1	3 772	26%	3	4	6	7	8 350	57%	16	60	75	88
	MED	1 860	8%	<1	<1	1	1	2 596	12%	5	7	7	8	17 171	78%	20	80	109	131
	GYN	2 009	21%	<1	<1	1	1	893	9%	4	5	7	7	6 181	66%	24	65	72	87
	OPH	4 742	25%	<1	<1	1	1	2 603	14%	3	4	5	7	11 442	61%	17	52	83	87
	ORT	3 952	22%	<1	<1	1	1	1 720	10%	3	5	6	7	12 099	68%	28	84	101	133
	PAE	174	5%	<1	<1	1	2	425	13%	4	6	7	8	2 735	82%	8	17	25	39
	PSY	689	10%	<1	1	1	1	1 807	26%	3	4	7	8	4 435	63%	19	55	91	98
	SUR	1 536	6%	<1	1	1	2	2 555	11%	4	5	7	8	19 285	81%	18	37	66	80
NTWC	ENT	2 954	26%	<1	<1	<1	1	1 320	12%	2	4	5	6	7 157	63%	15	48	77	83
	MED	946	8%	<1	1	1	2	2 736	24%	2	3	6	7	7 704	68%	20	79	93	104
	GYN	1 240	23%	<1	<1	1	2	172	3%	3	5	7	7	4 083	74%	21	61	82	82
	OPH	6 981	41%	<1	<1	<1	1	2 264	13%	2	4	6	8	7 668	45%	24	73	91	93
	ORT	1 413	11%	<1	1	1	2	1 327	11%	3	5	7	7	9 686	78%	23	65	84	102
	PAE	133	6%	<1	1	1	1	661	30%	6	7	7	8	1 429	64%	37	37	39	39
	PSY	355	7%	<1	1	1	1	1 127	22%	<1	2	4	6	3 554	71%	5	22	72	74
	SUR	1 447	7%	<1	1	1	2	3 448	17%	4	6	8	14	15 343	76%	26	59	85	117
Overall HA	ENT	12 647	17%	<1	<1	<1	1	15 036	20%	3	5	7	7	47 116	63%	18	61	87	110
	MED	9 557	9%	<1	1	1	2	20 650	19%	3	5	7	7	77 274	71%	24	76	106	130
	GYN	7 072	15%	<1	<1	1	1	6 476	14%	3	5	7	7	32 403	70%	17	35	66	82
	OPH	34 357	32%	<1	<1	<1	1	17 042	16%	2	4	6	8	55 184	52%	16	62	94	123
	ORT	13 087	15%	<1	<1	1	1	11 947	14%	3	5	7	7	59 750	70%	20	61	99	126
	PAE	4 050	20%	<1	<1	1	1	4 124	20%	3	4	7	7	12 089	59%	9	17	25	38
	PSY	2 114	6%	<1	1	1	1	6 726	19%	2	3	6	7	25 909	74%	9	32	80	100
	SUR	10 597	8%	<1	1	1	2	23 956	18%	3	6	7	8	97 156	73%	19	42	67	88

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:
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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)057

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2085)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the waiting time for specialist services:

(a) Please tabulate, by cluster, the number of cataract surgeries performed in public hospitals, the number of patients involved and their waiting time in 2017-18, 2018-19 and 2019-20.

	2017-18	2018-19	2019-20
Number of surgeries			
Number of patients on the waiting list			
Average waiting time by cluster: New Territories East New Territories West Kowloon East Kowloon Central Kowloon West Hong Kong East Hong Kong West			
Average cost of surgeries			

(b) How many patients were subsidised by the Hospital Authority to receive cataract surgeries in the private sector in the past 3 years? Please provide details in the table below.

	2017-18	2018-19	2019-20
Number of surgeries			
Number of patients on the waiting list			
Average waiting time by cluster: New Territories East New Territories West Kowloon East Kowloon Central Kowloon West Hong Kong East Hong Kong West			
Average cost of surgeries			
Average amount of money paid by patients per case			

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 18)

Reply:

(a)

The table below sets out the number of cataract surgeries provided by the Hospital Authority (HA), the number of patients on the waiting list and the 90th percentile waiting time for patients who have received operations in the past 12 months by hospital cluster in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

	2017-18	**2018-19**	**2019-20 (up to 31 December 2019)**
Number of surgeries			
HKEC	3 753	2 908	1 605
HKWC	3 648	3 526	2 893
KCC	6 085	6 091	4 509
KEC	3 772	3 537	2 181
KWC	3 105	2 503	1 875
NTEC	3 914	4 002	2 693
NTWC	3 012	3 263	2 414
Number of patients on the waiting list (as at 31 March of financial year end)			
HKEC	3 142	4 370	6 012
HKWC	2 970	2 996	3 027
KCC	11 142	11 298	12 753
KEC	2 875	2 637	2 710

	2017-18	2018-19	2019-20 (up to 31 December 2019)
KWC	5 412	6 109	7 437
NTEC	7 289	7 436	8 334
NTWC	7 458	8 365	9 123
90th percentile waiting time (months) for patients who have received operations in the past 12 months	(1 April 2017 to 31 March 2018)	(1 April 2018 to 31 March 2019)	(1 January 2019 to 31 December 2019)
HKEC	13	16	19
HKWC	13	10	10
KCC	25	25	25
KEC	16	12	12
KWC	25	27	28
NTEC	18	23	25
NTWC	28	30	32

Note:
The waiting time for cataract surgeries is the 90th percentile waiting time for patients who have received operations in the past 12 months.

The costs for an ambulatory cataract surgery (mainly day cases) were estimated to be $18,240 and $19,210 in 2017-18 and 2018-19 respectively, and are projected to be around $21,340 in 2019-20. These costs were computed with reference to factors such as relative complexity of surgical procedures and operating time, covering both costs of operating procedure (mainly including surgeons, anaesthetics and operating theatre expenditures) and post-surgery stay in hospital.

(b)

Under the Cataract Surgeries Programme, which is a public-private partnership programme, patients who choose to receive the surgery in the private sector will each receive a fixed subsidy of $5,000, subject to a co-payment of no more than $8,000 for each patient. HA does not maintain statistical record on the average cost of surgery performed under the public-private partnership programme and the average amount of money paid by patients per case.

The table below sets out the number of surgeries under the Cataract Surgeries Programme and the actual/projected time in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

	2017-18	2018-19	2019-20 (up to 31 December 2019)
Number of surgeries under the Cataract Surgeries Programme	465	514	574
Projected time for patient to	24	24	24

	2017-18	2018-19	2019-20 (up to 31 December 2019)
receive surgery in the Cataract Surgeries Programme after they listed in HA for cataract surgery (months)			(projected)

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

(Question Serial No. 2088)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the extension of fee waiver for public hospital and clinic services under the Hospital Authority to cover older Old Age Living Allowance (OALA) recipients with more financial needs and the granting of medical fee waiver to patients, please inform this Committee of the following:

1. What were the numbers of successful medical fee waiver applications from: (i) recipients of Comprehensive Social Security Assistance (CSSA); (ii) non-CSSA recipients; and (iii) older OALA recipients with more financial needs, and the amount of fees waived in the past 3 financial years?

2. What was the staffing arrangement of medical social workers/family service social workers of the Social Welfare Department tasked with processing medical fee waiver applications in the past 3 financial years, and what will be the arrangement in the next financial year?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 45)

Reply:

1.

The table below sets out the numbers of inpatient cases and outpatient attendances with medical fee waivers granted to recipients of the Comprehensive Social Security Assistance (CSSA), non-CSSA recipients [1] who are Eligible Persons [2] (EP) in the Hospital Authority (HA), and older Old Age Living Allowance (OALA) recipients with more financial needs [3] (renamed as Higher OALA recipients aged 75 or above with effect from 1 June 2018), and the amount of fees waived in the past 3 financial years.

		2017-18	2018-19	2019-20 (Up to 31 December 2019)
CSSA recipients	Number of inpatient cases granted with medical fee waivers	301 691	292 461	217 859
	Number of outpatient attendances granted with medical fee waivers	3 060 037	2 940 071	2 128 246
	Medical fee waived amount ($ million) [4]	502.8	501.9	365.8
Non-CSSA recipients	Number of inpatient cases granted with medical fee waivers	33 312	36 077	28 171
	Number of outpatient attendances granted with medical fee waivers	193 405	205 069	154 476
	Medical fee waived amount ($ million) [4]	53.9	88.5	67.6
Older OALA recipients with more financial needs (renamed as Higher OALA recipients aged 75 or above with effect from 1 June 2018)	Number of inpatient cases granted with medical fee waivers	118 719	194 034	164 521
	Number of outpatient attendances granted with medical fee waivers	975 190	1 710 294	1 493 252
	Medical fee waived amount ($ million) [4]	190.3	326.2	279.1

Note:

1) Including the number of waived case / attendance granted to Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly launched by the Social Welfare Department (SWD) in March 2017.
2) According to the Gazette (G.N. 5708 issued on 27 September 2013), patients falling into the following categories are eligible for the rates of charges applicable to EP:
   i) holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
   ii) children who are Hong Kong residents and under 11 years of age; or
   iii) other persons approved by the Chief Executive of HA.

3) Starting from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover older OALA recipients with more financial needs (renamed as Higher OALA recipients aged 75 or above with effect from 1 June 2018).
4) Waived amount for waiver cases approved during the year.

2.

Non-CSSA recipients who cannot afford medical expenses at the public sector can apply for medical fee waiver from Medical Social Workers (MSWs) of HA or SWD, as well as Social Workers (SWs) of the Integrated Family Service Centres (IFSCs) or the Family and Child Protective Services Units (FCPSUs) of SWD. MSWs of HA or SWD, or SWs of IFSCs/FCPSUs of SWD will assess the applications.

As MSWs of HA and SWD, and SWs of IFSCs/FCPSUs of SWD provide a variety of medical social and family services respectively, HA does not have the required breakdown on the manpower for processing medical fee waiver applications.

The table below sets out the numbers of MSWs of HA and SWD, and SWs of IFSCs/ FCPSUs of SWD for providing medical social services and family services respectively in the past 3 financial years.

Year	**MSWs in Medical Social Services**		**SWs in Family Services [2]**	
	HA [1]	**SWD [2]**	**IFSCs/ SWD**	**FCPSUs/ SWD**
2017-18	266	445	815	179
2018-19	276	463	833	220
2019-20 (up to 31 December 2019)	287	471	833	220

Note:

1) The manpower figures of MSWs of HA are calculated on full-time equivalent basis including permanent, contract and temporary staff but excluding those working for other services in the HA Head Office.
2) The manpower figures of MSWs and SWs of SWD are provided by SWD.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3203)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following figures in respect of Siu Lam Hospital for the past 5 years:
1. the number of new applicants and the total number of applicants on the waiting list by gender and district of residence;
2. the number of inpatients, their average waiting time and the current longest waiting time by gender;
3. the staff establishment and the unit cost per patient;
4. the number of people who applied to have their placements put on hold and the number of those who declined offers by gender; and
5. the numbers of rejected applicants and users of respite service by quarter, age (with each age group covering 10 years starting from the age of 16) and district of residence.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 410)

Reply:

1. 2. & 4.

Siu Lam Hospital (SLH) of the Hospital Authority (HA) provides territory-wide infirmary and rehabilitation inpatient services for adults with severe and profound intellectual disability.

The table below sets out the number of patients with severe and profound intellectual disability on the active central waiting list; the number of new applications and number of withdrawals / not-eligible applications; the number of patients with severe and profound intellectual disability on the inactive central waiting list; the number of inpatient admissions; and the median and 90th percentile waiting time for the territory-wide infirmary and rehabilitation inpatient service in SLH in the past five years. HA does not maintain statistics on the applicants' districts of residence.

	2015-16		2016-17^		2017-18		2018-19		2019-20 (up to 31 December 2019) [Provisional figures]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Number of patients on active central waiting list (as at 31 March)	16	3	3	5	1	2	1	4	2	4
Number of new applications	13	7	9	12	12	8	9	12	10	9
Number of withdrawals / not-eligible applications	7	3	3	2	3	1	2	1	1	1
Number of patients on inactive central waiting list (as at 31 March)	19	14	22	15	19	12	20	11	19	12
Number of inpatient admissions*	281	193	313	214	325	273	256	278	190	145
Median waiting time (months)	23.5		12.5		2.1		1.0		1.1	
90th percentile waiting time (months)$^{\#}$	47.4		36.6		23.1		7.5		1.1	

Note:
^ An additional 20 beds have been put into operation since December 2016.
# HA uses 90th percentile to denote the longest waiting time.
* Including patients admitted from general hospital after management of physical problems.

3.

SLH, under the management of the New Territories West Cluster (NTWC) of HA provides infirmary and rehabilitation services for adult patients with severe and profound learning disability using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists, etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As the healthcare professionals usually provide support for a variety of psychiatric services within the cluster, HA does not have the requested breakdown on the manpower for supporting SLH only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, clinical psychologists and occupational therapists working in psychiatric stream in NTWC in the past five years (from 2015-16 to 2019-20).

	Psychiatric doctors[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including Community Psychiatric Nurses)**	**Clinical Psychologists**[1]	**Occupational Therapists**[1]
2015-16	71	705	12	57
2016-17[4]	83	726	13	60
2017-18[4]	82	737	14	59
2018-19[4]	81	747	13	59
2019-20[4] (as at 31 December 2019)	84	761	15	63

Note:

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The table below sets out the number of patients who are on the central waiting list and have received time-limited respite care in SLH in the past five years. Breakdown by gender, age and districts of residence is not available.

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [Provisional figures]**
Number of patients received respite care	1	0	0	0	1

No patients were rejected for application of respite care in SLH in the past five years.

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)060

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3204)

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

Subhead (No. & title): (514) Hospital Authority

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:

Please inform this Committee of the following:

1. information on the utilisation of the Easy-Access Transport Services (ETS), including the number of registered members, number of users, utilisation rate, number of unsuccessful requests and waiting time, in the past 5 years;
2. to ensure the optimum use of resources, whether the Government has any plans to relax the restriction on the use of the ETS, making the services available not only to elderly people aged over 60 but also to eligible disabled persons?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 413)

Reply:

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation to provide transport 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 table below sets out the number of registered members, patient trips served and unsuccessful requests of ETS in the past 5 years.

Year	Number of Registered Members	Number of Patient Trips Served	Number of Unsuccessful Requests
2015-16	187 286	156 374	6 976
2016-17	197 097	159 575	8 878
2017-18	207 031	177 423	4 822
2018-19	218 454	178 746	10 431
2019-20	226 134 (as at 31 December 2019)	190 000 (projection as of 31 December 2019)	10 800 (projection as of 31 December 2019)

Information on waiting time is not available.

In 2020-21, HA plans to provide additional vehicles to further expand the fleet of ETS buses to meet service demand and reduce unsuccessful requests. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

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 mainly for attending geriatric day hospitals and out-patient clinics in HA. HA will continue to monitor the provision of ETS and explore measures to provide transport support for frail patients or patients with disability to attend day rehabilitation programmes, thereby facilitating their early discharge from hospital and recovery in the community.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)061

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3205)

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

Subhead (No. & title): (514) Hospital Authority

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:

Please provide the following information for this Committee:

(1) a breakdown by age group (at 3-year intervals for patients aged between 0 to 18 and 10-year intervals for patients aged over 18), by district of residence and by hospital of the numbers of patients getting cochlear implants in hospitals under the Hospital Authority (HA) in the past 5 years; and

(2) the numbers of patients on the waiting list, average waiting time, median waiting time and cost per capita of getting cochlear implants in hospitals under the HA in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 433)

Reply:

(1)

Cochlear Implant (CI) is a highly specialised service and is centralised in 3 designated hospital clusters in the Hospital Authority (HA), namely Hong Kong West Cluster (HKWC), Kowloon Central Cluster (KCC) and New Territories East Cluster (NTEC).

The tables below set out the number of patient episodes receiving CI operations by age group in the 3 hospital clusters in the past 5 years.

HKWC

Age group	Number of patient episodes receiving CI operations				
	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
Aged below 5	1	2	2	2	2
Aged 5-9	1	0	1	1	0
Aged 10-19	0	1	1	0	0
Aged 20-29	1	1	3	0	2
Aged 30-39	0	1	2	4	0
Aged 40-49	4	1	3	0	1
Aged 50-59	1	2	4	1	2
Aged 60-69	2	1	3	1	2
Aged 70 or above	0	2	1	0	0
All ages	**10**	**11**	**20**	**9**	**9**

KCC

Age group	Number of patient episodes receiving CI operations				
	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
Aged below 5	7	10	4	12	10
Aged 5-9	5	4	3	6	0
Aged 10-19	1	1	2	1	2
Aged 20-29	2	2	0	2	1
Aged 30-39	0	1	1	1	1
Aged 40-49	1	1	1	1	1
Aged 50-59	8	5	4	3	4
Aged 60-69	2	3	8	5	1
Aged 70 or above	1	2	0	2	5
All ages	**27**	**29**	**23**	**33**	**25**

NTEC

Age group	Number of patient episodes receiving CI operations				
	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
Aged below 5	10	12	18	17	10
Aged 5-9	2	1	4	2	3
Aged 10-19	1	4	4	0	1
Aged 20-29	1	1	1	1	1
Aged 30-39	2	3	1	3	1
Aged 40-49	4	3	4	3	1
Aged 50-59	7	3	6	3	1
Aged 60-69	4	4	7	5	6
Aged 70 or above	1	3	1	2	1
All ages	**32**	**34**	**46**	**36**	**25**

(2)

CI is a planned surgical procedure. The choice and timing of the procedure are jointly worked out by the patient and doctor after evaluation of the clinical conditions.

In HA, procedures performed in an operating theatre and / or under general anaesthesia are categorised into 10 groups ranging from Minor I to Ultra-major III. The costs of procedures (including surgeons, anaesthetics and operating theatre expenditures) are computed with reference to factors such as relative complexity of surgical procedures and operating time. CI is a major III operation. As a reference for the cost of CI, the current HA fees and charges for private services (which are set on the higher of cost or market price) for Major III procedures is $59,950 to $72,050.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)062

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3207)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise this Committee of the following in the past 5 years:

(1) in table form, the number of cases in which interpretation service was provided (with and without appointment respectively) by each hospital cluster under the Hospital Authority, the nationality of those using the service, the category of healthcare services and the ethnic minority languages involved;
(2) for cases without appointment, the average waiting time for immediate arrangement for interpretation service.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 442)

Reply:

(1)

The table below sets out the statistics of interpretation services provided by the Hospital Authority (HA) in general outpatient clinics (GOPCs), specialist outpatient clinics (SOPCs), Accident and Emergency Departments (AEDs) and inpatient settings.

	Interpretation Services (Number of Cases)				
Year	**GOPCs**	**SOPCs**	**AEDs**	**In-patients**	**Total**
2015-16	366	6 548	97	3 436	**10 447**[a]
2016-17	449	7 896	84	3 964	**12 393**
2017-18	588	9 779	82	4 808	**15 257**
2018-19	694	10 998	93	4 900	**16 685**
2019-20 (April-October 2019)	497	7 143	57	2 930	**10 627**
Total	**2 594**	**42 364**	**413**	**20 038**	**65 409**[b]

a Not including 2 cases of interpretation services provided in the HA Head Office (HAHO).
b Not including 2 cases of interpretation services provided in HAHO in 2015-16.

To cater for the needs of ethnic minorities, interpretation services are arranged for those who are in need of such services in public hospitals and clinics of HA through various channels, including a service contractor, part-time court interpreters and consulate offices. The interpretation services provided by the service contractor cover 18 languages, including Urdu, Punjabi, Nepali, Bahasa Indonesia, Hindi, Japanese, Thai, Tagalog, Korean, Bengali, Vietnamese, Malay, Portuguese, German, French, Spanish, Sinhala and Arabic. Apart from providing interpretation services, HA also prepares response cue cards and patient consent forms in 18 languages to enhance communication between staff and ethnic minority patients in the registration process and provision of services.

The table below sets out the statistics of interpretation services provided by HA in different languages in the past 5 years. HA does not record the nationality of patients who use interpretation services.

	Period from 2015-16 to 2019-20 (up to October 2019)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HAHO**
Urdu	2 504	1 124	4 083	2 854	12 022	633	6 415	0
Punjabi	1 352	639	1 665	1 705	4 036	521	1 350	1
Nepali	488	429	3 346	68	1 579	131	2 222	0
Bahasa Indonesia	727	460	750	449	1 067	390	1 065	0
Hindi	246	267	748	170	574	122	278	1
Japanese	526	169	410	70	209	60	155	0
Thai	402	174	679	68	299	53	188	0
Tagalog	63	44	98	30	65	20	155	0
Korean	207	62	164	33	183	10	27	0
Bengali	39	109	185	32	394	28	482	0
Vietnamese	78	88	426	63	837	39	370	0
German	4	3	2	1	2	0	0	0
French	15	9	45	7	33	0	32	0
Spanish	20	66	47	1	58	10	11	0
Sinhala	11	34	49	1	31	0	32	0
Arabic	7	33	91	1	56	9	30	0
Malay	0	2	6	1	9	2	7	0
Portuguese	0	4	4	0	4	1	2	0
Taiwanese	0	0	4	0	0	0	1	0
Russian	42	7	10	0	2	0	11	0
Swahili	2	0	37	0	1	1	1	0
Tamil	11	6	11	0	10	2	123	0
Pashto	10	0	0	0	1	0	1	0
Burmese	10	4	0	1	1	0	4	0
IGBO	0	0	0	0	0	0	6	0
Uganda	0	0	6	0	0	0	1	0

	Period from 2015-16 to 2019-20 (up to October 2019)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HAHO**
Ilocano	0	0	0	0	0	0	2	0
Ukrainian	0	0	0	0	1	0	0	0
Amharic	2	0	0	0	0	0	0	0
Luganda	0	0	11	0	0	0	0	0
Polish	0	1	0	0	0	0	0	0
Total	**6 766**	**3 734**	**12 877**	**5 555**	**21 474**	**2 032**	**12 971**	**2**

(2)

For scheduled service (such as medical appointment at general and specialist out-patient clinics), patients may request the hospital or clinic concerned to arrange interpretation services in advance. In general, interpreters are able to arrive on time for these cases.

For non-scheduled service, such as hospital admission during emergency, hospital staff will make immediate arrangements where necessary or at the request of patients, so that telephone interpretation service or on-site interpretation service can be delivered as soon as possible. The staff may also use response cue cards, which are available in 18 languages, to communicate with the patients to ensure timely provision of medical treatment.

In the past 5 years, HA provided emergency interpretation service for 2 565 times. On average, an interpreter was able to arrive within an hour to provide interpretation for the ethnic minority service users. For urgently arranged telephone interpretation services, the waiting time ranged from about a few minutes to less than an hour with average waiting time of around 30 minutes.

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)063

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3208)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise this Committee on:

(1) the usage rates of sign language interpretation services (including both scheduled and non-scheduled services) provided in various hospital clusters of the Hospital Authority (HA) and the types of healthcare services used in relation to the interpretation services in the past 5 years in table form; and

(2) for non-scheduled services, the average waiting time for immediate provision of sign language interpretation services in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 443)

Reply:

(1)

The table below sets out the statistics of sign language interpretation services provided by the Hospital Authority (HA) in general outpatient clinics (GOPCs), specialist outpatient clinics (SOPCs), Accident and Emergency Departments (AEDs) and inpatient settings.

	Interpretation Services (Number of Cases)				
	GOPCs	**SOPCs**	**AEDs**	**In-patients**	**Total**
2015-16	12	191	1	104	**308**
2016-17	23	325	1	98	**447**
2017-18	48	645	4	262	**959**[a]
2018-19	58	718	2	271	**1 047**[a]
2019-20 (April-October 2019)	34	414	7	125	**580**
Total	**175**	**2 293**	**15**	**860**	**3 341**[b]

a. Not including 2 cases of sign language interpretation services provided in the HA Head Office (HAHO).
b. Not including 2 cases of sign language interpretation services provided in HAHO in 2017-18 and 2018-19.

(2)

To cater for the needs of patients with special needs, sign language interpretation services are arranged for those in need of such services in public hospitals and clinics of HA through various channels, including a service contractor and part-time court interpreters.

In general, interpreters are able to arrive on time for scheduled services. For non-scheduled services, such as hospital admission during emergency, hospital staff will make immediate arrangements where necessary or at the request of patients, so that sign language interpretation service can be delivered as soon as possible. The staff may also use response cue cards to communicate with the patients to ensure timely provision of medical treatment.

In the past 5 years, HA provided emergency sign language interpretation service for 55 times, with average waiting time within 1 hour in general.

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)064

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1279)

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

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget Speech that "The social incidents and the novel coronavirus epidemic have affected the mental health of many people in Hong Kong. I will allocate sufficient resources to the Food and Health Bureau, the Labour and Welfare Bureau and the Education Bureau for providing appropriate support to people suffering from mental distress." In this connection, what are the details of the support and estimated financial expenditures involved?

Asked by: Hon CHEUNG Wah-fung, Christopher (LegCo internal reference no.: 28)

Reply:

The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress as well as links to related websites for those in need of assistance. Hospital Authority is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)065

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0225)

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

Subhead (No. & title): ()

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the expansion of the scope of the Drug Formulary, please advise on the following:

1. the number of new drugs incorporated into the Hospital Authority (HA) Drug Formulary in each of the past 5 years;
2. the total drug consumption expenditure on drugs in the Drug Formulary in each of the past 5 years;
3. the expected increase in the number of drugs this year; and
4. are there any other programmes or measures from the Government to expedite the procedures for introducing new drugs in the HA?

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 19)

Reply:

(1)

The table below sets out the number of drugs newly incorporated into the Hospital Authority Drug Formulary (HADF) between 2015-16 and 2019-20.

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Number of new drugs incorporated into HADF	21	39	50	38	57

(2)

The following table sets out the amount of drug consumption expenditure on General and Special drugs in the HADF (i.e. the expenditure on General drugs and Special drugs prescribed to patients at standard fees and charges) between 2015-16 and 2019-20.

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Drug consumption expenditure on General and Special drugs in the HADF ($ million)	$4,501	$5,020	$5,372	$5,662	$6,206*

*Projection based on expenditure figure as at 31 December 2019

(3)

With the additional recurrent resources from the Government, the Hospital Authority (HA) has been expanding the scope of the HADF by incorporating specific new drugs / drug classes as Special drugs and extending the therapeutic applications of different Special drugs / drug classes in the HADF. In 2020-21, HA will incorporate 2 new drugs into the HADF as Special drugs and extend the therapeutic application of 1 Special drug / drug class in the HADF.

(4)

HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review the existing drugs in the HADF. The process follows an evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness of drugs; and taking into account various factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups. Under the existing mechanism, clinicians would submit new drug applications, based on service needs, to the HA's Drug Advisory Committee (DAC) for consideration of listing on the HADF. DAC would review all new drug applications every 3 months. To shorten the lead time for introducing suitable new drugs to the safety net (including the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programmes), HA has, since 2018, increased the frequency of prioritisation for including self-financed drugs in the safety net from once to twice a year.

In addition, the Commission on Poverty (CoP) agreed in October 2019 to streamline the approval process for introducing new drugs / medical devices to the 3 CCF Medical Assistance Programmes starting from 2020-21. We expect that the streamlined approval process could shorten the total lead time for introducing new drugs / medical devices to the CCF Medical Assistance Programmes, thereby providing more timely support to needy patients.

Appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics. HA will keep in view the latest scientific and clinical evidence of drugs and enhance HADF as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0226)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower and remuneration package of the Hospital Authority (HA), please provide the following details:

1. the respective total numbers of doctors, nurses and allied health professionals in 2019-20, and their respective manpower shortfall in the same year;
2. in table form, the turnover rates of doctors in 2018-19 and 2019-20 by department;
3. in table form, the numbers of non-locally trained doctors recruited under limited registration in 2019-20 by department;
4. in table form, the respective salary expenditures on doctors, nursing staff, allied health professionals and care-related support staff in 2019-20; and
5. the remunerations of key management personnel in 2018-19 and 2019-20 respectively, and the relevant remuneration as a percentage of HA's overall salary expenditure in each of the years.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 20)

Reply:

(1)

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health (AH) professionals and supporting healthcare workers. HA regularly monitors the manpower situation and flexibly deploys its staff having regard to the service and operational needs.

In 2019-20, HA has 6 130 doctors, 28 170 nurses and 8 430 allied health staff (revised estimate). The attrition rate for full time doctor in 2019-20 is 6.1% (rolling 12 months from 1 January 2019 to 31 December 2019), equivalent to 364 full-time doctors.

In regard to nursing manpower, the attrition rate for full-time nurse in 2019-20 is 5.9% (rolling 12 months from 1 January 2019 to 31 December 2019), equivalent to 1 523 full-time nurses.

For manpower of AH grades, the attrition rate for full-time allied health staff in 2019-20 is 4.7% (rolling 12 months from 1 January 2019 to 31 December 2019), equivalent to 376 full-time AH professionals.

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 (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%

4. Doctors exclude Interns and Dental Officers.

(2)

Table 1 provides the attrition rates of full-time doctors by departments of HA in 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019).

Table 1: Attrition rates of full-time doctors by department and by rank in 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)

Department	2018-19				2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	7.1%	3.2%	6.1%	5.1%	16.9%	3.7%	6.5%	6.3%
Anaesthesia	14.4%	10.7%	4.8%	8.6%	6.4%	9.4%	2.5%	5.8%
Cardio-thoracic Surgery	25.5%	0.0%	5.6%	9.6%	0.0%	16.0%	0.0%	4.9%
Family Medicine	12.2%	4.2%	7.2%	6.6%	0.0%	2.6%	8.2%	6.5%
Intensive Care Unit	5.5%	3.7%	1.4%	2.8%	10.4%	1.8%	4.3%	4.2%
Medicine	7.2%	5.2%	2.7%	4.1%	3.6%	5.5%	4.2%	4.6%
Neurosurgery	27.4%	4.5%	3.5%	8.2%	23.5%	8.2%	5.6%	9.5%
Obstetrics & Gynaecology	9.5%	13.5%	4.5%	8.0%	7.0%	11.5%	3.6%	6.5%
Ophthalmology	14.7%	11.3%	5.8%	8.8%	5.0%	18.0%	5.9%	10.0%
Orthopaedics & Traumatology	10.7%	19.8%	4.8%	10.2%	13.8%	13.9%	3.1%	8.0%
Paediatrics	14.2%	4.1%	3.8%	5.7%	12.1%	4.6%	3.6%	5.4%
Pathology	2.9%	3.0%	2.2%	2.6%	8.3%	9.3%	3.1%	6.4%
Psychiatry	10.8%	4.0%	5.0%	5.3%	13.0%	5.6%	7.0%	7.2%
Radiology	6.9%	20.6%	0.8%	8.4%	10.8%	16.4%	1.5%	8.1%
Surgery	11.5%	12.3%	4.3%	7.7%	5.7%	9.4%	3.0%	5.3%
Others	10.7%	16.9%	4.9%	9.8%	11.1%	8.1%	5.2%	7.3%
Overall	**10.0%**	**8.2%**	**4.3%**	**6.4%**	**8.6%**	**7.4%**	**4.7%**	**6.1%**

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 (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%

4. The services of the psychiatry departments include services for the mentally handicapped.

5. Doctors exclude Interns and Dental Officers.

(3)

Table 2 below sets out the number of non-locally trained doctors with limited registration employed by HA in 2019-20.

Table 2: Number of Non-locally Trained Doctors in HA in 2019-20 (up to 31 December 2019)

Cluster	**Specialty**	**2019-20 (up to 31 December 2019)**
HKEC	Family Medicine	1
HKWC	Anaesthesia	3
	Emergency Medicine	1
	Paediatrics	1
	Pathology	1
	Radiology	1
	Surgery	1
KEC	Emergency Medicine	1
	Family Medicine	2
	Internal Medicine	2
KWC	Internal Medicine	1
NTEC	Cardiothoracic Surgery	1
	Emergency Medicine	1
	Family Medicine	1
	Internal Medicine	1
	Neurosurgery	1
	Radiology	1
NTWC	Emergency Medicine	1
	Family Medicine	1
	Radiology	1

Note:
1. The figures refer to the total number of non-local doctors employed, including doctors who have completed or ended their contracts during the said period.

(4)

The table below provides the salary expenditure on doctors, nursing, allied health professionals and care-related support staff of the HA in 2019-20 (full year projection):

Staff Group	Total Salary Expenditure ($ million) (Full Year Projection)
Doctors	13,286
Nursing	21,050
Allied Health Professionals	7,086
Care-related Support Staff	4,243

Note:

1. The "Doctors" group includes Consultants, SMO/AC, MO/R, Visiting Medical Officers, but excluding 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 etc.

3. The "Allied Health Professionals" 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 total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death and disability benefit. The figures for 2019-20 represent full-year projection with annual pay adjustment.

(5)

The table below sets out the remuneration of the key management personnel of HA for 2018-19. The actual expenditure for 2019-20 will only be available after the close of the financial year and therefore estimated expenditure for 2019-20 is not available.

Year	Remuneration Expenditure ($ million)	Percentage of HA's Overall Staff Costs
2018-19	73.7	0.15%

Note:

1. Including salaries, allowances, contributions for retirement scheme and other benefits.

2. The key management personnel refers to those listed in the HA Annual Report with the authority and responsibility for planning, directing and controlling the activities of HA. The group comprises the Chief Executive, Cluster Chief Executives, Directors and other Division Heads of the Head Office.

3. HA's overall staff costs refer to the staff costs disclosed in the HA Annual Report.

Abbreviations

SMO/AC – Senior Medical Officers/Associate Consultants
MO/R – Medical Officers/Residents
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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)067

CONTROLLING OFFICER'S REPLY

(Question Serial No.0227)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) will continue to make use of investment returns generated from the $10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the HA to operate clinical PPP programmes. What are the details, expenditure involved and the number of attendances of each service programme in each of the past three years (from 2017-18 to 2019-20)? Will the coverage be extended to more partnership programmes in the future? If yes, what are the details? If not, what are the reasons?

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 21)

Reply:

The Hospital Authority (HA) has implemented nine Public-Private Partnership (PPP) programmes since 2008, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP)[1], Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP)[2].

Service provisions by PPP programme from 2017-18 to 2019-20 are listed in the table below.

Programme	2017-18 Actual Provisions	2018-19 Actual Provisions	2019-20 Planned Provisions
CSP (surgeries)	465	514	550
TSW PPP[1] (patients enrolled)	1 618	N/A	N/A

HD PPP (places)	225	246 [3]	267
PEP (patients)	17 979	16 826	14 000
Radi Collaboration (scans)	17 111	18 264	20 200
GOPC PPP (participating patients)	21 297	31 239	33 597
Infirmary Service PPP (beds)	64	64 [4]	64
Colon PPP (colonoscopies)	1 130	1 332	1 300
Glaucoma PPP[2] (participating patients)	N/A	N/A	600

Expenditures by PPP programme from 2017-18 to 2019-20 are listed in the table below.

Programme	**2017-18 Actual Expenditure[5] ($ million)**	**2018-19 Actual Expenditure[5] ($ million)**	**2019-20 Projected Expenditure[5] ($ million)**
CSP	3.3	2.9	3.4
TSW PPP [1]	3.8	-	-
HD PPP	50.4	56.9	62.3
PEP	24.5	23.6	25.4
Radi Collaboration	37.2	36.7	41.2
GOPC PPP	46.6	72.2	90.7
Infirmary Service PPP	23.8	24.1	25.0
Colon PPP	16.9	18.5	21.2
Glaucoma PPP[2]	-	-	1.5

Note:

1. The TSW PPP ended on 31 March 2018 and was migrated to the GOPC PPP on 1 April 2018.
2. Glaucoma PPP is a new clinical PPP programme launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by HA's ophthalmology specialist outpatient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community.
3. Benefited 463 patients since programme launch in March 2010 and 278 patients in 2018-19 as at end of March 2019.
4. 106 applicants were offered placement since programme launch in September 2016 and 64 applicants stayed at the Service Unit of the Programme as at end of March 2019.
5. Excluding expenditure on information technology and administration support.

HA will carefully consider relevant factors when exploring new PPP programmes, including the potential complexity of the programmes, and the capacity and readiness of the private

sector. HA will continue to communicate with the public and patient groups, and will work closely with stakeholders to explore the feasibility of introducing other PPP programmes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0228)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the promotion of primary healthcare, the Government plans to set up District Health Centres (DHCs) in 6 other districts in the coming 2 years and has earmarked $650 million for meeting their recurrent expenditure. For the remaining 11 districts where DHCs have yet to be set up, the Government will allocate about $600 million to subsidise the setting up of smaller interim "DHC Express" by non-governmental organisations.

1) Please provide in table form the expenditures incurred by the Kwai Tsing DHC in the past year on staff establishment, emoluments, medical equipment and publicity. What were the monthly attendances? How many cases were referred to public or private hospitals?

2) Please provide the implementation timetable for each DHC in the remaining 11 districts. What will be the expenditures on staff establishment, emoluments, medical equipment and publicity as well as the details?

3) What services will be provided by these interim "DHC Expresses"? Who will be the operators? What will be the expenditures on staff establishment, emoluments, medical equipment and publicity as well as the details?

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 22)

Reply:

(1) The Kwai Tsing Safe Community and Health City Association has been appointed to operate the Kwai Tsing District Health Centre (K&T DHC) at a total contract sum of about $284 million for a 3-year operation period. Members of the K&T DHC identified with risk factors for Diabetes Mellitus or Hypertension from the health risk factors assessment will be referred to the network medical practitioners for screening. Upon confirmation of diagnosis, patients will be referred to the respective chronic disease management programmes, including nursing counselling, individual allied

health sessions and patient empowerment programmes. As at 31 December 2019, the K&T DHC has an establishment of 58 staff including nurse, physiotherapist, occupational therapist, dietitian, pharmacist, social workers, administrative and supporting staff. K&T DHC has 2 292 registered members with a cumulative attendance of 8 340.

(2) Within the term of the current Government, DHCs are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS District Health Centre was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. We plan to identify suitable rental premises for setting up DHCs in the above remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021. The Government is working in parallel to take forward the works projects for DHCs in all districts and "DHC Express" services will migrate as appropriate to the DHC of the respective district.

It is estimated that the expenditure and the establishment of the other DHCs will be similar to that of the K&T DHC. The 6 new DHCs to be established within this term of Government will involve a recurrent expenditure of $654 million in a full year for operation and related expenses.

(3) With reference to DHC services, “DHC Express” will provide various primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment and chronic disease management. In addition, “DHC Express” will serve as a district health resource hub that links different service providers of different aspects of primary healthcare services in the community to facilitate clients receiving the necessary care and services when needed.

Non-governmental organisations (NGOs) will be identified to operate the “DHC Express” by way of invitation of proposals. It will involve about $596 million non-recurrent expenditure for implementation of “DHC Express” over 3 years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0237)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the number of medical students pursuing undergraduate programmes in 2017, 2018 and 2019. Please also tabulate the respective numbers of medical graduates of undergraduate programmes recruited by the Hospital Authority and engaged in private practice in 2017, 2018 and 2019.
In the face of ageing population and a shortage of healthcare professionals, will the Government relax the requirement of recruiting medical practitioners under limited registration?

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 32)

Reply:

We do not have the number of medical students pursuing undergraduate programmes in 2017, 2018 and 2019. The number of University Grants Committee ("UGC")-funded first-year-first-degree ("FYFD") training places in medicine from the 2017/18 to 2019/20 academic years is set out in the following table –

	Academic Year ("AY")		
	2017/18	**2018/19**	**2019/20**
Number of UGC-funded FYFD Training Places in Medicine	470	470	530

In Hong Kong, people wishing to become doctors must undergo a medical programme leading to a degree in medicine and surgery offered by the two local medical schools. After being awarded a degree in medicine and surgery by the local medical school, medical students are granted provisional registration to undergo a year of internship training at the Hospital Authority ("HA") before they are eligible for registration with the Medical Council of Hong Kong as registered doctor. The HA, in collaboration with the two local medical schools, has arranged internship training for all medical graduates available. The HA will

offer employment to all qualified locally trained medical graduates and provide them with relevant specialist training.

Owing to an ageing population and an over-burdened public healthcare system, the shortfall in the supply of doctors has been serious in the public sector. The Government has been adopting a multi-pronged approach to tackle the manpower shortage problem including increasing healthcare training places; providing funding to upgrade and increase healthcare training capacities; supporting the manpower initiatives of the HA; and actively promoting and facilitating practice of qualified non-locally trained healthcare professionals in Hong Kong. The Government has also kick-started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower, and the results are expected to be available within 2020.

To facilitate non-locally trained doctors to serve in Hong Kong under limited registration, the validity period and renewal period of limited registration have been extended from not exceeding one year to not exceeding three years upon commencement of the Medical Registration (Amendment) Ordinance 2018. The Medical Council of Hong Kong ("MCHK") has also shortened the period of assessment for non-locally trained specialist doctors from six months to two days in August 2019 provided (i) he/she has passed the Licensing Examination; (ii) he/she holds a specialist qualification comparable to a Fellowship of the Hong Kong Academy of Medicine; and (iii) he/she has completed a period of full-time employment for three years or more by any of the institutions designated under Promulgation No. 2 of MCHK on limited registration. It is expected that more eligible non-locally trained doctors, particularly those who are Hong Kong people, will be attracted to serve in the public sector in Hong Kong through limited registration, thus alleviating the manpower shortage problem.

The HA and the Department of Health will continue to proactively recruit eligible non-locally trained doctors through the limited registration arrangement to provide clinical services in the public healthcare system.

Besides, to provide more incentive for non-locally trained doctors to serve in the public healthcare system in Hong Kong, the Government is exploring more effective ways to provide specialist training for non-locally trained doctors without compromising specialist training opportunities for locally trained doctors. Relevant colleges under The Hong Kong Academy of Medicine and the HA are working on the implementation details with a view to attracting more non-locally trained doctors to practise in Hong Kong.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations, so as to explore other measures to increase the supply of doctors.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)070**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0241)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With regard to continuing 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, please advise on the following:

1. has the Government considered increasing the spending on the provision of isolation wards and additional facilities for communicable disease prevention under the HDP? If yes, what is the expenditure involved?
2. what are the estimated establishment of healthcare staff and their ratio to patients under the HDP?
3. in the face of population ageing, does the Government have any plan to recruit more doctors under limited registration to address manpower shortage and the anticipated rising attendances?

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 36)

Reply:

(1) & (2)

The ten-year Hospital Development Plan is funded under the Capital Works Reserve Fund. Details on the programme are outside the scope of Head 140 under the General Revenue Account.

(3)

Owing to an ageing population and an over-burdened public healthcare system, the shortfall in the supply of doctors has been serious in the public sector. The Government has been adopting a multi-pronged approach to tackle the manpower shortage problem including increasing healthcare training places; providing funding to upgrade and increase healthcare

training capacities; supporting the manpower initiatives of the Hospital Authority (HA); and actively promoting and facilitating practice of qualified non-locally trained healthcare professionals in Hong Kong. The Government has also kick-started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower, and the results are expected to be available within 2020.

To facilitate non-locally trained doctors to serve in Hong Kong under limited registration, the validity period and renewal period of limited registration have been extended from not exceeding one year to not exceeding 3 years upon commencement of the Medical Registration (Amendment) Ordinance 2018. It is expected that more eligible non-locally trained doctors, particularly those who are Hong Kong people, will be attracted to serve in the public sector in Hong Kong through limited registration, thus alleviating the manpower shortage problem.

The HA and the Department of Health will continue to proactively recruit eligible non-locally trained doctors through the limited registration arrangement to provide clinical services in the public healthcare system.

Besides, to provide more incentive for non-locally trained doctors to serve in the public healthcare system in Hong Kong, the Government is exploring more effective ways to provide specialist training for non-locally trained doctors without compromising specialist training opportunities for locally trained doctors. Relevant colleges under The Hong Kong Academy of Medicine and the HA are working on the implementation details with a view to attracting more non-locally trained doctors to practise in Hong Kong.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations, so as to explore other measures to increase the supply of doctors.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0439)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding primary healthcare services, will the Government inform this Committee of the following:

1. Will the staff of District Health Centres (DHC) and "DHC Express" be provided with training on health literacy? If yes, what are the details and how will they promote and enhance health literacy of the public? If not, what are the reasons?

2. What is the number of network medical practitioners participating in DHC services? What kind of follow-up services will be provided, including when a patient will return to DHC for services, after the patient is referred to network medical practitioners?

3. How long is the waiting period for members of the public to have their first health risk assessments after they initially contact or are referred to DHC? Is there a performance pledge for arranging health risk assessments for members of the public within certain working days? and

4. Apart from "three highs" (high blood pressure, high blood sugar and high blood cholesterol), osteoporosis is the most common illness among chronic patients in Hong Kong. There has been a saying of "three highs and osteoporosis" emerging in the community. Will the Government step up publicity regarding "three highs and osteoporosis", and consider introducing a pilot scheme at DHC to include the education of and screening for osteoporosis as regular services, or raising public awareness of bone health by promoting primary care on a medical-social collaboration model?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 15)

Reply:

(1) The Food and Health Bureau (FHB) has engaged speakers of different background and profession to provide induction training to District Health Centre (DHC) staff on the principles of primary care in DHC and the roles of multidisciplinary team in enhancing health literacy for DHC clients. In particular, FHB has engaged the Hong Kong Academy of Nursing Limited to provide training for nursing staff of the DHC and other primary healthcare nurses to equip them with knowledge, skills and attitude on primary and community care, in particular health communication, counselling and empowerment as well as non-pharmacological intervention of disease so as to strengthen their capability in performing the role of care coordinators at DHCs.

(2) As at 31 December 2019, the Kwai Tsing DHC Network comprised 19 medical practitioners. After basic health assessment, DHC members with high risk of developing diabetes mellitus or hypertension will be referred to one of the network medical practitioners for further examination and diagnosis as needed. Patients diagnosed by the network medical practitioners with hypertension, diabetes mellitus, low back pain or osteoarthritic knee pain would be offered service packages at DHC or network service providers and other professional services including diet advice, drug counselling and/or other services as required.

(3) All DHC clients are now offered basic health assessment during their first attendance to the DHC.

(4) With a focus on prevention, DHCs will attend to promote primary prevention of osteoporosis and osteoporotic fracture through evidence-based measures which include education on sufficient calcium and vitamin D levels, regular weight-bearing exercise, fall prevention, and avoidance of tobacco and excessive alcohol. For high risk elderly, muscle strength and balance training, advice on mobility aids and gadgets as well as advice on home hazards and safety intervention or modification will be provided as appropriate. For patients that are referred by the Hospital Authority or network medical professionals to join the fracture hip rehabilitation programme, individualized treatment sessions by a range of allied health professionals (including physiotherapists and occupational therapists) and suggestion on home modification to prevent repeated falls would also be offered.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)072

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0442)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the first ten-year Hospital Development Plan, will the Government please set out:

(1) the names of projects already commenced, their progress, expected completion dates and the amount involved in table form with a breakdown by hospital cluster; and
(2) the names of projects that are yet to commence, their expected dates of commencement and completion, and the amount involved in table form with a breakdown by hospital cluster?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 18)

Reply:

(1) & (2)

The ten-year Hospital Development Plan is funded under the Capital Works Reserve Fund. Details on the programme are outside the scope of Head 140 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)073

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0443)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the staff establishment of the Hospital Authority for direct patient care, please provide information in table form on the expected number of staff to be recruited, the actual number of staff recruited, the number of new recruits, the number of resignees and the number of retirees by hospital cluster and staff group for the past 3 years?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 19)

Reply:

The tables below set out the strength, intake and attrition (wastage) numbers of the medical, nursing, allied health and supporting (care-related) staff groups in each cluster in the Hospital Authority (HA) in the past 3 years.

2017-18

Cluster	Staff Group	Number of Staff (as at 31 March 2018) (include both full-time (FT) and part-time (PT))	Number of Intake (include both FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
HKEC	Medical	661	64	7	29
	Nursing	2 780	244	17	123
	Allied Health	832	57	4	14
	Supporting (care-related)	1 534	254	42	208
HKWC	Medical	711	86	6	42
	Nursing	2 862	250	46	129
	Allied Health	972	62	17	30
	Supporting (care-related)	1 421	224	53	186
KCC	Medical	1 255	121	12	50
	Nursing	5 257	412	75	210
	Allied Health	1 569	112	16	53
	Supporting (care-related)	3 042	456	88	325
KEC	Medical	740	75	11	38
	Nursing	2 921	261	17	102
	Allied Health	804	56	8	28
	Supporting (care-related)	1 606	226	39	193
KWC	Medical	1 063	93	9	51
	Nursing	4 260	387	55	150
	Allied Health	1 264	106	12	43
	Supporting (care-related)	2 201	312	78	201
NTEC	Medical	1 058	126	15	41
	Nursing	4 362	391	45	165
	Allied Health	1 283	86	14	32
	Supporting (care-related)	2 582	454	82	338
NTWC	Medical	836	70	7	38
	Nursing	3 627	269	26	141
	Allied Health	1 017	88	5	34
	Supporting (care-related)	2 553	430	73	268

2018-19

Cluster	Staff Group	Number of Staff (as at 31 March 2019) (include both FT and PT)	Number of Intake (include both FT and PT)	Full-time Attrition (Wastage) Number	
				Retirement	Non-retirement
HKEC	Medical	671	64	9	29
	Nursing	2 855	239	30	148
	Allied Health	847	58	8	37
	Supporting (care-related)	1 551	257	65	170
HKWC	Medical	697	79	10	46
	Nursing	2 891	262	51	156
	Allied Health	971	90	19	45
	Supporting (care-related)	1 388	212	55	163
KCC	Medical	1 318	116	14	59
	Nursing	5 522	451	99	244
	Allied Health	1 695	125	20	59
	Supporting (care-related)	3 214	505	100	335
KEC	Medical	754	73	8	46
	Nursing	3 120	316	30	142
	Allied Health	847	76	9	27
	Supporting (care-related)	1 658	276	60	172
KWC	Medical	1 078	90	8	50
	Nursing	4 506	460	76	188
	Allied Health	1 275	90	20	51
	Supporting (care-related)	2 269	355	77	221
NTEC	Medical	1 057	119	8	71
	Nursing	4 565	389	46	174
	Allied Health	1 310	92	20	42
	Supporting (care-related)	2 675	504	118	279
NTWC	Medical	852	63	3	51
	Nursing	3 756	306	39	162
	Allied Health	1 037	87	12	41
	Supporting (care-related)	2 595	356	67	242

2019-20

Cluster	Staff Group	Number of Staff (as at 31 December 2019) (include both FT and PT)	Number of Intake (April – December 2019) (include both FT and PT)	Full-time Attrition (Wastage) Number (April – December 2019)	
				Retirement	Non-retirement
HKEC	Medical	690	61	4	20
	Nursing	2 984	240	35	95
	Allied Health	860	57	9	26
	Supporting (care-related)	1 637	270	38	146
HKWC	Medical	736	84	3	21
	Nursing	3 061	307	34	77
	Allied Health	989	55	3	24
	Supporting (care-related)	1 377	117	31	84
KCC	Medical	1 361	104	11	60
	Nursing	5 943	491	77	182
	Allied Health	1 786	138	22	31
	Supporting (care-related)	3 394	473	86	232
KEC	Medical	781	64	3	32
	Nursing	3 331	299	18	101
	Allied Health	889	87	13	26
	Supporting (care-related)	1 793	278	35	117
KWC	Medical	1 108	85	9	37
	Nursing	4 752	351	47	162
	Allied Health	1 311	102	11	34
	Supporting (care-related)	2 352	242	58	124
NTEC	Medical	1 107	117	4	44
	Nursing	4 694	316	27	136
	Allied Health	1 353	117	24	42
	Supporting (care-related)	2 770	403	69	225
NTWC	Medical	899	61	3	26
	Nursing	3 975	363	34	106
	Allied Health	1 082	69	5	27
	Supporting (care-related)	2 724	385	68	185

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, etc.

(3) The "Allied Health" group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.

(4) The "Supporting (care-related)" group includes health care assistants, ward attendants, patient care assistants, etc.

(5) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(6) Intake refers to the total number of permanent and contract staff joining HA on headcount basis during the period. Transfer, promotion and staff movement within HA will not be regarded as intake.

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

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)074

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0444)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the staff establishment of the Hospital Authority (HA) for providing direct and non-direct patient care,

1. please tabulate by hospital cluster and staff group the number of staff absent from duty and the expenditure on salary paid to them by HA for the period 3 to 7 February 2020; and
2. please tabulate by service type the number of patients who failed to receive treatment from HA and the number of patients who had their medical appointments cancelled/rescheduled during the period 3 to 7 February 2020.

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 20)

Reply:

1. & 2.

The details sought do not fall within the expenditure estimates for 2020-21 and are therefore outside the scope of the current exercise.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0445)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the promotion of organ donation, will the Government please set out:

1. the numbers of events for promoting organ donation, the details, the numbers of participants and the amount involved in the past 3 years in table form; and
2. the numbers of persons registered in the Centralised Organ Donation Register, their gender and average ages in the past 3 years in table form?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 21)

Reply:

(1)

Over the years, the Food and Health Bureau (FHB), together with the Department of Health (DH) and the Hospital Authority (HA), have been making continuous efforts to promote organ donation on various fronts in collaboration with community partners. These include: (1) conducting promotion booths/ promotion activities in the 9 Smart Identity Card Replacement Centres (SIDCCs); (2) institution-based networking with signatories of the Organ Donation Promotion Charter and supporters to promote organ donation and to encourage registration for the Centralised Organ Donation Register (CODR); (3) public education through exhibitions, talks and seminars; (4) publicity campaigns using various channels, e.g. television, radio, newspapers, Internet, etc.; (5) e-engagement of the public by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK"; (6) development of promotional materials and distributing them in various occasions and events; and (7) organisation of large-scale activities.

The Organ Donation Promotion Charter was introduced in 2016 to engage different sectors of the community in promoting organ donation. As at 31 December 2019, there were around 590 signatories which had conducted over 1500 promotional actions and activities. Signatories have pledged to promote the culture of organ donation by encouraging their staff

or members to register their wish to donate organs and further promote the culture to family members of their staff or members and in the community.

The Government also designated the second Saturday of November every year as the Organ Donation Day and the anniversary of the launching of the CODR. Large-scale activities, such as public ceremony and organ donation promotion vehicle, have been organised to raise public awareness on organ donation and facilitate registration for the CODR. The expenditure on the publicity for organ donation cannot be separately identified as it is absorbed by DH's overall provision for health promotion.

In line with DH's strategies and initiatives of promoting organ donation, HA has been organising various activities and appreciation events, which include (1) providing publicity and education videos and a hyperlink to the CODR website on a designated webpage in HA's internet and intranet websites; (2) promoting organ donation on HA's social media platform (e.g. Facebook); (3) media pitching about organ donation and articles on various media platforms; (4) setting up promotion booths in various HA hospitals and outpatient clinics, (5) inviting summer volunteers to participate in organ donation promotion activities, (6) supporting DH in the publicity work on the Organ Donation Day and (7) promulgating the Paired Kidney Donation Pilot Programme to the renal community and the general public through different channels, etc..

HA does not maintain statistics on the number of participants in the above-said activities. The expenditure on the publicity for organ donation cannot be separately identified as it is absorbed by HA's overall provision of healthcare services.

(2)

The number of registrations recorded in the CODR in the past 3 years are listed as follows–

	2017	**2018**	**2019**
Number of total registrations during the year	37 285	18 772	20 001
Cumulative total number of registrations (as at 31 December of the year)	278 674	297 446	317 447

The number of persons registered in the CODR by gender and age group is not available as members of the public who register for the CODR are not required to provide such information.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0446)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the major proposals put forward by the Task Group on Sustainability of the Hospital Authority (HA), which focuses on reviewing strategies for retaining healthcare staff, will the Government provide information on the following?

1. What are the estimated expenditure involved in enhancing the Special Retired and Rehire Scheme and creating opportunities for around 200 Associate Consultants to be promoted to Consultants within the next 5 years and the implementation timetable?
2. Among the some 200 Associate Consultants to be promoted to Consultants, what is the quota allocation ratio of locally trained doctors to non-locally trained doctors?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 22)

Reply:

1.

The Hospital Authority (HA) established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Task Group has so far put forward 3 major proposals, including –

(a) enhancing the Special Retired and Rehire Scheme (SRRS) to encourage experienced doctors to continue their service on contract terms in the HA after retirement until age 65;
(b) creating opportunities for around 200 Associate Consultants (ACs) to be promoted to Consultants within the next 5 years so as to retain experienced medical personnel; and
(c) providing registered nurses who have attained recognised specialty qualifications with additional allowance so as to retain manpower and encourage their continuing professional development in nursing.

It is estimated that the additional expenditure for the above 3 initiatives would increase from around $160 million in 2021-22 to around $1.2 billion in 2025-26.

The estimated split amongst the 3 initiatives is being worked out by HA.

2.

The additional measure to enhance the opportunities for promotion of AC to Consultant targets at all serving ACs in HA for retention of their expertise.

HA has been recruiting non-locally trained doctors at the rank of Service Resident and AC (for individual specialties) under the Limited Registration (LR) scheme to relieve the manpower shortage. Currently, non-locally trained LR Service Residents who possess 5 or more years of clinical experience in HA after obtaining specialist qualification are eligible for promotion to AC.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0447)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the recruitment of limited registered doctors and provision of specialty training for non-locally trained doctors by the Hospital Authority (HA), please provide the following information:

1. the expenditure earmarked by HA for recruiting limited registered doctors over the past 3 years;
2. the actual expenditure on salaries and benefits for limited registered doctors recruited by HA, as well as the actual administrative expenses incurred during the recruitment process over the past 3 years; and
3. the estimated number of training places, estimated expenditure and preliminary implementation timetable for specialty training to be provided by HA in the new financial year.

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 23)

Reply:

(1)

The Hospital Authority ("HA") had not earmarked particular funding for recruiting limited registered doctors in 2017-18 and 2018-19. Relevant expenditures were absorbed by the provisions in the respective years. In 2019-20, on top of the recurrent provisions, an additional of $15 million has been allocated to the HA for recruiting additional non-locally trained doctors under the Limited Registration ("LR") Scheme. In 2020-21, around $92 million will be provided for HA to recruit non-locally trained doctors under the LR Scheme.

(2)

The total salary expenditure of non-locally trained doctors employed by HA under the LR Scheme was $26.6 million in 2017-18, $24.4 million in 2018-19 and $36.1 million in

2019-20 (full year projection with Annual Pay Adjustment). The administrative expenses incurred for the recruitment process would be absorbed by the existing provisions.

Note:

Total salary expenditure includes basic salary, allowance, gratuity, and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit. The figures for 2019-20 represent the full-year projection.

(3)

HA employed 22 non-locally trained doctors in 2019-20 (as at 31 December 2019) under the LR scheme. HA will continue to proactively recruit non-locally trained doctors under LR in 2020-21 to provide clinical services in the public hospitals.

To provide more incentive for non-locally trained doctors to serve in the public healthcare system in Hong Kong, the Government is exploring more effective ways to provide specialist training for non-locally trained doctors without compromising specialist training opportunities for locally trained doctors. Relevant colleges under The Hong Kong Academy of Medicine and the HA are working on the implementation details with a view to attracting more non-locally trained doctors to practise in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0460)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the enhancement of healthcare services, will the Government inform this Committee of :

1. the numbers of additional hospital beds, operating theatre sessions and quotas for endoscopy examination in public hospitals of all clusters in 2019-20 in table form with a breakdown by hospital cluster, as well as the expenditures involved; and
2. the additional quotas for consultation at general outpatient clinics, specialist outpatient clinics and Accident and Emergency (A&E) departments, and the average waiting times for general outpatient, specialist outpatient and A&E services in hospitals of all clusters in 2019-20 in table form with a breakdown by hospital cluster, as well as the expenditures involved?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 5)

Reply:

1. & 2.

Hospital beds

The Hospital Authority (HA) has earmarked $847 million for the opening of beds in 2019-20. The table below sets out the planned number of new hospital beds in 2019-20.

Cluster	Planned Number of New Hospital Beds in 2019-20		
	Acute General	Convalescent / Rehabilitation	Total
HKEC	71	–	**71**
HKWC	19	–	**19**
KCC	40	40	**80**
KEC	46	40	**86**
KWC	40	38	**78**

Cluster	Planned Number of New Hospital Beds in 2019-20		
	Acute General	**Convalescent / Rehabilitation**	**Total**
NTEC	47	20	**67**
NTWC	85	20	**105**
HA Overall	**348**	**158**	**506**

Operating theatre (OT) sessions, endoscopic sessions, general outpatient clinic (GOPC) attendances, specialist outpatient clinic (SOPC) attendances and Accident & Emergency (A&E) support sessions

HA has earmarked a total of $419.2 million in 2019-20 to enhance the following services as set out in the table below.

	2019-20
Number of additional OT sessions per week	**(Target)** 86 (KCC, KEC, KWC, NTEC & NTWC)
Number of additional endoscopic sessions per week	**(Target)** 21 (KEC, KWC & NTEC)
Number of additional general outpatient attendances	**(Target)** 44,000 (KCC, KEC, KWC, NTEC & NTWC)
Number of additional specialist outpatient attendances	**(Target)** 70 000 (All hospital clusters)
Total number of A&E support sessions (equivalent to number of 4-hour sessions) *(Note)*	**(up to 31 December 2019)** around 5 860 (All hospital clusters)

Note :

HA has introduced various measures to deal with the heavy workload of A&E departments (AEDs). They include the A&E Support Session Programme where additional medical and nursing staff, including those from and outside AEDs, are recruited to work extra hours on a voluntary basis with payment of special honorarium in all AEDs. The extra manpower are deployed to manage semi-urgent and non-urgent cases so that the pressure and workload of A&E staff can be reduced, thus allowing them to focus their effort on more urgent cases.

General outpatient waiting time

For GOPCs, consultation timeslots in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations 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 general outpatient services.

Specialist outpatient waiting time

The table below sets out the number of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50^{th} percentile) waiting time in each hospital cluster of HA for 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [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	483	<1	2 229	4	5 135	26
	MED	1 071	1	2 942	5	6 651	41
	GYN	603	<1	366	6	2 872	26
	OPH	4 213	<1	1 530	7	5 503	60
	ORT	1 054	1	1 209	5	5 535	78
	PAE	107	<1	610	4	131	7
	PSY	203	<1	718	3	1 550	13
	SUR	705	1	2 754	7	7 297	64
HKWC	ENT	1 532	<1	1 880	7	2 854	28
	MED	1 484	<1	1 443	4	8 269	44
	GYN	1 173	<1	729	5	3 598	41
	OPH	2 525	1	1 295	7	3 682	62
	ORT	808	<1	1 282	4	6 350	21
	PAE	129	1	376	3	1 297	10
	PSY	417	1	573	4	1 678	66
	SUR	1 615	<1	2 086	5	7 886	18
KCC	ENT	1 187	<1	1 595	6	9 888	68
	MED	1 359	1	2 891	5	14 977	79
	GYN	819	<1	2 460	5	5 851	23
	OPH	6 200	<1	4 030	2	11 092	120
	ORT	1 571	<1	1 523	5	9 504	57
	PAE	816	<1	669	4	2 088	17
	PSY	145	1	837	4	948	14
	SUR	2 179	1	4 178	5	19 613	47
KEC	ENT	1 587	<1	2 424	4	5 306	93
	MED	1 204	1	3 978	7	12 403	117
	GYN	1 039	1	736	6	4 638	48
	OPH	4 470	<1	619	6	9 773	14
	ORT	2 742	<1	2 807	6	7 162	60
	PAE	803	<1	599	4	2 108	12
	PSY	104	1	1 108	3	4 161	69
	SUR	1 337	1	4 376	5	12 923	52
KWC	ENT	2 285	<1	1 816	5	8 426	73
	MED	1 633	1	4 064	5	10 099	72
	GYN	189	<1	1 120	6	5 180	53
	OPH	5 226	<1	4 701	3	6 024	90
	ORT	1 547	1	2 079	3	9 414	57
	PAE	1 888	<1	784	4	2 301	16
	PSY	201	<1	556	4	9 583	22
	SUR	1 778	1	4 559	5	14 809	32

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)
NTEC	ENT	2 619	<1	3 772	4	8 350	60
	MED	1 860	<1	2 596	7	17 171	80
	GYN	2 009	<1	893	5	6 181	65
	OPH	4 742	<1	2 603	4	11 442	52
	ORT	3 952	<1	1 720	5	12 099	84
	PAE	174	<1	425	6	2 735	17
	PSY	689	1	1 807	4	4 435	55
	SUR	1 536	1	2 555	5	19 285	37
NTWC	ENT	2 954	<1	1 320	4	7 157	48
	MED	946	1	2 736	3	7 704	79
	GYN	1 240	<1	172	5	4 083	61
	OPH	6 981	<1	2 264	4	7 668	73
	ORT	1 413	1	1 327	5	9 686	65
	PAE	133	1	661	7	1 429	37
	PSY	355	1	1 127	2	3 554	22
	SUR	1 447	1	3 448	6	15 343	59

A&E waiting time

The table below sets out the average waiting time for A&E services in various triage categories in each hospital cluster in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Average Waiting Time (in Minutes) for A&E Services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	0	6	19	128	169
HKWC	0	9	25	88	148
KCC	0	8	35	168	184
KEC	0	9	30	197	281
KWC	0	6	19	83	92
NTEC	0	10	33	130	129
NTWC	0	5	19	108	98
Overall HA	**0**	**7**	**26**	**121**	**133**

Abbreviations

Specialties:

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2009)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding breast cancer in Hong Kong, will the Government provide the following information:

1. What is the number of patients diagnosed with breast cancer in each of the past 2 years broken down by cancer stage I, II, III and IV at the time of diagnosis, and what is the number of breast cancer deaths?
2. The Government has commissioned the University of Hong Kong to conduct a study on the risk factors associated with breast cancer for local women, so as to formulate strategies based on the findings for breast cancer screening in Hong Kong. The study was completed at the end of 2019. When will the Government publish the findings? What are the details of the findings, including whether mammography screening will be introduced?
3. Will the Public-Private Partnership model be considered in providing breast cancer screening service or will women be subsidised through the Community Care Fund to receive the service? If yes, what are the details; if no, what are the reasons?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 28)

Reply:

1. According to the statistics of the Hong Kong Cancer Registry, the number of new cases, with breakdown by stage, of (female) breast cancer in 2016 and 2017 is appended in the following table -

Year	Stage I	Stage II	Stage III	Stage IV	Unstaged	Total
2016	1 243	1 435	659	345	426	**4 108**
2017	1 458	1 503	612	338	462	**4 373**

Figures for 2018 and 2019 are not yet available.

The number of registered deaths from (female) breast cancer was 721 and 753 in 2017 and 2018 respectively. Figure for 2019 is not yet available.

2&3. As set out in Policy Address 2018, the Government commissioned a study to identify risk factors associated with breast cancer for local women. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening had taken into consideration the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risk profiles.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0582)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau established in 2019 a dedicated fund with $500 million for promoting the development of Chinese Medicine (CM) in Hong Kong. Since its operation in less than a year, the fund has approved a total of about $10 million to provide funding for the CM sector to nurture talent, conduct research and studies, and promote CM. Please provide the following information in table form:

1. the detailed allocation of the approved funding of $10 million to nurturing talent, conducting research and studies, and promoting CM respectively;
2. the expenditure spent by the Government on CM talent, research and studies, and promotion work respectively in each of the past 5 years; the details of the CM research and studies completed or in progress; the funding involved; and
3. the projects to be financed by the dedicated fund in the coming year together with the project details and expenditures.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 3)

Reply:

There are two types of support programmes under the Chinese Medicine Development Fund (the Fund). The Enterprise Support Programme provides matching funds for individual CMPs and clinics, members of the Chinese medicine (CM) industry and CM drug traders to enhance the professional and manufacturing standards as well as management quality of CM drug and help them with registration of proprietary Chinese medicines (pCms) in accordance with statutory requirements, such as offering technical and hardware support to manufacturers of pCms to assist them in conforming with the Good Manufacturing Practices standard. The Industry Support Programme provides funding for non-profit-making organisations, professional bodies, trade and academic associations and research institutions to support training programmes and courses to nurture talent for the future CM Hospital and

facilitate development of CM, conduct applied or policy research on CM, and organise various CM promotional activities. Besides, a CM resources platform has been established under the Fund to provide practical information to the industry.

Since the launch of the Fund in June 2019, the programmes on registration of pCms, CM-related training, research and promotional activity have been well received by the industry. The Advisory Committee on the Fund has already approved a total of about $10 million on the above programmes and will continue to vet and process more applications in 2020-21. The details of the approved applications are uploaded on the Fund's website (www.cmdevfund.hk). In short, a sum of around $10 million has been approved for applications under the pCm Registration Support Scheme, the CM Industry Training Funding Scheme & CM Promotion Funding Scheme and the CM Applied Studies and Research Funding Scheme.

The annual funding allocation and expenditure under different programmes will depend on the actual number of applications and amounts of grants approved, subject to recommendations by the Advisory Committee taking into account prevailing market conditions and stakeholders/industry needs. For 2020-21, the Food and Health Bureau has earmarked $161.49 million for operating the Fund.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0619)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Currently, there are 18 Chinese Medicine Centres for Training and Research (CMCTRs) providing Chinese medicine (CM) services to members of the public on a collaboration model involving the Hospital Authority (HA), non-governmental organisations (NGOs) and local universities. In Programme (1) of the Food and Health Bureau, it is also mentioned that the Government will 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. In this connection, will the Government please inform this Committee of the following:

1. the number of attendances of each CMCTR in the past 3 years;
2. the number of CM practitioners and CM dispensers working in CMCTRs, with a breakdown by each CMCTR;
3. the expenditure involved in relation to the question above;
4. the estimated funding to be provided to CMCTRs by the HA in the next financial year?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 16)

Reply:

(1) The 18 Chinese Medicine Centres for Training and Research (renamed as Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) on 1 March 2020) have been established in each district to promote the development of "evidence-based" Chinese medicine (CM) and provide training placements for graduates of local CM degree programme. Each CMCTR operates on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation.

With CM incorporated as an integral part of the healthcare system in Hong Kong, the 18 CMCTRs are providing Government subsidised CM services at district level starting from March 2020.

(2) The attendances of the 18 CMCTRs in the past three years are set out in the table below:

District	Attendance for the year		
	2017	**2018**	**2019**
Central & Western	59 630	58 483	58 805
Tsuen Wan	76 575	76 132	75 038
Tai Po	77 815	81 362	71 735
Wan Chai	73 072	65 346	55 004
Sai Kung	61 819	62 667	58 593
Yuen Long	88 362	80 850	83 099
Tuen Mun	67 638	66 351	64 844
Kwun Tong	74 175	73 470	68 003
Kwai Tsing	59 471	55 609	47 387
Eastern	58 198	57 090	54 795
North	80 506	79 966	81 868
Wong Tai Sin	65 301	71 637	58 360
Sha Tin	77 679	70 782	68 631
Sham Shui Po	73 342	68 848	66 436
Southern	63 495	66 808	59 250
Kowloon City	56 762	60 544	57 878
Yau Tsim Mong	58 420	56 782	50 685
Islands	41 143	44 516	49 732
Total	**1 213 403**	**1 197 243**	**1 130 143**

Note : The above attendances cover all kinds of CM services provided in the CMCTRs (i.e. CM general consultation services, acupuncture, bone-setting, tui-na, etc).

The numbers of CM practitioners (CMPs) engaged by these 18 CMCTRs as at 31 December 2019 are set out in the table below:

District	Number of CMPs as at 31 December 2019
Central and Western	21
Tsuen Wan	25
Tai Po	29
Wan Chai	25
Sai Kung	18
Yuen Long	25
Tuen Mun	25
Kwun Tong	27
Kwai Tsing	21
Eastern	17
North	20

Wong Tai Sin	22
Sha Tin	22
Sham Shui Po	24
Southern	26
Kowloon City	23
Yau Tsim Mong	25
Islands	20
Total	**415**

Note: The CMPs are employees of the NGOs operating the CMCTRs, and these figures are provided by the respective NGOs.

(3) The CMPs and CM dispensers are the employees of the NGOs operating the CMCTRs. Their terms of employment and remuneration packages are determined by the NGOs.

(4) In 2020-21, the Government has earmarked $227 million for HA to enhance the operation of the CMCTRs to provide Government subsidised service and CM practitioner trainee programme, maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of CM herbs, development and provision of training in "evidence-based" CM, enhancement and maintenance of the CM Information System and development of new Information Technology system.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)082

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0626)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

There are many confirmed cases of the novel pneumonia in Hong Kong and a large number of persons are required to undergo mandatory quarantine on their arrival in Hong Kong. Given the absence of dedicated isolation centres to accommodate persons placed under quarantine, will the Government consider allocating more resources to set up isolation centres in the long run to be better prepared for the future?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 25)

Reply:

The fight against the coronavirus disease 2019 has been challenging. In response, the Food and Health Bureau implemented a number of prevention and control strategies including enhancing surveillance, strengthening port health measures, tightening the legal framework, improving facilities and services, full support to front-line healthcare staff, enhancing risk communication to the general public and maintaining transparency of information. The Government will continue to monitor the global and Mainland situation, and the latest scientific evidence so as to conduct risk assessment and review the effectiveness of the aforesaid strategies. We will plan ahead the long-term public health strategies relating to prevention and control of communicable diseases, including setting up of additional quarantine facilities, with reference to the needs and their cost-effectiveness to the society.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2861)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :

1. Please provide the numbers of general outpatient attendances and specialist outpatient attendances, with breakdown by specialty, in each hospital and clinic under the Hospital Authority (HA) in the past 3 years.
2. What was the expenditure involved in relation to the question above?
3. Please provide the current waiting time for first appointment for specialist outpatient services, with breakdown by specialty.

Asked by : Hon CHOW Ho-ding, Holden (LegCo internal reference no. : 18)

Reply :

1.

The tables below set out the number of specialist outpatient (SOP) attendances by major specialty in each hospital cluster under the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties*
HKEC	45 462	23 013	298 801	19 483	131 499	61 594	16 022	86 082	90 516	837 219
HKWC	36 944	43 299	276 567	40 759	87 641	67 193	38 865	64 969	134 955	899 108
KCC	61 240	69 475	419 237	110 769	230 839	103 601	57 946	65 920	185 253	1 470 949
KEC	36 385	42 767	231 036	33 853	134 542	85 938	40 541	110 048	122 411	882 609
KWC	59 375	28 749	446 734	23 234	175 736	106 534	42 210	240 632	147 544	1 345 950
NTEC	59 540	41 130	349 751	48 263	186 604	118 286	41 982	143 531	116 516	1 226 218
NTWC	47 055	34 210	275 337	44 972	177 195	89 840	31 102	161 959	112 695	1 054 617
HA Overall	**346 001**	**282 643**	**2 297 463**	**321 333**	**1 124 056**	**632 986**	**268 668**	**873 141**	**909 890**	**7 716 670**

2018-19

Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties*
HKEC	47 459	25 312	303 741	20 043	128 154	63 054	15 954	86 548	91 222	847 137
HKWC	35 866	46 542	274 623	40 148	90 239	67 159	37 906	70 847	134 124	904 749
KCC	59 186	72 167	424 474	111 743	245 520	107 562	59 507	67 930	185 380	1 503 222
KEC	38 396	45 082	240 132	31 447	138 066	88 412	40 221	108 247	121 472	895 726
KWC	59 175	27 277	460 371	20 978	175 919	113 738	40 991	246 199	152 233	1 374 373
NTEC	64 957	42 002	371 970	46 237	190 577	121 638	42 369	151 702	124 090	1 281 365
NTWC	47 428	34 474	297 950	45 722	186 207	90 042	31 943	166 304	114 547	1 095 277
HA Overall	**352 467**	**292 856**	**2 373 261**	**316 318**	**1 154 682**	**651 605**	**268 891**	**897 777**	**923 068**	**7 901 849**

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties*
HKEC	36 981	19 912	232 785	14 159	94 830	48 134	12 211	67 839	70 117	647 824
HKWC	28 314	33 991	213 836	30 213	71 359	50 254	27 897	54 335	102 140	695 012
KCC	44 677	54 860	321 550	79 145	194 930	84 410	49 779	52 258	143 571	1 154 504
KEC	30 510	32 529	182 355	22 879	102 756	70 074	29 053	84 561	89 593	677 677
KWC	42 218	20 860	354 476	15 068	133 408	87 249	30 267	185 774	116 697	1 047 070
NTEC	49 043	32 648	289 786	36 041	135 054	94 652	28 563	114 530	95 592	975 295
NTWC	33 431	26 024	237 015	34 498	137 990	69 023	24 178	131 346	85 349	840 611
HA Overall	**265 174**	**220 824**	**1 831 803**	**232 003**	**870 327**	**503 796**	**201 948**	**690 643**	**703 059**	**6 037 993**

***** Individual figures may not add up to the figure for all specialties because the figure includes attendances of other specialties apart from the major specialties as listed in the table.

The general outpatient clinics (GOPCs) under HA are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. The table below sets out the number of GOP attendances in each hospital cluster under HA for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

Cluster	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
HKEC	609 434	592 360	436 166
HKWC	394 334	385 091	286 034
KCC	1 184 411	1 153 366	858 858
KEC	973 772	985 363	718 454
KWC	1 076 600	1 038 954	787 073
NTEC	983 997	1 033 493	770 713
NTWC	859 190	870 595	673 811
Overall HA	6 081 738	6 059 222	4 531 109

2.

HA adopts an integrated and multi-disciplinary approach in GOPC service provision which allows flexible deployment of staff to cope with service needs and operational requirements. HA's GOPC service is arranged on a cluster basis. Clinics of the same cluster complement each other in terms of manpower deployment and service provision, therefore the cost breakdown by individual clinics cannot be separately identified. The tables below set out the costs for operating the GOPC and the total cost of SOP service from 2017-18 to 2019-20.

Year	GOPC Service Costs ($ million)
2017-18	2,866
2018-19	2,985
2019-20 (Revised Estimate)	3,268

Year	SOP Service Costs ($ million)
2017-18	12,629
2018-19	13,522
2019-20 (Revised Estimate)	15,134

The service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment), as appropriate.

3.

The table below sets out the number of SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50^{th} percentile) waiting time in each hospital cluster of HA for 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [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	483	<1	2 229	4	5 135	26
	MED	1 071	1	2 942	5	6 651	41
	GYN	603	<1	366	6	2 872	26
	OPH	4 213	<1	1 530	7	5 503	60
	ORT	1 054	1	1 209	5	5 535	78
	PAE	107	<1	610	4	131	7
	PSY	203	<1	718	3	1 550	13
	SUR	705	1	2 754	7	7 297	64

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)
HKWC	ENT	1 532	<1	1 880	7	2 854	28
	MED	1 484	<1	1 443	4	8 269	44
	GYN	1 173	<1	729	5	3 598	41
	OPH	2 525	1	1 295	7	3 682	62
	ORT	808	<1	1 282	4	6 350	21
	PAE	129	1	376	3	1 297	10
	PSY	417	1	573	4	1 678	66
	SUR	1 615	<1	2 086	5	7 886	18
KCC	ENT	1 187	<1	1 595	6	9 888	68
	MED	1 359	1	2 891	5	14 977	79
	GYN	819	<1	2 460	5	5 851	23
	OPH	6 200	<1	4 030	2	11 092	120
	ORT	1 571	<1	1 523	5	9 504	57
	PAE	816	<1	669	4	2 088	17
	PSY	145	1	837	4	948	14
	SUR	2 179	1	4 178	5	19 613	47
KEC	ENT	1 587	<1	2 424	4	5 306	93
	MED	1 204	1	3 978	7	12 403	117
	GYN	1 039	1	736	6	4 638	48
	OPH	4 470	<1	619	6	9 773	14
	ORT	2 742	<1	2 807	6	7 162	60
	PAE	803	<1	599	4	2 108	12
	PSY	104	1	1 108	3	4 161	69
	SUR	1 337	1	4 376	5	12 923	52
KWC	ENT	2 285	<1	1 816	5	8 426	73
	MED	1 633	1	4 064	5	10 099	72
	GYN	189	<1	1 120	6	5 180	53
	OPH	5 226	<1	4 701	3	6 024	90
	ORT	1 547	1	2 079	3	9 414	57
	PAE	1 888	<1	784	4	2 301	16
	PSY	201	<1	556	4	9 583	22
	SUR	1 778	1	4 559	5	14 809	32
NTEC	ENT	2 619	<1	3 772	4	8 350	60
	MED	1 860	<1	2 596	7	17 171	80
	GYN	2 009	<1	893	5	6 181	65
	OPH	4 742	<1	2 603	4	11 442	52
	ORT	3 952	<1	1 720	5	12 099	84
	PAE	174	<1	425	6	2 735	17
	PSY	689	1	1 807	4	4 435	55
	SUR	1 536	1	2 555	5	19 285	37
NTWC	ENT	2 954	<1	1 320	4	7 157	48
	MED	946	1	2 736	3	7 704	79
	GYN	1 240	<1	172	5	4 083	61
	OPH	6 981	<1	2 264	4	7 668	73
	ORT	1 413	1	1 327	5	9 686	65
	PAE	133	1	661	7	1 429	37
	PSY	355	1	1 127	2	3 554	22
	SUR	1 447	1	3 448	6	15 343	59

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 median (50th percentile) waiting time in each hospital cluster of HA for 2019-20 (up to 31 December 2019).

Cluster	2019-20 (Up to 31 December 2019) [Provisional figures]	
	Number of new cases	Median waiting time (weeks)
HKEC	2 196	1
HKWC	3 515	2
KCC	9 938	9
KEC	2 475	1
KWC	3 581	3
NTEC	8 205	5
NTWC	2 196	3

Abbreviations

Specialties :

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

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

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)084

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2807)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau will set up District Health Centres (DHCs) in Sham Shui Po and Wong Tai Sin, and implement the "DHC Express" scheme in other districts. Please provide the relevant timeline and the total expenditure incurred in the 2 DHCs involved in the 2019-20 Budget Speech.

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2013)

Reply:

Within the term of the current Government, District Health Centres (DHCs) are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. It is estimated that the annual operation cost for each DHC is about $100 million under the current mode of operation.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)085

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2808)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please compare, in table form, the current and the originally planned manpower for the allied health grade and other staff in the Kwai Tsing District Health Centre (K&TDHC). Please also set out, in table form, the number of members (non-repeated) of K&TDHC, the number of attendances, and the distributions of service users by age, the type of chronic disease, the type of disability and ethnicity for the past 6 months since K&TDHC commenced operation on 25 September 2019.

	Current Manpower	Originally Planned Manpower
Nurse		
Social Worker		
Physiotherapist		
Occupational Therapist		
Dietitian		
Pharmacist		
Core Management Team		
Administrative and Other Staff Members		

Item	Actual Service Provision	Service Target
Number of Members of K&TDHC		
Attendance of Service Users		
Number of Health Promotion Sessions		
Attendance for Health Promotion		
Attendance for Health		

Risk Assessment		
Attendance for Diabetes Mellitus /Hypertension Screening		
Attendance for Chronic Disease Management		
Attendance for Community Rehabilitation		
Attendance for Outreach Visit		

Chronic Disease Patients	Number of Members	Percentage of Total Number of Members
Aged 18 years or below		
Aged 18 – 30 years		
Aged 31 – 45 years		
Aged 46 – 60 years		
Aged 61 – 75 years		
Aged 76 – 90 years		
Aged 91 years or above		

Chronic Disease Patients	Number of Members	Percentage of Total Number of Members
Diabetes Mellitus		
Hypertension		
High Cholesterol		
Stroke		
Coronary Heart Disease		
Knee Osteoarthritis		
Dementia		
Mental Illness		

Type of Disability	Number of Members	Percentage of Total Number of Members
Wheelchair Users		
Persons with Visual Impairment		
Persons with Hearing Impairment		
Persons with Intellectual Disability		

	Number of Members	Percentage of Total Number of Members
Chinese		
Filipino		
Indonesian		

White		
Indian		
Pakistani		
Nepalese		
Japanese		
Thai		
Other Asian		
Others		

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2014)

Reply:

As at 31 December 2019, the Kwai Tsing District Health Centre (K&T DHC) has an establishment of 58 staff including nurse, physiotherapist, occupational therapist, dietitian, pharmacist, social workers, administrative and supporting staff. The K&T DHC has 2 292 registered members, among which 2 103 completed the basic health risk assessment, with a cumulative attendance of 8 340.

Members of the K&T DHC identified with risk factors for Diabetes Mellitus or Hypertension from the health risk factors assessment will be referred to the network medical practitioners for screening. Upon confirmation of diagnosis, patients will be referred to the respective chronic disease management programmes, including nursing counselling, individual allied health sessions and patient empowerment programmes.

Age distribution among members of the K&T DHC is outlined below -

Age Range	**Number of members**
<18	4
18-24	12
25-44	96
45-64	752
65-80	1259
>80	169
Total	2292

Distribution by race among members that have completed the Basic Health Risk Assessment -

Nationality	**Number of members**
1. Chinese	2082
2. Singaporean	2
3. British	2
4. Indonesian	1

Nationality	Number of members
5. Malaysian	1
6. Thailand	1
Others: Null (No input)	14
Total	2103

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2809)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the total estimated expenditure for operating the Kwai Tsing District Health Centre in 2020-21. What mechanism has the Bureau put in place to ensure the best use of public resources? Please provide the current target-achieving rate of meeting the Service Output Targets listed in the tender document, as well as other relevant Key Performance Indicators (KPIs).

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2023)

Reply:

The Kwai Tsing Safe Community and Health City Association was appointed to operate the Kwai Tsing District Health Centre (K&T DHC) at a total contract sum of about $284 million for a 3-year operation period.

The minimal output requirement for the DHC has been stipulated in the tender document.

To ensure accountability, efficiency and cost effectiveness in the use of public funds for the provision of healthcare services under the K&T DHC and its network, the Management Committee of the K&T DHC, chaired by the Head of Primary Healthcare Office of the Food and Health Bureau with the participation of non-officials, has been established to provide guidance and oversight to the DHC Operator. The DHC Operator is required to provide report for evaluation of performance and financial status regularly.

The Government has also engaged the Chinese University of Hong Kong to conduct the "Monitoring and Evaluation Study of Kwai Tsing District Health Centre" which aims to assess the extent to which the objectives of the DHC are met and the overall performance including the quality and effectiveness of various DHC services provided, impact of DHC services on individuals and the community, as well as the cost-effectiveness of the DHC.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2810)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The operators of "DHC Express" in 11 districts will be chosen through invitation of proposals. Does it mean that open tendering will not be held? What are the reasons? Will the Food and Health Bureau consider inviting scholars, experts and representatives from local communities to join the selection panel? If not, what are the reasons?

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2024)

Reply:

To build up a critical mass of district-based primary healthcare services throughout the territory as early as practicable to maintain the momentum for promoting primary healthcare, the Government proposes to set up "DHC Express" with a view to funding non-governmental organisations (NGOs) to provide primary healthcare services in 11 districts as an interim measure pending the establishment of District Health Centres (DHCs).

The Food and Health Bureau (FHB) will set up an assessment panel comprising representatives from FHB and other related bureaux/departments to evaluate and select an NGO operator for each district according to a set of pre-determined criteria on which the Steering Committee on Primary Healthcare Development will be consulted.

Given the interim nature and smaller-scale services of "DHC Express" as compared with DHCs, we consider that invitation of proposals will ensure that "DHC Express" can be set up in a timely manner, hopefully within 2021. An open competitive process will still be maintained.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1616)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In recent years, it has become the norm for public hospitals to be overloaded with inpatients during festive seasons. The recent outbreak of novel coronavirus disease has exacerbated the problem of hospital bed shortage. Given that public hospitals have been operating beyond their capacity and resources have generally been used up, the Government should further enhance its role in coordinating medical resources of the public and private sectors. In this connection, will the Government inform this Committee of the following:

1. whether the Hospital Authority will provide the necessary financial incentives to fully mobilise non-government medical resources, including private hospitals and clinics, to increase the number of healthcare staff and hospital beds?
2. whether the Government will consider providing contingency Health Care Voucher to subsidise patients suffering financial hardship to seek treatment at private hospitals or clinics so as to divert patients by deploying medical resources of the public and private sectors as a whole?
3. whether the Steering Committee on Primary Healthcare Development has put forward any proposals to resolve the long-standing structural problem of the healthcare system in Hong Kong recently?

Asked by: Hon HO Kwan-yiu, Junius (LegCo internal reference no.: 31)

Reply:

1.

The Hospital Authority (HA) has implemented 9 Public-Private Partnership (PPP) programmes since 2008, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP)[1], Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service

PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP)[2].

To help tackle the service demand surge during the influenza season, HA has collaborated with a private hospital to utilise its low-charge beds to provide choices for suitable inpatients to be transferred to private for continual care since 26 July 2017. Similar collaboration was extended to another private hospital for the influenza season starting from 5 January 2018.

HA will carefully consider relevant factors when exploring new PPP programmes, including the potential complexity of the programmes, and the capacity and readiness of the private sector. HA will continue to communicate with the public and patient groups, and will work closely with stakeholders to explore the feasibility of introducing other PPP programmes.

Note:

1. The TSW PPP ended on 31 March 2018 and was migrated to the GOPC PPP on 1 April 2018.
2. Glaucoma PPP is a new clinical PPP launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by HA's ophthalmology specialist outpatient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community.

2.

Currently, the Elderly Health Care Voucher Scheme (the Scheme) subsidises eligible Hong Kong elders aged 65 or above with an annual voucher amount of $2,000 to use private primary healthcare services. The Scheme aims to help enhance primary healthcare for the elderly and provide them with additional healthcare choices outside the public system. Vouchers may be used to meet the fees of services provided by 10 types of private healthcare service providers registered under the Scheme, viz. medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359).

3.

For a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, the Steering Committee on Primary Healthcare Development has been considering various aspects such as manpower and infrastructure planning, collaboration model, community engagement as well as planning and evaluation framework. The work will go on in 2020-21, with enhancing district-based primary healthcare services by setting up District Health Centres in 6 more districts and "DHC Express" in the remaining 11 districts within the term of the current Government as a priority.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)089

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1621)

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)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In recent years, many young people or students who were unable to properly deal with or overcome difficult situations they faced such as examinations and emotional distresses or adversities like social unrest suffered psychological trauma. In some cases, they were singled out and widely criticised by their peers in their conflicts over political views, and they ended up evading their problems by committing suicide possibly due to tremendous stress and pangs of guilt. In this connection, will the Government inform this Committee of:

1. the number of minors who sought assistance from psychiatric units and the follow-up attendance rate in the past 3 financial years;
2. the number of students referred by stationing social workers in local primary and secondary schools to seek assistance from psychiatry units of public hospitals in the past 3 financial years; and
3. the budget estimates and manpower to be involved in dealing with mental health issues of primary and secondary school students in the 2020-21 financial year?

Asked by: Hon HO Kwan-yiu, Junius (LegCo internal reference no.: 39)

Reply:

1. The table below sets out the number of psychiatric patients aged below 18 treated in the Hospital Authority (HA) from 2017-18 to 2019-20 (projection as of 31 December 2019). HA does not maintain statistics on the attendance rate of the follow-up consultations at psychiatric specialist outpatient clinics.

	Number of psychiatric patients aged below 18
2017-18	34 900
2018-19	37 900
2019-20 (projection as of 31 December 2019)	39 700

Note:
1. Refer to age as at 30 June of the respective year.
2. Figures are rounded to the nearest hundred.

2. HA does not maintain statistics on the number of referrals from school social workers to HA for psychiatric services.

3. In 2020-21, HA has earmarked an additional $97.1 million to enhance its child and adolescent (C&A) psychiatric services as follows –

(i) Further rolling out the Student Mental Health Support Scheme to a total of 150 schools to enhance support for students with mental health needs in the 2020/21 school year; introducing a collaborative care model between paediatrics and C&A psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder; and strengthening the allied health support services to C&A psychiatric patients. It is estimated that 4 doctors, 34 nurses, 10 clinical psychologists, 5 occupational therapists, 2.5 speech therapists and 27 supporting staff will be recruited; and

(ii) Establishing the C&A psychiatric services in the Hong Kong East Cluster by phases. It is estimated that 2 doctors, 15 psychiatric nurses, 1 clinical psychologist, 1 occupational therapist, 0.4 speech therapist, 0.5 dispenser and 29 supporting staff will be recruited.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)090

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1622)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The public healthcare system is in place to take on the social responsibility of serving the public. With the increase in population and the acceleration of population ageing in Hong Kong, the demand for public healthcare services will only get stronger over time, which means increasing pressure is put on accident and emergency (A&E) services and frontline healthcare staff. Healthcare manpower is essential to safeguard the quality of Hong Kong's healthcare services. Yet, the healthcare manpower shortage problem is the biggest challenge facing the supply of healthcare services in Hong Kong. In this connection, will the Government please inform this Committee of the following:

1. the number of A&E attendances by hospital cluster in each month of the past 3 financial years;

2. the number and attrition rate of healthcare staff in A&E departments by hospital cluster in the past 3 financial years;

3. the expenditure of the Government on A&E departments and on the training of A&E doctors and nurses in the past 3 financial years.

Asked by: Hon HO Kwan-yiu, Junius (LegCo internal reference no.: 40)

Reply:

The tables below set out the number of Accident & Emergency (A&E) attendances in each hospital cluster under the Hospital Authority (HA) by month in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Month	Number of A&E attendances						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
April 2017	18 792	10 935	27 782	26 329	41 957	32 716	32 021
May 2017	19 315	11 310	29 256	27 445	44 266	34 403	34 235
June 2017	18 613	10 883	28 154	26 401	41 846	32 781	32 344
July 2017	19 106	10 926	27 742	25 926	41 940	32 596	32 909
August 2017	17 372	9 947	25 291	23 277	36 846	28 917	29 309
September 2017	16 945	9 698	25 282	23 088	36 970	29 153	29 481
October 2017	17 814	10 482	26 696	24 816	39 935	31 170	31 246
November 2017	17 316	10 159	26 085	23 888	38 828	30 035	30 317
December 2017	17 740	10 479	26 660	23 971	39 961	30 821	30 722
January 2018	18 993	10 644	27 147	24 981	43 008	31 797	32 582
February 2018	16 684	9 522	23 954	21 900	37 948	27 364	27 871
March 2018	18 270	10 521	26 733	24 004	40 380	30 170	30 921

2018-19

Month	Number of A&E attendances						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
April 2018	17 710	10 275	25 667	23 411	38 375	29 179	30 315
May 2018	18 502	10 522	27 162	24 635	40 602	30 910	31 997
June 2018	17 386	9 962	25 203	22 829	37 589	28 640	30 140
July 2018	17 959	10 378	26 223	23 731	38 979	30 141	31 979
August 2018	17 738	10 339	26 015	23 658	38 269	29 734	31 274
September 2018	16 864	9 932	24 890	22 721	37 508	28 776	31 001
October 2018	18 431	10 651	26 798	24 500	41 215	30 651	33 539
November 2018	17 906	10 423	26 311	23 750	39 711	29 748	33 607
December 2018	18 313	10 333	26 388	23 827	40 468	29 965	34 508
January 2019	18 812	10 979	27 490	24 130	43 478	31 348	37 048
February 2019	16 302	9 382	23 137	20 741	35 264	26 044	30 646
March 2019	18 805	10 725	27 277	24 751	42 624	31 323	37 148

2019-20 (Up to 31 December 2019) [Provisional figures]

Month	Number of A&E attendances						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
April 2019	18 422	10 896	26 266	24 057	42 450	31 508	36 577
May 2019	18 935	11 128	27 179	25 460	43 511	32 032	37 879
June 2019	18 225	10 770	26 031	23 525	41 470	30 270	36 519
July 2019	18 331	10 857	26 330	24 609	41 601	30 855	36 277
August 2019	16 746	10 134	24 298	22 849	37 895	28 725	33 439
September 2019	17 064	10 247	24 866	23 178	38 954	29 292	34 608
October 2019	16 757	10 114	24 579	23 439	40 248	29 831	34 751
November 2019	16 154	9 649	23 349	22 893	38 649	28 474	33 257
December 2019	17 539	10 517	25 035	23 714	41 163	29 953	35 083

(2)

The table below sets out the manpower of doctors and nurses in the A&E specialty by hospital cluster under HA in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

Cluster	Full-time Equivalent Strength of Doctors and Nurses in A&E Specialty					
	2017- 18 (as at 31 March 2018)		2018- 19 (as at 31 March 2019)		2019-20 (as at 31 December 2019)	
	Doctors	Nurses	Doctors	Nurses	Doctors	Nurses
HKEC	60	120	59	124	60	129
HKWC	29	50	29	51	31	52
KCC	76	160	74	164	70	171
KEC	66	145	66	162	72	172
KWC	110	243	119	251	119	281
NTEC	69	225	72	227	73	230
NTWC	79	205	86	240	86	248

The table below sets out the full-time attrition (wastage) rate of doctors and nurses in the A&E specialty by hospital cluster under HA in 2017-18, 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 – 31 December 2019).

Cluster	Full-time Attrition (Wastage) Rate of Doctors and Nurses in A&E Specialty					
	2017-18		2018-19		2019-20 (Rolling 12 months from 1 January 2019-31 December 2019)	
	Doctors	Nurses	Doctors	Nurses	Doctors	Nurses
HKEC	3.2%	4.5%	4.8%	7.7%	3.3%	10.0%
HKWC	3.6%	8.2%	7.1%	5.8%	3.4%	3.9%
KCC	1.4%	6.5%	5.5%	10.2%	8.6%	8.0%
KEC	9.3%	5.9%	10.7%	5.6%	3.0%	3.9%
KWC	7.4%	5.4%	5.4%	7.0%	8.8%	4.6%
NTEC	4.4%	5.8%	2.9%	4.2%	7.1%	5.2%
NTWC	2.6%	6.7%	1.2%	2.2%	6.0%	3.4%

(3)

The table below sets out the total cost of A&E services provided by HA from 2017-18 to 2019-20.

Costs of A&E Services ($ million)		
2017-18	2018-19	2019-20 (Revised Estimate)
3,051	3,296	3,659

The expenditure on training for doctors and nurses in the A&E specialty is not readily available.

Note:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

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 (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.

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. Doctors exclude Interns and Dental Officers.

6. The service costs include direct staff costs (such as doctors and nurses) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

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 -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)091**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0334)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The first District Health Centre (DHC) of Hong Kong was set up in Kwai Tsing District last year. In this connection, will the Government inform this Committee of the following:

1. What are the numbers of healthcare professionals of various ranks currently employed in the DHC?
2. Does the full operation of the DHC have any manpower implication on the public healthcare system? If so, what are the details? If not, what are the reasons?

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 13)

Reply:

As at 31 December 2019, the Kwai Tsing District Health Centre has an establishment of 58 staff including nurse, physiotherapist, occupational therapist, dietitian, pharmacist, social workers, administrative and supporting staff. The objectives of establishing DHC are to raise public awareness on personal health management, enhance disease prevention, and strengthen medical and rehabilitation services in the community, thereby reducing unwarranted use of hospital services. Acting as a primary healthcare hub, DHC adopts a public-private partnership and collaboration model leveraging on a private healthcare network in the community to maximize the resources and service capacity in supporting primary healthcare.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0335)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government has earmarked $650 million for meeting the operating expenditure and staff cost of the District Health Centres (DHCs) to be set up in six districts, including Sham Shui Po (SSP) and Wong Tai Sin (WTS). In this connection, will the Government inform this Committee of:

1. the estimated annual expenditures and numbers of healthcare professionals of various ranks required in each DHC;
2. the locations of the DHCs and the timetable for their commissioning in these six districts; and
3. how does the Administration ensure that the existing healthcare system will not be affected by the newly established DHCs under the manpower shortage of healthcare staff.

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 14)

Reply:

(1) It is estimated that the annual operation cost for each District Health Centre (DHC) is about $100 million under the current mode of operation. The minimum number of staff required in the core team of the WTS and SSP DHCs as set out in the tender document is listed below-

Executive Director	1
Chief Care Coordinator	1
Care Coordinators	5
Nurses	3
Physiotherapists	2
Occupational Therapists	2
Pharmacist	1
Social Workers	3
Dietitian	1
Administrative Staff	8

(2) Within the term of the current Government, DHCs are expected to be set up in six more districts (SSP, WTS, Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. The SSP DHC would be located in the Shek Kip Mei Estate Phase 6 Redevelopment, and the WTS DHC would be located in Diamond Hill Public Housing Development Phase I. We plan to identify suitable rental premises for setting up DHCs in the above remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

(3) The objectives of establishing DHC are to raise public awareness on personal health management, enhance disease prevention, and strengthen medical and rehabilitation services in the community, thereby reducing unwarranted use of hospital services. Acting as a primary healthcare hub, DHC adopts a public-private partnership and collaboration model leveraging on a private healthcare network in the community to maximize the resources and service capacity in supporting primary healthcare.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0336)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government plans to allocate about $600 million to subsidise the setting up of smaller interim "DHC Express" by non-governmental organisations (NGOs) in the remaining 11 districts where District Health Centres (DHCs) have yet to be set up. In this regard, will the Government inform this Committee of the following:

1. the requirements for and the number of healthcare staff of interim "DHC Express" to be set up by government-subsidised NGOs;
2. measures to ensure that, with the shortage of healthcare manpower, the interim "DHC Express" will be able to provide up-to-standard and professional healthcare services to the public; and
3. the estimated duration for this interim arrangement.

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 15)

Reply:

With reference to District Health Centre (DHC) services, "DHC Express" will provide various primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment and chronic disease management. In addition, "DHC Express" will serve as a district health resource hub that links different service providers of different aspects of primary healthcare services in the community to facilitate clients receiving the necessary care and services when needed. Acting as a primary healthcare hub, "DHC Express" seeks to leverage on a private healthcare network in the community to maximize the resources and service capacity in supporting primary healthcare. The Government is working in parallel to take forward the works projects for DHCs in all districts and "DHC Express" services will migrate as appropriate to the DHC of the respective district.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)094

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0337)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) established a Task Group on Sustainability in December last year to focus on reviewing, among other things, strategies for retaining staff. 3 major proposals have been put forward as follows: (a) the HA will enhance the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in the HA after retirement until 65; (b) the HA will consider creating opportunities for around 200 Associate Consultants to be promoted to Consultants within the next 5 years so as to retain experienced medical personnel; and (c) the HA will provide registered nurses who have attained specialty qualifications with additional allowance so as to retain manpower and encourage their continuing professional development in nursing. In this connection, will the Government inform this Committee of the following:

1. The expenditure involved in each of the 3 major proposals mention above.

2. Regarding the enhanced Special Retired and Rehire Scheme, what is the number of experienced doctors expected to continue their service on contract terms in the HA after retirement?

3. The Government will consider creating opportunities for around 200 Associate Consultants to be promoted to Consultants within the next 5 years. However, there is no proposal for increasing the manpower. Does the Government have any plan to increase the number of healthcare personnel at all ranks, including frontline and allied health staff, to reduce the pressure of healthcare personnel and avoid succession gaps?

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 16)

Reply:
1.

The Hospital Authority (HA) established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Task Group has so far put forward 3 major proposals, including –

(a) enhancing the Special Retired and Rehire Scheme (SRRS) to encourage experienced doctors to continue their service on contract terms in the HA after retirement until age 65;
(b) creating opportunities for around 200 Associate Consultants to be promoted to Consultants within the next 5 years so as to retain experienced medical personnel; and
(c) providing registered nurses who have attained recognised specialty qualifications with additional allowance so as to retain manpower and encourage their continuing professional development in nursing.

It is estimated that the additional expenditure for the above 3 initiatives would increase from around $160 million in 2021-22 to around $1.2 billion in 2025-26.

The estimated split amongst the three initiatives is being worked out by HA.

2.

SRRS was first implemented in 2015-16 to rehire suitable serving doctors upon their retirement or completion of contract at/beyond their normal retirement age for retaining suitable expertise for training and knowledge transfer, and alleviating manpower pressure. This special scheme supports re-employment of retired staff without creating promotion blockage to serving staff by creation of supernumerary posts. As at 31 December 2019, there were 67 doctors rehired after retirement and serving in HA. Further enhancements will be implemented from 2020-21 onwards to better engage the retirees in advance.

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 staff having regard to its service and operational needs. In 2020-21, HA plans to recruit about 530 doctors, 2 550 nurses and 830 allied health staff in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives.

As part of its overall budget, HA has put in place various measures to attract and retain healthcare professionals, including increasing promotion opportunities, enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of non-locally trained doctors under limited registration to supplement local recruitment drive, recruitment of additional supporting staff and re-engineering work processes. HA will continue central recruitment of full-time and part-time clinical staff to further increase manpower strength.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)095

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0338)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In 2020-21, the Government will provide a recurrent funding of $75 billion to the Hospital Authority (HA). In this connection, will the Government advise this Committee of the following?

1. Concerning the funding, what is the expenditure on the procurement of such major items as masks and isolation gowns for combating the recent outbreak of the novel coronavirus disease, and what are the respective quantities of these items procured? What are the expenditures on and quantities of such items procured in the past 3 years?
2. Has the HA set aside a certain amount of funding for granting frontline healthcare personnel extra salary in recognition of their dedication to combating the disease? If not, what are the reasons?

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 17)

Reply:

1.

The Government would allocate $4.7 billion from the Anti-epidemic Fund to provide additional resources for the Hospital Authority (HA) to tackle the Coronavirus Disease 2019 (COVID-19) epidemic, including the expenditure required for procurement of additional personal protective equipment (PPE) and other necessary accessories in relation to COVID-19 for healthcare staff. HA is actively expediting the procurement of PPE to ensure that the public hospital services and frontline healthcare staff are supported in a timely manner by sufficient appropriate PPE. As the procurement of PPE for combating COVID-19 is ongoing, we do not have information on the total expenditure and quantities involved.

2.

HA would make use of the $4.7-billion allocation from the Anti-epidemic Fund for various aspects in combatting the COVID-19 epidemic, including personnel-related expenditure for frontline staff involved in anti-epidemic efforts. HA has since 1 February 2020 introduced Special Rental Allowance at a fixed rate of $500 per day to staff working in high risk areas to cater for their temporary accommodation needs during the Emergency Response Level in public hospitals. In addition, HA has since 24 February 2020 introduced Special Emergency Response Allowance ("SERA") for frontline staff engaging in high risk duties under the Emergency Response Level. The SERA is set at 20% of the daily basic salary of the staff concerned with a minimum rate of $500 per day, with retrospective effect from the activation of Emergency Response Level by HA since 25 January 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0339)

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

Subhead (No. & title): ()

Programme: (-) Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding mental health services, will the Government inform this Committee of:

1. the nature of adequate resource provision as mentioned, be it financial provision or manpower;

2. the policy initiatives to increase manpower given the long waiting time for consulting a psychiatric specialist and the persistent shortage and high turnover rate of healthcare manpower;

3. the staffing of psychiatric services (including case managers and community nurses) in each cluster under the Hospital Authority over the past 3 years;

4. the turnover rate of manpower in psychiatric services (including case managers and community nurses) in each cluster under the Hospital Authority over the past 3 years;

5. the remuneration package of various ranks of allied health professionals working in the psychiatric stream;

6. the expenditure of the Government on psychiatric services over the past 3 years; and

7. the expenditure on the training of psychiatric doctors and nurses over the past 3 years

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 18)

Reply:

1. The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

   The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental

distress, as well as links to related websites for those in need of assistance. Hospital Authority (HA) is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

2. HA has introduced a series of measures to attract and retain the healthcare workforce. They include hiring full-time and part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangement, rehiring suitable retired healthcare staff through the Special Retired and Rehire Scheme, increasing the number of Resident Trainee posts to recruit local graduates, recruitment of non-locally trained doctors to work in public hospitals under the Limited Registration, and enhancing the promotion opportunities of doctors for promotion to the ranks of Associate Consultant and Consultant as well as additional posts of Advanced Practice Nurse for promotion of nurses. Training opportunities of healthcare staff will also be enhanced, and the Specialty Nurse Allowance will be implemented to encourage nursing professional development. HA will continue to provide the Special Honorarium Scheme to the existing workforce to facilitate operation of extra service sessions to meet operation needs.

In 2020-21, HA plans to recruit some 530 doctors and 2 550 nurses in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives. HA will continue to implement various measures to attract and retain staff in the medical and nursing grades in 2020-21, and review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff.

3. HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements.

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses (CPNs), clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in each hospital cluster of HA in the past three years (from 2017-18 to 2019-20).

Cluster	**Psychiatric doctors**[1 & 2]	**Psychiatric Nurses**[1 & 3] **(including CPNs)**	**CPNs**[1 & 4]	**Allied Health Professionals**		
				Clinical Psychologists[1]	**Medical Social Workers**[5]	**Occupational Therapists**[1]
2017-18						
HKEC	34	249	11	8	N/A	19
HKWC	26	117	8	6	N/A	23
KCC	33	238	12	10	N/A	26
KEC	35	167	16	11	N/A	19
KWC	73	673	23	23	N/A	71
NTEC	64	407	21	14	N/A	46
NTWC	82	737	49	14	N/A	59
Overall	**347**	**2 588**	**139**	**86**	**243**	**263**
2018-19						
HKEC	34	256	11	9	N/A	18
HKWC	28	116	7	6	N/A	22
KCC	35	262	11	11	N/A	29
KEC	36	177	16	12	N/A	19
KWC	77	689	23	24	N/A	73
NTEC	62	423	18	15	N/A	43
NTWC	81	747	48	13	N/A	59
Overall	**351**	**2 670**	**134**	**90**	**246**	**263**
2019-20 (as at 31 December 2019)						
HKEC	38	269	10	9	N/A	21
HKWC	30	138	8	9	N/A	24
KCC	37	267	10	10	N/A	29
KEC	40	193	16	11	N/A	21
KWC	76	722	22	27	N/A	81
NTEC	63	456	20	16	N/A	46
NTWC	84	761	46	15	N/A	63
Overall	**368**	**2 806**	**132**	**97**	**249**	**285**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in the 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. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital (SLH)), 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.
5. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department. Breakdown by cluster is not readily available.

The table below sets out the number of case managers under the Case Management Programme in each hospital cluster of HA from 2017-18 to 2019-20 (as at 31 December 2019).

Cluster	**2017-18**	**2018-19**	**2019-20 (as at 31 December 2019)**
HKEC	27	30	30
HKWC	24	22	23
KCC	23	23	26
KEC	44	46	47
KWC	95	106	117
NTEC	54	55	55
NTWC	69	74	77
Overall	**336**	**356**	**375**

4. The table below sets out the attrition rate of full-time doctors and nurses in psychiatry in each cluster of HA in 2017-18, 2018-19 and 2019-20.

Cluster	**Attrition Rate of Full-time Doctors in Psychiatry[1, 2]**	**Attrition Rate of Full-time Nurses in Psychiatry[1, 2]**
2017-18		
HKEC	6.2%	3.3%
HKWC	11.7%	9.9%
KCC	16.3%	4.2%
KEC	11.3%	2.8%
KWC	5.5%	3.7%
NTEC	7.7%	2.3%
NTWC	2.4%	1.4%
Overall	**7.3%**	**3.1%**
2018-19		
HKEC	6.1%	7.8%
HKWC	0.0%	11.2%
KCC	3.0%	4.0%
KEC	14.8%	0.6%
KWC	1.4%	4.7%
NTEC	7.9%	1.2%
NTWC	4.9%	3.3%
Overall	**5.3%**	**4.1%**
2019-20 (January to December 2019)		
HKEC	5.9%	4.8%
HKWC	0.0%	4.9%

Cluster	Attrition Rate of Full-time Doctors in Psychiatry[1, 2]	Attrition Rate of Full-time Nurses in Psychiatry[1, 2]
KCC	5.9%	4.6%
KEC	8.1%	2.3%
KWC	9.6%	4.6%
NTEC	14.7%	1.8%
NTWC	2.5%	3.8%
Overall	**7.2%**	**3.9%**

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

As clinical psychologists and occupational therapists in HA provide support for a variety of specialty services, the attrition rates for clinical psychologists and occupational therapists in the psychiatric services cannot be separately quantified.

5. The remuneration package offered to allied health professionals working in a psychiatric setting is the same as that offered to those working in non-psychiatric setting. For permanent and contract full-time employees, the remuneration package consists of basic monthly salary, a cash allowance / monthly allowance and other employment benefits such as leave, medical benefit, housing benefit and retirement benefit.

   The salaries of the various allied health professional grades working in the psychiatric stream are as follows.

Grade	Rank	Monthly Salary[1]
Occupational Therapists	Senior Occupational Therapist	$88,327-$107,175
	Occupational Therapist I	$55,133-$80,518
	Occupational Therapist II	$32,625-$52,722
Medical Social Workers	Social Work Officer	$88,327-$107,175
	Assistant Social Work Officer	$35,985-$79,606
Clinical Psychologists	Senior Clinical Psychologist	$148,432-$171,014
	Clinical Psychologist	$56,618-$131,423

Note:

1. "Monthly Salary" includes dollar value of basic salary and monthly allowance of the minimum and maximum pay point of respective ranks as at 1 April 2019.

6. HA provides a spectrum of mental health services, including inpatient, outpatient, ambulatory and community outreach services. The table below sets out the expenditure for providing mental health services by HA from 2017-18 to 2019-20.

Expenditure on Mental Health Services ($ million)		
2017-18	**2018-19**	**2019-20 (Revised Estimate)**
4,756	5,051	5,611

The mental health service expenditure includes direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

7. HA provides training for its staff in line with service requirements and organisation priorities. Various kinds of training (e.g. on-the-job training, in-house training, commissioned training and overseas training) are provided for staff of different disciplines. Training expenditure specifically for psychiatric doctors and nurses cannot be separately quantified.

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. 0343)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau established in 2019 a dedicated fund with $500 million for promoting the development of Chinese Medicine (CM) in Hong Kong. Since its operation in less than a year, the fund has approved a total of about $10 million to provide funding for the CM sector to nurture talent, conduct research and studies, and promote CM. In this connection, will the Government inform this Committee of:

1. the number of Chinese medicine practitioners (CMPs) currently registered in Hong Kong;

2. among the CMPs registered in Hong Kong, the numbers of registered CMPs trained in Hong Kong and in places other than Hong Kong respectively in the past 3 years; and

3. the types of programmes for nurturing talent and conducting research and studies implemented and the expenditure incurred out of the approved funding totalling about $10 million?

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 22)

Reply:

1. As at 29 February 2020, there were a total of 10 170 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 613 were registered CMPs and 2 557 were listed CMPs.

2. At present, there are 3 local universities offering Chinese medicine (CM) undergraduate programmes accredited by the Chinese Medicine Practitioners Board (PB) of the Chinese Medicine Council of Hong Kong, namely Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. The number of undergraduates from the 3 local universities who passed the CMPLE and got registered in 2017, 2018 and 2019 were 68, 64 and 66 respectively. In addition, there are 30 universities in the Mainland offering full-time CM degree courses recognised by the PB.

Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising CM in Hong Kong. In 2017, 2018 and 2019, the number of non-local trained graduates who passed the CMPLE and got registered were 102, 190 and 224 respectively. Except from the Mainland, there have been no other applications for registration of CMPs trained in places other than Hong Kong.

3. Around $10 million has been approved so far under the Industry Support Programme since the operation of the Chinese Medicine Development Fund to provide funding for 11 applications under the CM Industry Training Funding Scheme & CM Promotion Funding Scheme and the CM Applied Studies and Research Funding Scheme.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)098

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0344)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in the tables below the number and utilisation rate of mentally ill beds by hospital cluster and Integrated Community Centres for Mental Wellness (ICCMWs) by district in the past 3 years, as well as the level of severity of different psychiatric patients by district and by hospital cluster:

1. The number and utilisation rate of mentally ill beds by hospital cluster in the past 3 years (percentage):

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West
2017							
2018							
2019							

2. The number of places and utilisation rate of Integrated Community Centres for Mental Wellness (ICCMWs) if there are any changes in the past 3 years:

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West
2017							
2018							
2019							

3. The number of psychiatric patients and their level of severity (by district and by hospital cluster).

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.: 23)

Reply:

1. The tables below set out the number of hospital beds and inpatient bed occupancy rate in each hospital cluster for the mentally ill services under the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Mentally ill								
Number of hospital beds*	400	82	425	80	920	524	1 176	**3 607**
Inpatient bed occupancy rate	75%	71%	70%	79%	71%	79%	63%	**70%**

* Hospital beds as at 31 March 2018

2018-19

	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Mentally ill								
Number of hospital beds@	400	82	465	80	920	524	1 176	**3 647**
Inpatient bed occupancy rate	70%	73%	78%	70%	71%	82%	64%	**71%**

@ Hospital beds as at 31 March 2019

2019-20 (up to 31 December 2019) [Provisional figures]

	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Mentally ill								
Number of hospital beds^	400	82	465	80	920	524	1 176	**3 647**
Inpatient bed occupancy rate	72%	75%	81%	63%	77%	78%	63%	**72%**

^ Hospital beds as at 31 December 2019

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency departments or those who have stayed for more than one day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

2. The Social Welfare Department (SWD) set up 24 Integrated Community Centres for Mental Wellness (ICCMWs) across the territory in October 2010 to provide ex-mentally ill persons and persons with suspected mental health problems, their families and carers, and residents living in the serving districts with one-stop, district-based community mental health support services.

Between service commencement in October 2010 and December 2019, ICCMWs served about 83 000 ex-mentally ill persons and persons with suspected mental health problems. During the same period, ICCMWs organised over 25 000 public education programmes for some 1.26 million headcount of participants. SWD does not have the breakdown of the number of places and utilisation rate of the services offered by ICCMWs.

3. The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with schizophrenic spectrum disorder in each hospital cluster under HA from 2017-18 to 2019-20 (projection as of 31 December 2019).

Cluster	**2017-18**		**2018-19**		**2019-20 (projection as of 31 December 2019)**	
	Total Number of Psychiatric Patients Treated[1,2,3]	**Number of Patients Diagnosed with Schizophrenic Spectrum Disorder[2,3,4,5]**	**Total Number of Psychiatric Patients Treated[1,2,3]**	**Number of Patients Diagnosed with Schizophrenic Spectrum Disorder[2,3,4,5]**	**Total Number of Psychiatric Patients Treated[1,2,3]**	**Number of Patients Diagnosed with Schizophrenic Spectrum Disorder[2,3,4,5]**
HKEC	22 000	3 500	22 600	3 500	23 300	3 500
HKWC	21 700	3 100	23 200	3 200	24 500	3 200
KCC	18 300	4 900	19 100	5 000	19 600	5 000
KEC	35 500	7 400	35 900	7 500	37 000	7 500
KWC	72 100	16 100	74 300	16 300	75 900	16 300
NTEC	46 300	7 800	49 500	8 000	50 700	8 100
NTWC	40 200	8 600	42 400	8 600	44 300	8 600
Overall	**251 300**	**49 800**	**261 800**	**50 400**	**270 300**	**50 600**

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Figures are rounded to the nearest hundred.
3. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.
4. In HA, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffering from other diagnosis are not included.
5. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.

The corresponding catchment districts of HA's clusters are listed below:

HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC – Central & Western, Southern
KCC – Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC – Kwun Tong, Sai Kung
KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC – Sha Tin, Tai Po, North
NTWC – Tuen Mun, Yuen Long

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. 0371)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With medical technology gaining traction around the globe, countries are investing heavily on enhancing various kinds of medical technologies in order to improve the quality of healthcare services, shorten treatment time and cater for the needs of a wider range of patients. In this connection, will the Government inform this Committee of the following:

1. the expenditures on developing medical technology and Smart Hospital;

2. the latest developments of smart healthcare in Hong Kong; and

3. the future plan for developing medical technology.

Asked by: Hon IP LAU Suk-yee, Regina (LegCo internal reference no.:32)

Reply:

In the 2019-20 Budget, an additional $5 billion was earmarked for expediting the upgrading and acquisition of medical equipment for the Hospital Authority (HA). In 2020-21, the Government will provide a total of $1,598 million, including $598 million allocated out of the $5 billion earmarked funding, to HA for procuring equipment and implementing computerisation projects.

HA will continue to further modernise and upgrade its medical equipment to provide quality services to patients, including the diffusion of advanced technology and greater use of automation. HA will also continue the implementation of Smart Hospital Phase I projects, including the rolling out of the Corporate Queue Management System and Smart Kiosk as well as development and exploration of Smart Ward capabilities, Telecare and Robotics. HA will also develop a new Artificial Intelligence and Data Analytics Platform to provide advanced analytics, machine learning and artificial intelligence capabilities to support management and clinical decision making for healthcare service improvement.

In addition, the HA Data Collaboration Lab (HADCL), launched as a pilot in December 2018, was formally launched in December 2019 to allow local researchers to search de-identified clinical datasets for conceiving research ideas and carrying out research projects. In 2020-21, $14 million is earmarked for supporting the operation of the HADCL with a view to catering for more research projects and studying the provision of new data access channels such as self-service data platform.

Genomic medicine is an important sphere in contemporary medicine and scientific research. The 2019-20 Budget announced that the Government would allocate about $1.2 billion to the Food and Health Bureau for establishing the Hong Kong Genome Institute (HKGI) to take forward the Hong Kong Genome Project, under which 40 000 to 50 000 whole genome sequencing will be performed to promote the clinical application and scientific research on genomic medicine. The HKGI would be set up within 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3110)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :

Please provide, in table form with a breakdown by cluster and hospital, the following information : (1) the specialist services offered; (2) the numbers of overnight beds in various departments; (3) the numbers of day beds in various departments; and (4) the total number of beds in hospitals of all clusters.

(A) Hong Kong East Cluster : Pamela Youde Nethersole Eastern Hospital, Ruttonjee Hospital, St. John Hospital, Tang Shiu Kin Hospital, Tung Wah Eastern Hospital and Wong Chuk Hang Hospital
(B) Hong Kong West Cluster : Grantham Hospital, MacLehose Medical Rehabilitation Centre, Queen Mary Hospital, The Duchess of Kent Children's Hospital at Sandy Bay, Tsan Yuk Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital and Tung Wah Hospital
(C) Kowloon Central Cluster : Hong Kong Buddhist Hospital, Hong Kong Children's Hospital, Hong Kong Eye Hospital, Hong Kong Red Cross Blood Transfusion Service, Kowloon Hospital, Kwong Wah Hospital, Our Lady of Maryknoll Hospital, Queen Elizabeth Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital
(D) Kowloon East Cluster : Haven of Hope Hospital, Tseung Kwan O Hospital and United Christian Hospital
(E) Kowloon West Cluster : Caritas Medical Centre, Kwai Chung Hospital, North Lantau Hospital, Princess Margaret Hospital and Yan Chai Hospital
(F) New Territories East Cluster : Alice Ho Miu Ling Nethersole Hospital, Bradbury Hospice, Cheshire Home, Shatin, North District Hospital, Prince of Wales Hospital, Shatin Hospital and Tai Po Hospital
(G) New Territories West Cluster : Castle Peak Hospital, Pok Oi Hospital, Siu Lam Hospital, Tin Shui Wai Hospital and Tuen Mun Hospital

Asked by : Hon KWOK Ka-ki (LegCo internal reference no.: 6)

Reply :

The table below sets out the number of hospital beds in each hospital by major specialties under the Hospital Authority (HA) as at 31 March 2019.

Cluster	Hospital	Number of hospital beds as at 31 March 2019					
		GYN	MED	ORT	PAE	SUR	PSY
HKEC	CCH	-	-	-	-	-	-
	PYNEH	38	621	179	54	193	400
	RTSKH	-	315	37	-	73	-
	SJH	-	28	-	-	-	-
	TWEH	-	35	-	-	-	-
	WCHH	-	-	-	-	-	-
HKWC	DKCH	-	-	87	46	-	-
	FYKH	-	74	82	-	-	-
	GH	-	282	-	-	1	-
	MMRC	-	-	-	-	-	-
	QMH	78	395	165	137	365	82
	TWH	-	204	-	-	227	-
	TYH	-	-	-	-	-	-
KCC #	HKBH	-	209	38	-	-	-
	HKCH	-	-	-	40	-	-
	HKEH	-	-	-	-	-	-
	KH	-	255	95	10	40	465
	KWH	42	403	96	75	214	-
	OLMH	1	147	1	-	47	-
	QEH	29	630	187	114	255	-
	WTSH	-	248	15	-	15	-
KEC	HHH	-	321	-	-	-	-
	TKOH	39	391	97	37	141	-
	UCH	40	562	179	73	235	80
KWC	CMC	51	467	176	75	116	-
	KCH	-	-	-	-	-	920
	NLTH	-	40	-	-	-	-
	PMH	44	758	125	126	195	-
	YCH	-	393	128	57	137	-
NTEC	AHNH	-	252	102	76	48	20
	BBH	-	-	-	-	-	-
	NDH	6	349	86	-	156	-
	PWH	46	556	144	73	234	-
	SCH	-	-	-	-	-	-
	SH	-	253	-	-	75	144
	TPH	-	235	166	-	-	360
NTWC	CPH	-	-	-	-	-	1 156
	POH	21	354	98	-	136	-
	SLH	-	-	-	-	-	-
	TMH	43	878	261	106	243	20
	TSWH	-	2	-	-	-	-

The table below sets out the number of hospital beds in each hospital by general, mentally ill, mentally handicapped and infirmary services under HA as at 31 March 2019.

Cluster	Hospital	Number of hospital beds as at 31 March 2019				
		General (acute and convalescent)	Mentally ill	Mentally handicapped	Infirmary	Overall
HKEC	CCH	-	-	-	240	240
	PYNEH	1 429	400	-	-	1 829
	RTSKH	467	-	-	156	623
	SJH	28	-	-	59	87
	TWEH	253	-	-	12	265
	WCHH	-	-	-	160	160
HKWC	DKCH	133	-	-	-	133
	FYKH	192	-	-	80	272
	GH	339	-	-	50	389
	MMRC	110	-	-	-	110
	QMH	1 629	82	-	-	1 711
	TWH	462	-	-	70	532
	TYH	1	-	-	-	1
KCC #	HKBH	324	-	-	-	324
	HKCH	40	-	-	-	40
	HKEH	45	-	-	-	45
	KH	778	465	-	118	1 361
	KWH	1 186	-	-	-	1 186
	OLMH	236	-	-	-	236
	QEH	1 941	-	-	-	1 941
	WTSH	399	-	-	132	531
KEC	HHH	365	-	-	116	481
	TKOH	747	-	-	-	747
	UCH	1 419	80	-	-	1 499
KWC	CMC	1 031	-	160	20	1 211
	KCH	-	920	-	-	920
	NLTH	90	-	-	-	90
	PMH	1 635	-	-	138	1 773
	YCH	775	-	-	38	813
NTEC	AHNH	565	20	-	-	585
	BBH	26	-	-	-	26
	NDH	646	-	-	-	646
	PWH	1 734	-	-	-	1 734
	SCH	69	-	-	235	304
	SH	378	144	-	49	571
	TPH	401	360	-	233	994
NTWC	CPH	-	1 156	-	-	1 156
	POH	660	-	-	135	795
	SLH	-	-	520	-	520
	TMH	1 996	20	-	-	2 016
	TSWH	32	-	-	-	32

Note :

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 hospital beds.

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:
CCH – Cheshire Home, Chung Hom Kok
PYNEH – Pamela Youde Nethersole Eastern Hospital
RTSKH – Ruttonjee and Tang Shiu Kin Hospitals
SJH – St. John Hospital
TWEH – Tung Wah Eastern Hospital
WCHH – Wong Chuk Hang Hospital
DKCH – The Duchess of Kent Children's Hospital at Sandy Bay
FYKH – Tung Wah Group of Hospitals Fung Yiu King Hospital
GH – Grantham Hospital
MMRC – MacLehose Medical Rehabilitation Centre
QMH – Queen Mary Hospital
TWH – Tung Wah Hospital
TYH – Tsan Yuk Hospital
HKBH – Hong Kong Buddhist Hospital
HKCH – Hong Kong Children's Hospital
HKEH – Hong Kong Eye Hospital
KH – Kowloon Hospital
KWH – Kwong Wah Hospital
OLMH – Our Lady of Maryknoll Hospital
QEH – Queen Elizabeth Hospital
WTSH – Tung Wah Group of Hospitals Wong Tai Sin Hospital
HHH – Haven of Hope Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KCH – Kwai Chung Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
BBH – Bradbury Hospice
NDH – North District Hospital
PWH – Prince of Wales Hospital

SCH – Cheshire Home, Shatin
SH – Shatin Hospital
TPH – Tai Po Hospital
CPH – Castle Peak Hospital
POH – Pok Oi Hospital
SLH – Siu Lam Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

Specialties:
GYN – Gynaecology
MED – Medicine
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
SUR – Surgery
PSY – Psychiatry

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)101

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3111)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Voluntary Health Insurance Scheme (VHIS), please advise this Committee on the following:

1. the staffing, actual expenditure and purpose of the expenditure (such as for promotion and consultation) of the VHIS Office for each of the past 3 years; and the estimated staffing, provision and use of the provision starting from 2020-21;

2. the number of insurance companies which have submitted applications for registration and number of types of voluntary health insurance plans certified since the VHIS Office started accepting applications from insurance companies for registration as VHIS Providers and certification of insurance plans on 1 December 2018;

3. whether the Government has complied any statistics on the number of people who have purchased the Basic Plan since the implementation of the VHIS; and

4. whether the Government has assessed the respective numbers of people who will switch to private healthcare services and the average waiting time to be possibly reduced throughout the public healthcare system upon implementation of the VHIS for 1, 2 and 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 7)

Reply:

1. The VHIS Office was established in October 2018. The staffing and actual/estimated expenditure 2018-19, 2019-20 and 2020-21 are set out below –

Year	**2018-19 (Actual)**	**2019-20 (Actual)**	**2020-21 (Estimated)**
Staffing	15	14	19
Expenditure	$33.5 million	$32.6 million	Around $35 million

The expenditures cover personal emoluments and personnel related expenses, publicity and promotion events, engagement of service providers, etc.

2. The approval status of VHIS Providers, Standard Plan and Flexi Plans as at 1 March 2020 is as follows -

	Number of applications received	Number of applications approved	Number of applications being processed
VHIS Providers	31	30	1
Standard Plan	31	30	1
Flexi Plans	38	32	6

3. As at end-September 2019, the number of VHIS policies was around 301 000. Among them, about 11 000 were Standard Plan policies and about 290 000 were Flexi Plan policies.

4. According to the estimates by the independent consultant commissioned by FHB, the impact of VHIS on the public-private healthcare balance would be realised gradually over time and should be viewed in the longer-term perspective. In 2017, about 82% of the total number of inpatient (including day case) discharges in Hong Kong were provided by the public sector. In 2040, the share would increase to 86% without the implementation of VHIS, but would drop to 81% with the implementation of VHIS. This difference of five percentage points (around 128 000 inpatient discharges) reflects the relief to the public healthcare burden that would be provided by VHIS in the long term.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 3116)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With respect to the Estimates of Expenditure in the past 5 years, please provide the following information:

a. the annual total expenditure on local healthcare services, the comparison of the total expenditure on public healthcare services with that of private healthcare services, the year-on-year and cumulative rates of change in such expenditure, and the share of such expenditure in the Gross Domestic Product; and

b. details of the computation of the said figures and the items included for computation.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 12)

Reply:

Estimates on health expenditure by financing source (i.e. public and private) and the ratio of these expenditures to Gross Domestic Product are available in the Domestic Health Accounts of Hong Kong (HKDHA), which are compiled in accordance with the international guidelines given in *A System of Health Accounts 2011* published collaboratively by the Organisation for Economic Co-operation and Development, Eurostat and World Health Organization.

HKDHA capture all public and private expenditure 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. HKDHA figures are available on the website of the Food and Health Bureau (FHB) at http://www.fhb.gov.hk/statistics/en/dha.htm.

For up-to-date figures on the health expenditure by the government, reference can also be made to the estimates of government expenditure under the health policy area group (PAG).

This covers expenditure directly related to health incurred by the FHB (including the Bureau's allocation to the Hospital Authority), the Department of Health and the Government Laboratory. Compared with HKDHA figures, PAG estimates do **not** cover expenditure on health related functions performed by other government departments such as nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance services under the Fire Services Department and Auxiliary Medical Services.

Latest figures on government expenditures under the health PAG are available on the website of the 2020-21 Budget at https://www.budget.gov.hk/2020/eng/pdf/e_appendices_b.pdf.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 3117)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the actual expenditures on salaries, bonuses, gratuities, regularly-paid allowances, job-related allowances and non-accountable entertainment allowance payable to the Chief Executive and all directors in the past 5 years, as well as the estimates for salaries, bonuses, gratuities, regularly-paid allowances, job-related allowances and non-accountable entertainment allowance payable to the Chief Executive and all directors in 2020-21.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 13)

Reply:

The table below sets out the remunerations (including salaries, allowances, contributions for retirement schemes and other benefits) of the Chief Executive and Directors* of the Hospital Authority for 2015-16, 2016-17, 2017-18 and 2018-19. The actual expenditure for 2019-20 will only be available after the close of the financial year and estimated expenditure for 2020-21 is not available.

Rank	2015-16 ($ million)	2016-17 ($ million)	2017-18 ($ million)	2018-19 ($ million)
Chief Executive	5.7	6.0	6.0	6.2
Directors / Heads / Cluster Chief Executives	61.0	64.8	67.0	67.5

* Refer to Cluster Chief Executives, Directors and Heads of the Head Office.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 3118)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the provision for the Hospital Authority in the coming financial year and in the past 5 financial years in the table below:

Provision for the year	Increase over the estimate of the previous year (amount/ percentage)	Percentage in recurrent government expenditure	Percentage in total government expenditure	Expenses on increment for staff (amount/ percentage in the additional provision)	Expenses on improving salary structure (amount/ percentage in the additional provision)	Resources allocated for service improvements by hospital (item/ amount/ percentage in the additional provision)
2020-21						
2019-20						
2018-19						
2017-18						
2016-17						
2015-16						

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 14)

Reply:

The relevant information is set out in the table below:

	Provision for the financial year ($) million [N1]	**Increase of provision as compared with that in last financial year ($) million (amount/percentage)**	**Percentage in recurrent government expenditure (%)**	**Percentage in total government expenditure (%)**	**Expenses on increment for staff (amount/ (%) in the total provision for the financial year) ($) million [N3]**	**Expenses on improving salary structure (amount/ (%) in the additional provision for the financial year) ($) million**
2020-21 (estimate)	76,596.8	4,071.3 (5.61%)	15.74%	10.48%	N/A	N/A
2019-20 (revised estimate)	72,525.5	7,866.0 (12.17%)	16.39%	11.86%	928 (1.28%)	492.2 [N5] (6.26%)
2018-19 (actual)	64,659.5	8,218.5 (14.56%)	16.04%	12.16%	1,315 [N4] (2.03%)	14.4 (0.18%)
2017-18 (actual)	56,441.0	2,997.4 (5.61%)	15.60%	11.99%	873 (1.55%)	17.3 (0.58%)
2016-17 (actual)	53,443.6	1,894.7 (3.68%)	15.51%	11.57%	807 (1.51%)	1.3 (0.07%)
2015-16 (actual)	51,548.9 [N2]	1,745.3 (3.50%)	15.88%	11.83%	697 (1.35%)	5.7 (0.33%)

N1 : The financial provision shown in the Controlling Officer's Report includes recurrent subvention for operating expenditure and capital subvention for procurement of equipment items and computerisation projects.

N2 : For meaningful comparison, the financial provision for 2015-16 set out above excludes the one-off allocation of $10 billion from the Government to the Hospital Authority (HA) for setting up an endowment fund to operate the clinical public-private partnership (PPP) programmes.

N3 : 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.

N4 : The additional expense on increment for staff in 2018-19 is due to the restoration of annual increment mechanism with effect from 1 April 2018 for employees joining HA on or after 15 June 2002

N5: The additional expense on improving salary structure in 2019-20 is mainly due to the implementation of pay enhancement with a unified pay rise at 8% for all Patient Care Assistants/ Operation Assistants/Executive Assistants with effect from 1 April 2019.

Additional resources are allocated for implementing various service improvements measures each year from 2015-16 to 2019-20, including the key measures are listed out in the table below. For 2020-21, the information is being worked out by HA and hence not yet available.

	Service Improvement Projects	**Clusters**	**Funds involved Amount / (%) in the additional provision for the financial year ($) million**
2019-20			
(1)	continue to introduce medical services in Tin Shui Wai Hospital (TSWH), North Lantau Hospital (NLTH) and Hong Kong Children's Hospital (HKCH) in phases. A total of around 500 hospital beds will be added across HA's hospital clusters to meet the service demand	All Clusters	1,594 (20.3%)
(2)	continue to enhance palliative care consultative service, geriatric fragility fracture co-ordination services and restorative rehabilitative services for elderly patients	All Clusters	127 (1.6%)
(3)	enhance the treatment and management of cancers, diabetes mellitus, renal diseases, stroke and cardiac diseases	All Clusters	265 (3.4%)
(4)	augment the workforce by attracting and retaining staff through the Special Retired and Rehire Scheme, Limited Registration and various measures	All Clusters	2,050 (26.1%)
(5)	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	All Clusters	1,179 (15.0%)
(6)	enhance mental health services for patients with common mental disorder (CMD), children and adolescents with mental health needs as well as continue to strengthen the support for elderly patients with dementia	All Clusters	28 (0.4%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
(7)	continue to make use of investment returns generated from the $10 billion Public-Private Partnership (PPP) Endowment Fund allocated to HA to operate clinical PPP programmes	All Clusters	317 (4.0%)
2018-19			
(1)	open a total 574 additional beds to meet the growing demand arising from population growth and ageing	All Clusters	877 (10.7%)
(2)	continue to commission in phases services in TSWH and NLTH (including respectively 32 and 50 of the 574 additional beds) and make preparation for the commencement of services in the HKCH in phases from 2018	KCC, KWC & NTWC	955 (11.6%)
(3)	enhance palliative care by strengthening palliative care consultative service in hospitals, enhancing palliative care home care service through nurse visits, and extending the Community Geriatric Assessment Team (CGAT) end-of-life care service to provide better support for terminally ill patients living in residential care homes for the elderly in more districts	All Clusters	27 (0.3%)
(4)	continue to enhance geriatric fragility fracture co-ordination services in designated acute hospitals, enhance restorative rehabilitative services for elderly patients, set up an additional joint replacement centre, and enhance treatment and management of cancers, stroke, cardiac and renal diseases	All Clusters	164 (2.0%)
(5)	strengthen its workforce by recruiting and retaining healthcare professionals and putting in place a structured training mechanism for healthcare professionals (including clinical practicum, staff training and development and specialist training) as well as rehiring retired doctors, recruiting non-locally trained doctors	All Clusters	592 (7.2%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
	under limited registration to meet imminent service needs		
(6)	continue to enhance accident and emergency, surgical, endoscopic and diagnostic imaging services; improve pharmacy services, expand and enhance the services of nurse clinics as well as increase quotas for general outpatient services	All Clusters	788 (9.6%)
(7)	augment mental health services for severe mental illness, CMD and children and adolescents with mental health needs, and regularise the Dementia Community Support Scheme which provides support services to elderly with dementia	All Clusters	148 (1.8%)
(8)	continue to make use of investment returns generated from the $10 billion PPP Endowment Fund allocated to HA to operate clinical PPP programmes	All Clusters	306 (3.7%)
2017-18			
(1)	open a total of 229 additional beds to meet the growing demand arising from population growth and ageing	HKEC, KCC, KEC, KWC, NTEC & NTWC	267 (8.9%)
(2)	continue to commission services in TSWH in phases and make preparation for the commencement of services in HKCH in phases from 2018	KCC & NTWC	276 (9.2%)
(3)	enhance the services provided by HA's CGAT for terminally ill patients living in residential care homes for the elderly, set up geriatric fragility fracture co-ordination services in designated acute hospital, and enhance treatment and management of cancers, stroke, cardiac and renal diseases	All Clusters	118 (3.9%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
(4)	continue to enhance accident and emergency, surgical, endoscopic and diagnostic imaging services as well as increase quotas for specialist and general outpatient services	All Clusters	174 (5.8%)
(5)	augment mental health services by strengthening healthcare professional and support manpower	All Clusters	73 (2.4%)
(6)	continue to make use of investment returns generated from the $10 billion PPP Endowment Fund allocated to HA on 31 March 2016 to operate clinical PPP programmes	All Clusters	278 (9.3%)
2016-17			
(1)	open a total of 231 additional beds to meet the growing demand arising from population growth and ageing	HKEC, KCC, KEC, NTEC & NTWC	over 235 (over 12.4%)
(2)	commission services in TSWH in phases from 2016-17 and make preparation for the commencement of services in HKCH in phases from 2018	KCC & NTWC	254 (13.4%)
(3)	establish an endowment fund of $10 billion and use its investment return to fund and enhance the clinical PPP initiatives of HA to alleviate pressure on the public healthcare system	All Clusters	194 (10.2%)
(4)	augment health services for the elderly by strengthening CGAT service, setting up the fifth joint replacement centre, and enhancing the treatment and management of cancers and chronic diseases like cardiac and renal diseases	All Clusters	90 (4.8%)
(5)	continue to implement measures to improve patients' access to services including accident and emergency, general outpatient, surgical and endoscopic services	All Clusters	169 (8.9%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
2015-16			
(1)	open a total of 250 additional beds in high needs communities like KEC, NTEC and NTWC to meet the growing demand arising from population growth and ageing	HKEC, KEC, NTEC & NTWC	over 320 (over 18.3%)
(2)	enhance healthcare services to the elderly population by strengthening CGAT service, expanding the capacity of geriatric rehabilitation services	HKEC, HKWC, KWC, NTEC & NTWC	16 (0.9%)
(3)	implement measures to improve patients' access to service including accident and emergency, general outpatient, surgical, endoscopic services and setting up the fourth joint replacement centre	All Clusters	178 (10.2%)
(4)	augment mental health services by enhancing child and adolescent mental health services and services for patients with CMD	All Clusters	15 (0.9%)

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)105

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3121)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Concerning the protective equipment below:

(1) surgical masks;
(2) N95 respirators;
(3) isolation gowns, regular, level 1;
(4) isolation gowns, regular, level 2; and
(5) other protective equipment (please specify),

please provide in table form the following figures:

(a) the on-hand quantity;
(b) the past 7-day's moving average; and
(c) the number of days stock could last

as at the last day of each month from January 2020 to date in each of the hospitals below:

(A) Hong Kong East Cluster: Pamela Youde Nethersole Eastern Hospital, Ruttonjee Hospital, St. John Hospital, Tang Shiu Kin Hospital, Tung Wah Eastern Hospital, Wong Chuk Hang Hospital
(B) Hong Kong West Cluster: Grantham Hospital, MacLehose Medical Rehabilitation Centre, Queen Mary Hospital, The Duchess of Kent Children's Hospital at Sandy Bay, Tsan Yuk Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital, Tung Wah Hospital
(C) Kowloon Central Cluster: Hong Kong Buddhist Hospital, Hong Kong Children's Hospital, Hong Kong Eye Hospital, Hong Kong Red Cross Blood Transfusion Service, Kowloon Hospital, Kwong Wah Hospital, Our Lady of Maryknoll Hospital, Queen Elizabeth Hospital, Tung Wah Group of Hospitals Wong Tai Sin Hospital
(D) Kowloon East Cluster: Haven of Hope Hospital, Tseung Kwan O Hospital, United Christian Hospital
(E) Kowloon West Cluster: Caritas Medical Centre, Kwai Chung Hospital, North Lantau Hospital, Princess Margaret Hospital, Yan Chai Hospital

(F) New Territories East Cluster: Alice Ho Miu Ling Nethersole Hospital, Bradbury Hospice, Cheshire Home, Shatin, North District Hospital, Prince of Wales Hospital, Shatin Hospital, Tai Po Hospital

(G) New Territories West Cluster: Castle Peak Hospital, Pok Oi Hospital, Siu Lam Hospital, Tin Shui Wai Hospital, Tuen Mun Hospital

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 17)

Reply:

The stock level of major personal protective equipment (PPE) items in the Hospital Authority (HA) as at 31 January 2020 and 29 February 2020 are set out in the below table. Hospital breakdown of PPE stock is not available.

Major PPE Items	**As at 31 January 2020 (million pieces)**	**As at 29 February 2020 (million pieces)**
Surgical Mask	14	24
N95 Respirator	1.4	1.1
Isolation Gown (Level 1)	1.9	1.9
Isolation Gown (Level 3)	0.5	0.86
Face Shield	0.76	0.88

The depletion of PPE varies from day to day. Using the latest average depletion as reference, as at mid-March 2020, HA's stock of N95 respirator is anticipated to last for about 1 month, while that of other PPE items (such as surgical mask, isolation gown and face shield) would last for more than 1 month.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)106**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3122)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In connection with the Hospital Authority's deployment of healthcare staff to work in "dirty teams" and "high risk areas" in dealing with the Wuhan pneumonia, please advise on the following:

(A) the number of staff members joining these groups/teams;

(B) the types of allowances;

(C) the number of staff receiving the allowances;

(D) the amount of allowances;

(E) whether staff quarters/off-site accommodations are included. If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 18)

Reply:

(A)

To meet the operational need of high risk areas, clinical departments arrange their staff through rotation arrangements. Staff from various units/specialties is also deployed to share the workload. The number of healthcare workers deployed to high risk areas during the Coronavirus Disease 2019 (COVID-19) epidemic is adjusted from time to time according to the operational need. The requested number is therefore not available.

(B)-(E)

Under the Emergency Response Level in response to the COVID-19 epidemic, Hospital Authority (HA) has been arranging hospital accommodation for staff who work in high risk areas with temporary accommodation needs. HA has also introduced a Special Rental

Allowance ("SRA") at a fixed rate of $500 per day to staff working in high risk areas for supporting their temporary accommodation needs during the Emergency Response Level.

In addition, HA has introduced Special Emergency Response Allowance ("SERA") to provide recognition to frontline staff engaging in high risk duties during the Emergency Response Level. The SERA is set at 20% of the daily basic salary of the staff concerned with a minimum rate of $500 per day, with retrospective effect from the activation of the Emergency Response Level in public hospitals since 25 January 2020.

Since both SRA and SERA are newly implemented, the number of staff receiving the allowance and the amount involved are not yet available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)107

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3123)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Voluntary Health Insurance Scheme (VHIS), please inform this Committee of the following in table form:

(a) the number of insurance policies eligible for tax deduction taken out since the implementation of VHIS, the total amount of premium eligible for tax deduction, as well as the lowest, average and highest tax deduction amounts;
(b) the gender and age groups of policy holders eligible for tax deduction since the implementation of VHIS;
(c) the number of policy holders who have taken out policies under both the Standard Plan and the Flexi Plan, and the numbers of these policies taken out since the implementation of VHIS;
(d) the numbers of insurance policies taken out and the amounts of premium which will be eligible for tax deduction respectively 1 year, 2 years and 3 years after the implementation of VHIS as estimated by the Bureau.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 19)

Reply:

(a), (b) and (c)

As at end-September 2019, the number of VHIS policies was around 301 000. Among them, about 11 000 were Standard Plan policies and about 290 000 were Flexi Plan policies. We do not have information on the number of policy holders who have purchased more than one VHIS policies.

Qualifying premiums paid under VHIS is tax deductible and the deduction is applicable to a year of assessment commencing on or after 1 April 2019 (i.e. year of assessment 2019/20 onwards). The Inland Revenue Department has not issued the Tax Return - Individuals for the year of assessment 2019/20. The required statistical information for the year of assessment 2019/20 will only be available after the taxpayers have filed the tax returns for the year of assessment 2019/20 and the assessment work is completed.

(d) It is estimated that in the third year of VHIS implementation, about 1 million taxpayers and their specified relatives would enjoy the tax deduction with the estimated tax revenue forgone amounting to about $800 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3124)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding psychiatric services, please provide the following information for the past 3 years and in the Estimates of Expenditure for the coming year:

(1) a breakdown of the expenditure involved by item, the respective amount and percentage;

(2) the annual total expenditure on psychiatric services;

(3) the comparison of such expenditure with that of the private sector;

(4) the year-on-year and cumulative rates of change in such expenditure; and

(5) the percentage such expenditure accounts for in the Gross Domestic Product.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 20)

Reply:

The Hospital Authority (HA) provides a spectrum of mental health services, including inpatient, outpatient, ambulatory and community outreach services. The table below sets out the expenditure for providing mental health services by HA from 2017-18 to 2020-21 and the respective percentages of increase.

	HA's mental health services							
	2017-18		2018-19		2019-20 (Revised Estimate)		2020-21 (Estimate)	
	Expenditure ($ million)	% of total expenditure	Expenditure ($ million)	% of total expenditure	Expenditure ($ million)	% of total expenditure	Expenditure ($ million)	% of total expenditure
In-patient	2,577	54%	2,712	54%	3,004	54%	3,088	52%
Out-patient	1,249	26%	1,356	27%	1,521	27%	1,641	28%
Community Outreach	621	13%	671	13%	748	13%	793	14%
Day Hospital	309	7%	312	6%	338	6%	377	6%
Total expenditure	**4,756**	**100%**	**5,051**	**100%**	**5,611**	**100%**	**5,899**	**100%**
Year-on-year % growth of total expenditure		N/A		6.2%		11.1%		5.1%
Cumulative % growth of total expenditure since 2017-18		N/A		6.2%		18.0%		24.0%

The mental health service expenditure includes direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; the expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

HA's mental health service expenditure account for only part of the public expenditure on mental health. As such, HA's expenditure on mental health service as a ratio to the Gross Domestic Product of Hong Kong does not reflect the actual level of spending by the Government on mental health.

Expenditure on mental health services of the private sector is not available.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)109**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3155)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In respect of bed occupancy rates, will the Government provide: a. the bed occupancy rate of each public hospital in each cluster in the past 3 years? b. the bed occupancy rate in each private hospital in the past 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 51)

Reply:

(a)

The table below sets out the inpatient bed occupancy rate in each hospital under the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

Cluster	Hospital / Institution	Inpatient bed occupancy rate		
		2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
HKEC	Cheshire Home, Chung Hom Kok	84%	82%	84%
	Pamela Youde Nethersole Eastern Hospital	88%	87%	88%
	Ruttonjee and Tang Shiu Kin Hospitals	92%	92%	89%
	St. John Hospital	61%	50%	47%
	Tung Wah Eastern Hospital	89%	89%	85%
	Wong Chuk Hang Hospital	94%	96%	95%
HKWC	The Duchess of Kent Children's Hospital at Sandy Bay	55%	62%	64%
	Tung Wah Group of Hospitals Fung Yiu King Hospital	73%	72%	72%
	Grantham Hospital	81%	85%	85%
	MacLehose Medical Rehabilitation Centre	63%	54%	60%
	Queen Mary Hospital	81%	79%	79%
	Tung Wah Hospital	83%	81%	79%

Cluster	Hospital / Institution	Inpatient bed occupancy rate		
		2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
KCC	Hong Kong Buddhist Hospital	98%	99%	97%
	Hong Kong Children's Hospital *	-	58%	62%
	Hong Kong Eye Hospital	40%	41%	34%
	Kowloon Hospital	84%	87%	89%
	Kwong Wah Hospital	83%	82%	84%
	Our Lady of Maryknoll Hospital	75%	77%	79%
	Queen Elizabeth Hospital	96%	98%	99%
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	88%	88%	89%
KEC	Haven of Hope Hospital	93%	95%	93%
	Tseung Kwan O Hospital	101%	102%	104%
	United Christian Hospital	96%	96%	94%
KWC	Caritas Medical Centre	86%	87%	92%
	Kwai Chung Hospital	71%	71%	77%
	North Lantau Hospital	94%	82%	77%
	Princess Margaret Hospital	96%	94%	94%
	Yan Chai Hospital	91%	89%	92%
NTEC	Alice Ho Miu Ling Nethersole Hospital	86%	84%	81%
	Bradbury Hospice	93%	87%	95%
	North District Hospital	94%	95%	95%
	Prince of Wales Hospital	93%	91%	92%
	Cheshire Home, Shatin	73%	69%	68%
	Shatin Hospital	89%	91%	91%
	Tai Po Hospital	90%	90%	89%
NTWC	Castle Peak Hospital	63%	64%	64%
	Pok Oi Hospital	103%	105%	102%
	Siu Lam Hospital	89%	88%	86%
	Tuen Mun Hospital	106%	103%	104%
	Tin Shui Wai Hospital #	-	78%	73%

* Hong Kong Children's Hospital commenced inpatient service in March 2019.

\# Tin Shui Wai Hospital commenced inpatient service in November 2018.

Note:

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day. The calculation of inpatient bed occupancy rate does not include that of day inpatients.

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

(b)

The average bed occupancy rates of private hospitals in Hong Kong in the past 3 years are as follows:

	2017	2018	2019
Bed occupancy rate:	58.5%	59.3%	Not yet available

A breakdown by private hospital is at **Annex**.

Annex

Average bed occupancy rate of private hospitals from 2017 to 2018

Name of Hospital	Average Bed Occupancy Rate (%)	
	2017	**2018**
Canossa Hospital (Caritas)	39.0	35.9
Evangel Hospital	35.1	35.9
Hong Kong Adventist Hospital – Stubbs Road	44.8	46.8
Hong Kong Adventist Hospital – Tsuen Wan	43.8	47.7
Hong Kong Baptist Hospital	60.2	56.7
Hong Kong Sanatorium & Hospital Limited	75.3	78.3
Matilda & War Memorial Hospital	35.6	32.4
Precious Blood Hospital (Caritas)	26.8	25.1
St Paul's Hospital	58.9	56.3
St Teresa's Hospital	58.8	57.8
Union Hospital	82.2	85.2

Notes: 1. The average bed occupancy rate of 1 private hospital is not provided as consent is not available for the Government to release its bed occupancy rate.

2. The bed occupancy rate for 2019 is not yet available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)110

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3156)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the utilisation of hospital services, will the Government please provide the following information with a breakdown by cluster: a. the admission rate for patients aged below 6 months, 6 months to 12, 13 to 17, 18 to 65 and that for elderly patients aged above 65, as well as their unplanned readmission rate within 28 days; b. the average number of bed-days occupied by inpatients aged below 6 months, 6 months to 12, 13 to 17, 18 to 65 and that by elderly inpatients aged above 65?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 52)

Reply:

The table below sets out:

(i) number of inpatient discharges and deaths (IP D&D);

(ii) number of inpatient and day inpatient discharges and deaths (IPDP D&D);

(iii) inpatient unplanned readmission rate (IP URR); and

(iv) inpatient average length of stay (IP ALOS (days))

for all general specialties (acute & convalescent) by age group in each cluster under the Hospital Authority (HA) in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

All general specialties (acute & convalescent)	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Aged below 6 months								
IP D&D	2 484	3 681	10 611	4 762	4 929	6 747	5 723	38 937
IPDP D&D	5 591	4 693	11 605	5 220	5 573	9 650	6 149	48 481
IP URR	1.8%	1.6%	2.6%	2.3%	2.5%	2.0%	4.2%	2.6%
IP ALOS (days)	4.6	4.8	4.5	3.5	3.6	4.8	4.2	4.3
Aged 6 months - 12 years								
IP D&D	3 068	4 384	10 252	7 540	10 642	9 246	6 886	52 018
IPDP D&D	3 589	8 813	17 284	8 256	12 828	12 049	8 505	71 324
IP URR	4.9%	3.7%	4.5%	3.9%	5.1%	4.9%	5.2%	4.7%
IP ALOS (days)	2.8	5.0	4.2	3.1	2.7	3.2	3.5	3.5
Aged 13 - 17 years								
IP D&D	742	906	2 029	1 039	2 297	1 389	1 776	10 178
IPDP D&D	912	1 873	3 644	1 241	2 936	2 027	2 129	14 762
IP URR	4.9%	4.3%	5.4%	3.7%	6.2%	5.1%	5.8%	5.3%
IP ALOS (days)	2.8	5.5	4.9	3.8	3.2	3.7	3.3	3.9
Aged 18 - 64 years								
IP D&D	32 021	35 537	61 565	36 605	61 651	52 962	52 311	332 652
IPDP D&D	59 267	79 425	120 477	65 780	102 633	107 019	98 828	633 429
IP URR	6.4%	5.4%	6.4%	6.9%	7.6%	6.0%	7.6%	6.7%
IP ALOS (days)	4.1	5.1	5.2	4.5	3.9	5.2	4.7	4.7
Aged 65 years and above								
IP D&D	48 176	42 431	83 977	54 280	79 748	69 380	49 009	427 001
IPDP D&D	73 446	72 733	122 632	76 437	108 361	106 580	71 274	631 463
IP URR	14.7%	13.4%	15.6%	15.8%	18.6%	15.0%	17.8%	16.1%
IP ALOS (days)	6.7	6.3	8.6	7.3	6.6	7.9	8.1	7.4

Note:

(1) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day. The calculation of the number of discharges and deaths includes that of both inpatients and day inpatients. The calculation of inpatient average length of stay, on the other hand, does not include that of day inpatients.

(2) It should be noted that inpatient 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. It also varies among different hospital clusters due to different case-mix, i.e. 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

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

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)111

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3157)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list for the past 5 years the total populations and numbers of persons aged 65 or above served by each cluster and by all clusters as a whole under the Hospital Authority. Please also advise of the total provisions and numbers of doctors, nurses, allied health professionals and general hospital beds, and set out their shares in all clusters and their ratios per 1 000 persons and 1 000 persons aged 65 or above.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 53)

Reply:

The tables below set out the population and the population aged 65 or above in respect of each cluster of the Hospital Authority (HA) from 2015 to 2019.

Population Estimates in 2015 (as at mid-2015)

Districts	**Corresponding Hospital Cluster**	**Population**	**Population aged 65+**
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	763 800	140 500
Central & Western, Southern	HKWC	523 800	86 600
Kowloon City, Yau Tsim	KCC	540 000	94 100
Kwun Tong, Sai Kung	KEC	1 107 000	164 500
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 951 500	328 000
Sha Tin, Tai Po, North	NTEC	1 287 000	170 900
Tuen Mun, Yuen Long	NTWC	1 116 900	129 900
Overall Hong Kong		**7 291 300**	**1 114 600**

Population Estimates in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 600	128 700
Central & Western, Southern	HKWC	518 300	84 500
Kowloon City, Yau Tsim	KCC	561 100	85 200
Kwun Tong, Sai Kung	KEC	1 110 400	179 000
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 995 500	319 700
Sha Tin, Tai Po, North	NTEC	1 279 000	200 800
Tuen Mun, Yuen Long	NTWC	1 103 500	165 100
Overall Hong Kong		**7 336 600**	**1 163 200**

Population Estimates in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	765 700	131 300
Central & Western, Southern	HKWC	515 600	87 000
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 179 800	196 600
Kwun Tong, Sai Kung	KEC	1 135 900	188 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 369 600	222 900
Sha Tin, Tai Po, North	NTEC	1 305 400	212 400
Tuen Mun, Yuen Long	NTWC	1 118 600	175 300
Overall Hong Kong		**7 391 700**	**1 214 600**

Population Estimates in 2018 (as at mid-2018)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 100	136 300
Central & Western, Southern	HKWC	518 700	91 000
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 178 900	204 600
Kwun Tong, Sai Kung	KEC	1 154 700	197 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 372 400	231 100
Sha Tin, Tai Po, North	NTEC	1 314 400	220 200
Tuen Mun, Yuen Long	NTWC	1 143 700	185 000
Overall Hong Kong		**7 451 000**	**1 266 200**

Projected Population in 2019 (as at mid-2019)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	761 100	139 800
Central & Western, Southern	HKWC	512 900	93 100
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 174 800	212 000
Kwun Tong, Sai Kung	KEC	1 169 400	208 000
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 408 900	245 700
Sha Tin, Tai Po, North	NTEC	1 318 700	229 800
Tuen Mun, Yuen Long	NTWC	1 155 400	196 200
Overall Hong Kong		**7 502 600**	**1 324 600**

The tables below set 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 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

2015-16

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	595	10.5%	0.8	4.2	2 613	10.6%	3.4	18.6	791	11.0%	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	624	11.0%	1.2	7.2	2 788	11.4%	5.3	32.2	913	12.7%	1.7	10.5	Central & Western, Southern
KCC	731	12.9%	1.4	7.8	3 304	13.5%	6.1	35.1	1 028	14.3%	1.9	10.9	Kowloon City, Yau Tsim
KEC	676	12.0%	0.6	4.1	2 698	11.0%	2.4	16.4	750	10.4%	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 352	23.9%	0.7	4.1	5 730	23.3%	2.9	17.5	1 646	22.9%	0.8	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	16.3%	0.7	5.4	4 053	16.5%	3.1	23.7	1 179	16.4%	0.9	6.9	Sha Tin, Tai Po, North
NTWC	748	13.2%	0.7	5.8	3 356	13.7%	3.0	25.8	889	12.4%	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 648**	**100%**	**0.8**	**5.1**	**24 542**	**100%**	**3.4**	**22.0**	**7 195**	**100%**	**1.0**	**6.5**	

2016-17

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	594	10.3%	0.8	4.6	2 679	10.7%	3.5	20.8	799	10.7%	1.0	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	646	11.2%	1.2	7.6	2 821	11.3%	5.4	33.4	960	12.8%	1.9	11.4	Central & Western, Southern
KCC	740	12.8%	1.3	8.7	3 333	13.4%	5.9	39.1	1 065	14.2%	1.9	12.5	Kowloon City, Yau Tsim
KEC	682	11.8%	0.6	3.8	2 750	11.0%	2.5	15.4	782	10.4%	0.7	4.4	Kwun Tong, Sai Kung
KWC	1 375	23.8%	0.7	4.3	5 746	23.0%	2.9	18.0	1 696	22.6%	0.9	5.3	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	941	16.3%	0.7	4.7	4 090	16.4%	3.2	20.4	1 231	16.4%	1.0	6.1	Sha Tin, Tai Po, North
NTWC	793	13.7%	0.7	4.8	3 514	14.1%	3.2	21.3	964	12.9%	0.9	5.8	Tuen Mun, Yuen Long
Cluster Total	**5 770**	**100%**	**0.8**	**5.0**	**24 933**	**100%**	**3.4**	**21.4**	**7 497**	**100%**	**1.0**	**6.4**	

2017-18

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	614	10.5%	0.8	4.7	2 780	10.7%	3.6	21.2	832	10.7%	1.1	6.3	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	643	11.0%	1.2	7.4	2 862	11.0%	5.6	32.9	972	12.6%	1.9	11.2	Central & Western, Southern
KCC	1 167	20.0%	1.0	5.9	5 257	20.2%	4.4	26.5	1569	20.3%	1.3	7.9	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	684	11.7%	0.6	3.6	2 921	11.2%	2.6	15.5	804	10.4%	0.7	4.3	Kwun Tong, Sai Kung
KWC	985	16.9%	0.7	4.4	4 260	16.3%	3.1	19.1	1 264	16.3%	0.9	5.7	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	960	16.4%	0.7	4.5	4 362	16.7%	3.3	20.5	1 283	16.6%	1.0	6.0	Sha Tin, Tai Po, North
NTWC	793	13.6%	0.7	4.5	3 627	13.9%	3.2	20.7	1 017	13.1%	0.9	5.8	Tuen Mun, Yuen Long
Cluster Total	**5 846**	**100%**	**0.8**	**4.8**	**26 068**	**100%**	**3.5**	**21.5**	**7 740**	**100%**	**1.0**	**6.4**	

2018-19

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	622	10.5%	0.8	4.6	2 855	10.5%	3.7	20.9	847	10.6%	1.1	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	630	10.6%	1.2	6.9	2 891	10.6%	5.6	31.8	971	12.2%	1.9	10.7	Central & Western, Southern
KCC	1 235	20.8%	1.0	5.6	5 522	20.3%	4.5	26.1	1 695	21.2%	1.3	7.6	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	698	11.7%	0.6	3.5	3 120	11.5%	2.7	15.8	847	10.6%	0.7	4.3	Kwun Tong, Sai Kung
KWC	1 000	16.8%	0.7	4.3	4 506	16.6%	3.3	19.5	1 275	16.0%	0.9	5.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	963	16.2%	0.7	4.4	4 565	16.8%	3.5	20.7	1 310	16.4%	1.0	5.9	Sha Tin, Tai Po, North
NTWC	802	13.5%	0.7	4.3	3 756	13.8%	3.3	20.3	1 037	13.0%	0.9	5.6	Tuen Mun, Yuen Long
Cluster Total	**5 952**	**100%**	**0.8**	**4.7**	**27 214**	**100%**	**3.7**	**21.5**	**7 982**	**100%**	**1.1**	**6.3**	

2019-20 (as at 31 December 2019)

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total and ratios per 1 000 population												Catchment districts
	Doctors	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Nurses	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	Allied Health Staff	% of Cluster Overall	Ratio to overall population	Ratio to population aged 65+	
HKEC	640	10.3%	0.8	4.6	2 984	10.4%	3.9	21.3	860	10.4%	1.1	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	667	10.7%	1.3	7.2	3 061	10.7%	6.0	32.9	989	12.0%	1.9	10.6	Central & Western, Southern
KCC	1 275	20.5%	1.0	5.4	5 943	20.7%	4.8	26.8	1 786	21.6%	1.4	7.6	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	724	11.7%	0.6	3.5	3 331	11.6%	2.8	16.0	889	10.8%	0.8	4.3	Kwun Tong, Sai Kung
KWC	1 034	16.7%	0.7	4.2	4 752	16.5%	3.4	19.3	1 311	15.9%	0.9	5.3	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 014	16.3%	0.8	4.4	4 694	16.3%	3.6	20.4	1 353	16.4%	1.0	5.9	Sha Tin, Tai Po, North
NTWC	851	13.7%	0.7	4.3	3 975	13.8%	3.4	20.3	1 082	13.1%	0.9	5.5	Tuen Mun, Yuen Long
Cluster Total	**6 204**	**100%**	**0.8**	**4.7**	**28 740**	**100%**	**3.8**	**21.7**	**8 270**	**100%**	**1.1**	**6.2**	

The tables below set out the number and ratio of general beds in HA per 1 000 population by hospital clusters from 2015-16 to 2019-20.

2015-16

Hospital Cluster	Number of general beds#	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 065	9.6%	2.7	14.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.2%	5.5	33.0	Central & Western, Southern
KCC	3 029	14.0%	5.6	32.2	Kowloon City, Yau Tsim
KEC	2 331	10.8%	2.1	14.2	Kwun Tong, Sai Kung
KWC	5 244	24.3%	2.7	16.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 610	16.7%	2.8	21.1	Sha Tin, Tai Po, North
NTWC	2 448	11.3%	2.2	18.8	Tuen Mun, Yuen Long
Overall HA	**21 587**	**100.0%**	**3.0**	**19.4**	

Hospital beds as at 31 March 2016

2016-17

Hospital Cluster	Number of general beds#	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 085	9.6%	2.7	16.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.1%	5.5	33.8	Central & Western, Southern
KCC	3 053	14.0%	5.4	35.8	Kowloon City, Yau Tsim
KEC	2 347	10.8%	2.1	13.1	Kwun Tong, Sai Kung
KWC	5 244	24.1%	2.6	16.4	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 672	16.8%	2.9	18.3	Sha Tin, Tai Po, North
NTWC	2 537	11.6%	2.3	15.4	Tuen Mun, Yuen Long
Overall HA	**21 798**	**100.0%**	**3.0**	**18.7**	

Hospital beds as at 31 March 2017

2017-18

Hospital Cluster	Number of general beds[#]	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 105	9.6%	2.7	16.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.0%	5.5	32.9	Central & Western, Southern
KCC	4 900	22.2%	4.2	24.9	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 405	10.9%	2.1	12.7	Kwun Tong, Sai Kung
KWC	3 431	15.6%	2.5	15.4	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 730	16.9%	2.9	17.6	Sha Tin, Tai Po, North
NTWC	2 596	11.8%	2.3	14.8	Tuen Mun, Yuen Long
Overall HA	**22 027**	**100.0%**	**3.0**	**18.1**	

Hospital beds as at 31 March 2018

2018-19

Hospital Cluster	Number of general beds[#]	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 177	9.6%	2.8	16.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 866	12.7%	5.5	31.5	Central & Western, Southern
KCC	4 949	21.9%	4.2	24.0	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 531	11.2%	2.2	12.8	Kwun Tong, Sai Kung
KWC	3 531	15.7%	2.6	15.3	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 819	16.9%	2.9	17.3	Sha Tin, Tai Po, North
NTWC	2 688	11.9%	2.4	14.5	Tuen Mun, Yuen Long
Overall HA	**22 561**	**100.0%**	**3.0**	**17.8**	

Hospital beds as at 31 March 2019

2019-20

Hospital Cluster	Number of general beds^	% of overall HA	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
HKEC	2 247	9.7%	3.0	16.1	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 831	12.3%	5.5	30.4	Central & Western, Southern
KCC	5 135	22.3%	4.2	23.4	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 604	11.3%	2.2	12.5	Kwun Tong, Sai Kung
KWC	3 559	15.4%	2.5	14.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 886	16.9%	2.9	16.9	Sha Tin, Tai Po, North
NTWC	2 787	12.1%	2.4	14.2	Tuen Mun, Yuen Long
Overall HA	**23 049**	**100.0%**	**3.1**	**17.4**	

^ Hospital beds as at 31 December 2019

The table below sets out the recurrent budget allocation for each cluster of HA in the past 5 years from 2015-16 to 2019-20. The information on 2017-18 has incorporated the impact of the re-delineation of cluster boundary between KWC and KCC.

Year	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Cluster Total
	($ billion)							
2015-16	5.37	5.56	6.65	5.28	11.46	8.13	6.71	49.16
2016-17	5.63	5.89	7.10	5.66	12.05	8.62	7.27	52.22
2017-18	5.84	6.20	11.18	5.99	9.18	9.11	7.89	55.39
2018-19	6.31	6.58	12.25	6.59	10.01	9.82	8.57	60.13
2019-20 (projection as of 31 December 2019)	6.90	7.17	14.14	7.30	11.03	10.74	9.52	66.80

Note:

1) 2019-20 financial projection is primarily based on budget allocation as at 31 December 2019, adjusted to include the financial impact of 2019-20 Annual Pay Adjustment.

2) The recurrent budget allocation as shown in the table above represents the funding allocated to clusters for supporting their daily operational needs, such as staff costs, drugs expenditure, medical supplies and utilities charges, etc. On top of the recurrent budget allocation, each cluster has other incomes, such as fees and charges collected from patients for healthcare services rendered, which will also contribute to supporting the cluster's day-to-day operation. The above does not include capital budget allocation such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

3) The resource needs of a cluster depend not only on the size and demographics of the population residing within its catchment districts, but also on other factors such as service demand generated from cross-cluster movement of patients and the provision of designated services (such as liver transplantation). As such, the scope of hospital facilities and expertise available in different clusters also vary. Therefore, budget allocation to individual clusters is not directly comparable.

4) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

5) The above population figures are based on the latest revised mid-year population estimates 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.

6) The manpower and general bed to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

7) The ratios of doctors, nurses, allied health professionals and 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 considered;
   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.

8) The above bed information includes only the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds are not included given their specific nature.

9) 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.

10) Doctors exclude Interns and Dental Officers.

11) Hong Kong Children's Hospital (HKCH) in KCC is a specialty hospital providing territory-wide paediatric services and serving as a tertiary referral centre for complex cases. Hospital beds / manpower of HKCH are therefore excluded when calculating the bed / manpower ratios (i.e. number of beds per 1 000 population and number of staff per 1 000 population) in KCC, but included when calculating the overall HA bed / manpower ratios.

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. 3158)

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 hospital beds, the target set out by the Planning Department in its *Hong Kong Planning Standards and Guidelines* is to provide 5.5 beds (including all types of hospital beds both in public and private sectors) per 1 000 persons for long-term planning purpose.

a. Does the Government have any plans for achieving the above target? If so, what are the details and timetable? If not, what are the reasons? b. Has the Government assessed the resources required for and costs involved in achieving the target?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 54)

Reply:

In the Hong Kong Planning Standards and Guidelines, the beds as referred to in the beds to population ratio include all types of hospital beds (general (acute and convalescent), infirmary, psychiatric and mentally handicapped beds) in public and private hospitals, and are not limited to general beds in public hospitals. To cater for the growing healthcare demand arising from ageing population and to improve existing services, the Government and the Hospital Authority (HA) have commenced implementation of the first ten-year Hospital Development Plan (HDP), for which $200 billion has been earmarked for a total of 16 projects to provide an estimated total of over 6 000 additional beds and other additional hospital facilities.

In addition, as announced in the 2018 Policy Address, the Government has invited HA to start planning for the second ten-year HDP. The second ten-year HDP covers a total of 19 projects for a budget of $270 billion. Upon completion of the second ten-year HDP, there will be a planned capacity of over 9 000 additional beds and other additional hospital facilities.

HA will continue enhancing its service capacity, undertaking hospital development projects and implementing other suitable measures to ensure that public healthcare services can meet the public needs.

As regards private hospital development, the Chinese University of Hong Kong Medical Centre under construction will have 516 beds upon full commissioning (with an expansion potential of an additional 90 beds). In addition, a few organisations have indicated intention to redevelop or expand existing hospitals. Relevant proposals, when finalised, will be processed by the Government according to established procedures.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)113

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3244)

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:

It is mentioned in paragraph 42 of the Budget Speech that the Hospital Authority is actively taking forward the planning of the second ten-year Hospital Development Plan. In this regard, will the Government please advise on the following:

a. What are the hospitals or facilities covered by the Plan?
b. Which hospitals have commenced preparatory works for expansion/redevelopment?
c. What are the estimated dates of commencement and completion of each project?
d. What is the budget of each project?
e. What are the numbers of available beds and service capacity of the relevant hospitals before redevelopment/expansion, and their corresponding numbers after completion of each project?
f. What is the date of releasing the plan details?
g. As remarked in the Budget Speech, it is expected that the Plan can meet the projected service demand up to 2036. Please provide information on the basis for projecting the service demand up to 2036, including the estimated population, the estimated aging population and the ratio of beds to population by then.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 55)

Reply:

The ten-year Hospital Development Plan is funded under the Capital Works Reserve Fund. Details on the programme are outside the scope of Head 140 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)114**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3245)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health and Medical Research Fund, please list the content of the research projects and the expenditure involved in the past 3 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 56)

Reply:

The Health and Medical Research Fund was established in 2011 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. Funding is provided for investigator-initiated research projects, health promotion projects, research fellowship and government-commissioned research programmes. Details of the approved projects, including the project titles, responsible research institutions, approved funding and latest position, are available from the Research Fund Secretariat website at https://rfs.fhb.gov.hk.

The expenditure in 2016-17, 2017-18 and 2018-19 are listed below -

Year	**Total expenditure ($ million)**
2016-17	185
2017-18	185
2018-19	205

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1290)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the mental health services and the new Central Psychological Support Service (CPSS) under the Programme, please advise:

1. on the measures taken by the Government to provide mental health and psychological support in the past year, particularly in regard to the social events in the second half of the year and the recent epidemic;
2. if the Government has information on the number of requests for assistance received by the hotlines of its Integrated Family Service Centres (IFSCs), Integrated Community Centres for Mental Wellness (ICCMWs) and other organisations arising from events opposing the proposed legislative amendments and the Coronavirus Disease 2019 (COVID-19) epidemic since last year, and the number among which that requires referral services to follow up; and
3. if the Government will step up its support, publicity, education and services on mental health as people's emotion has become easily affected by intense social conflicts in recent years, and imminent social and economic factors. If yes, what are the details and the expenditure involved?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 45)

Reply:

1. & 3.

The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress, as well as links to related websites for those in need of assistance. Hospital Authority is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

2.
SWD has not maintained statistics of requests for assistance received by the hotlines operated or subvented by SWD and other organisations arising from the social incidents and COVID-19 epidemic.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)116**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1839)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the objective of the Hospital Authority (HA) to ensure accountability to the public for the management and control of the public medical service system, would the Government advise this Committee of the following:

1. the details of the date of procuring protective equipment (such as masks, goggles, gowns, disposable caps and gloves) by the HA, the quantities procured and the expenditure involved in the past 3 years;

2. the details of the estimated quantities of protective equipment (such as masks, goggles, gowns, disposable caps and gloves) to be procured by the HA and the expenditure involved in the coming year; and

3. whether the HA's existing stock of protective equipment can meet the needs of healthcare staff in the coming 3 months; if not, the measures that the Government will take to ensure adequate supply.

Asked by: Hon Kenneth LAU Ip-keung (LegCo internal reference no.: 37)

Reply:

1. & 2.

The Government would allocate $4.7 billion from the Anti-epidemic Fund to provide additional resources for the Hospital Authority (HA) to tackle the Coronavirus Disease 2019 (COVID-19) epidemic, including the expenditure required for procurement of additional personal protective equipment (PPE) and other necessary accessories in relation to COVID-19 for healthcare staff. HA is actively expediting the procurement of PPE to ensure that the public hospital services and frontline healthcare staff are supported in a timely manner by sufficient appropriate PPE. As the procurement of PPE for combating COVID-19 is ongoing, we do not have information on the total expenditure and quantities involved.

3.

Following the Swine Flu Pandemic in 2009, HA reviewed its emergency stockpile of PPE by making reference to the depletion of PPE during the pandemic period, as well as relevant information available from the World Health Organization. HA's emergency stockpile of PPE has been increased from 42 days to 90 days since then with an aim to building sufficient emergency stock to cater for operational needs during emergency situations.

With the development of COVID-19 infection, HA has expedited and significantly increased the procurement of PPE since January 2020. HA has immediately taken actions with a view to increasing the stockpile to almost 6 months so as to ensure sufficient PPE supply. In light of the development of the epidemic, HA has seen a sharp increase in the amount of PPE used. Public hospitals are stepping up control of stock and at the same time promoting the effective use of PPE in order to ensure sufficient protection for staff. HA has stipulated stringent infection control guidelines and provided related training to familiarise and equip staff in different clinical positions with better understanding of the appropriate infection control measures, including the wearing of suitable PPE when carrying out different clinical procedures.

The recent global situation in the production, supply chain and transportation of PPE have become extremely tight, coupled with the shortage in supply of the raw materials necessary for PPE production. HA has since the second half of January 2020 proceeded with global procurement through the flexible approach of direct purchase.

The depletion of PPE varies from day to day. Using the latest average depletion as reference, as at mid-March 2020, HA's stock of N95 respirator is anticipated to last for about 1 month, while that of other PPE items (such as surgical mask, isolation gown and face shield) would last for more than 1 month.

The Government has also proceeded with global procurement with an aim to procuring appropriate PPE soonest possible. The Government will continue to closely liaise with HA and will accord priority to allocate PPE items purchased to cater for the needs of frontline clinical staff of the Department of Health and HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1858)

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

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary indicated that as social incidents and the novel coronavirus epidemic had affected the mental health of many people in Hong Kong, resources would be allocated to the Food and Health Bureau, the Labour and Welfare Bureau and the Education Bureau for providing appropriate support to people suffering from mental distress. In this connection, would the Government advise this Committee of the following:

1. the psychiatric healthcare manpower, waiting time for psychiatric outpatient services, numbers of psychiatric inpatients and patient days, and costs of services for these patients in each hospital cluster of the Hospital Authority;

2. the specific details of the mental health services to be provided for the public as well as the staffing establishment and expenditure involved; and

3. the estimated number of beneficiaries.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 38)

Reply:

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

   The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses (CPNs), clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in each hospital cluster of HA in 2019-20.

Cluster	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPNs)	CPNs[1 & 4]	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
2019-20 (as at 31 December 2019)						
HKEC	38	269	10	9	N/A	21
HKWC	30	138	8	9	N/A	24
KCC	37	267	10	10	N/A	29
KEC	40	193	16	11	N/A	21
KWC	76	722	22	27	N/A	81
NTEC	63	456	20	16	N/A	46
NTWC	84	761	46	15	N/A	63
Overall	**368**	**2 806**	**132**	**97**	**249**	**285**

Note

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital (SLH)), 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.
5. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department. Breakdown by cluster is not readily available.

The table below sets out the total expenditure, by cluster, for providing mental health services in 2019-20.

Cluster	2019-20 (Revised Estimate) ($ million)
HKEC	582
HKWC	339
KCC	598
KEC	404
KWC	1,360
NTEC	1,016
NTWC	1,312
Total	**5,611**

The expenditure includes direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

It should be noted that expenditure vary among different clusters owing to the varying complexity of conditions of patients resulting in different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The

expenditure also vary among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to the population profile and other factors. Hence, clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur a higher expenditure. Therefore, the expenditure cannot be directly compared among clusters.

The table below sets out the number of psychiatric specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	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	203	<1	718	3	1 550	13
HKWC	417	1	573	4	1 678	66
KCC	145	1	837	4	948	14
KEC	104	1	1 108	3	4 161	69
KWC	201	<1	556	4	9 583	22
NTEC	689	1	1 807	4	4 435	55
NTWC	355	1	1 127	2	3 554	22

The table below sets out the number of discharges and deaths and patient days for inpatient psychiatric service in each hospital cluster under HA in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Number of discharges and deaths for inpatient psychiatric service	Number of patient days for inpatient psychiatric service
HKEC	1 371	79 124
HKWC	479	16 286
KCC	2 443	103 627
KEC	287	11 005
KWC	3 284	185 076
NTEC	3 173	111 955
NTWC	2 114	202 482
Overall	**13 151**	**709 555**

Note:
The number of day inpatient discharges and deaths for psychiatric service are not included in the above table because it only accounts for a small volume at about 104 in 2019-20 (up to 31 December 2019) [provisional figures].

2. The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

   The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress, as well as links to related websites for those in need of assistance. HA is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

   For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

   FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

3. The mental health initiatives are for general public covering different target groups. Estimated number of beneficiaries could not be envisaged at this stage but the Government expects to reach out as many people in need as possible.

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. 2364)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the monitoring of the implementation of the Voluntary Health Insurance Scheme (VHIS), would the Government inform this Committee of the following:

1. What were the staff establishment and expenditure of the VHIS Office in the past year?
2. Was there any complaint related to the VHIS received in the past year? If yes, what are the details? What measures are in place to monitor the VHIS and safeguard public interests?

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 40)

Reply:

1. A total of 19 posts have been approved for the VHIS Office on its establishment. As of March 2020, the Office was supported by 14 staff.

   The total expenditure of the VHIS Office in 2019-20 was about $32.6 million covering personal emoluments and personnel related expenses, publicity and promotion events and engagement of service providers, etc.

2. As at 1 March 2020, the VHIS Office has received and handled 12 valid complaints since the scheme implementation on 1 April 2019. The valid complaints were mainly related to migration arrangement, quality of service and clarity of information provided by the insurers and/or intermediaries.

   All insurance companies registered as VHIS Providers are required to comply with the scheme rules of VHIS, which are designed to enhance consumer protection. If a VHIS Provider is found to have violated the scheme rules or being uncooperative in fulfilling their obligations as stipulated in the scheme rules, the Food and Health Bureau may

take disciplinary actions including to reprimand the company, suspend or revoke its registration statues, and make these actions known to the general public.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)119**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1904)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the requisition of Chun Yeung Estate in Fo Tan and Fai Ming Estate in Fanling as temporary quarantine centres, please advise of the following.

1. What is the expenditure incurred by converting flats into quarantine facilities?

2. Is it the Department of Health (DH) or the Housing Authority (HA) that will be responsible for the subsequent disinfection and restoration work? What is the estimated expenditure? Which department is to bear it?

3. Fai Ming Estate in Fanling has been vandalised and put on fire by black-clad individuals, resulting in severe damage. What is the relevant expenditure on repairs? Will the cost be borne by the DH or the HA? Which head of the Estimates will it be put under?

Asked by: Hon LAU Kwok-fan (LegCo internal reference no.: 32)

Reply:

Subject to discussions with the Hong Kong Housing Authority, the relevant operating expenditure would be charged to the Department of Health (Head 37), not Government Secretariat: Food and Health Bureau (Health Branch) (Head 140).

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)120**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1905)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :

Recent years have seen the demand for public hospital beds soaring in Hong Kong. Regarding hospital beds under the Hospital Authority (HA), the number of general (acute and convalescent) beds will rise from 22 561 as at 31 March 2019 to 23 067 in 2020, and is expected to reach 23 526 in 2021, representing an increase of 965 beds over 2 years. In this connection, would the Bureau advise this Committee of the following :

(a) the clusters and hospitals which will be provided with the additional beds; and

(b) with the numbers of mentally handicapped and infirmary beds expected to decrease from 680 to 677 and from 2 041 to 2 001 respectively as at 31 March 2021, please state the reason(s) for such decrease, and the clusters and hospitals which will see a deduction in the number of beds.

Asked by : Hon LAU Kwok-fan (LegCo internal reference no.: 33)

Reply :

(a) & (b)

The Hospital Authority has been opening new hospital beds every year to meet the service demand. The tables below set out the planned number of new hospital beds in 2019-20 and 2020-21 respectively.

Hospital / Cluster	**Planned Number of New Hospital Beds in 2019-20**		
	Acute General	**Convalescent / Rehabilitation**	**Total**
PYNEH	*61*	–	*61*
RH	*10*	–	*10*
HKEC	**71**	**–**	**71**

Hospital / Cluster	Planned Number of New Hospital Beds in 2019-20		
	Acute General	Convalescent / Rehabilitation	Total
QMH	*19*	*–*	*19*
HKWC	**19**	**–**	**19**
HKBH	–	40	40
QEH	40	–	40
KCC	**40**	**40**	**80**
HHH	*–*	*40*	*40*
TKOH	*10*	*–*	*10*
UCH	*36*	*–*	*36*
KEC	**46**	**40**	**86**
CMC	*–*	*18*	*18*
NLTH	*20*	*20*	*40*
PMH	*4*	*–*	*4*
YCH	*16*	*–*	*16*
KWC	**40**	**38**	**78**
AHNH	*20*	*–*	*20*
NDH	*12*	*–*	*12*
PWH	*15*	*–*	*15*
SH	*–*	*20*	*20*
NTEC	**47**	**20**	**67**
POH	*11*	*–*	*11*
TSWH	*50*	*20*	*70*
TMH	*24*	*–*	*24*
NTWC	**85**	**20**	**105**
HA Overall	**348**	**158**	**506**

Hospital / Cluster	Planned Number of New Hospital Beds in 2020-21		
	Acute General	Convalescent / Rehabilitation	Total
PYNEH	*7*	*–*	*7*
RH	*20*	*–*	*20*
HKEC	**27**	**–**	**27**
HKBH	*–*	*12*	*12*
QEH	*68*	*–*	*68*
KCC	**68**	**12**	**80**
TKOH	*20*	*–*	*20*
UCH	*26*	*–*	*26*
KEC	**46**	**–**	**46**

Hospital / Cluster	Planned Number of New Hospital Beds in 2020-21		
	Acute General	Convalescent / Rehabilitation	Total
CMC	*16*	*–*	*16*
NLTH	*14*	*36*	*50*
PMH	*18*	*–*	*18*
KWC	**48**	**36**	**84**
NDH	*25*	*–*	*25*
PWH	*58*	*–*	*58*
TPH	*–*	*32*	*32*
NTEC	**83**	**32**	**115**
POH	*2*	*–*	*2*
TSWH	*60*	*–*	*60*
TMH	*2*	*–*	*2*
NTWC	**64**	**–**	**64**
HA Overall	**336**	**80**	**416**

To meet the service demand from the ageing population, HHH plans to upgrade 40 infirmary beds to convalescent / rehabilitation beds in 2020-21 with enhanced clinical support. Moreover, to enhance services for paediatric patients requiring chronic ventilator assisted care, CMC plans to upgrade 3 mentally handicapped beds to convalescent / rehabilitation beds in 2020-21. As a result of the upgrade, the number of infirmary and mentally handicapped beds by the end of 2020-21 will decrease by 40 and 3 respectively, whereas the number of general beds (acute and convalescent) will increase by 43 correspondingly.

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
AHNH – Alice Ho Miu Ling Nethersole Hospital
CMC – Caritas Medical Centre
HHH – Haven of Hope Hospital
HKBH – Hong Kong Buddhist Hospital
NDH – North District Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
POH – Pok Oi Hospital
PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital

QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
RH – Ruttonjee Hospital
SH – Shatin Hospital
TKOH – Tseung Kwan O Hospital
TMH – Tuen Mun Hospital
TPH – Tai Po Hospital
TSWH – Tin Shui Wai Hospital
UCH – United Christian Hospital
YCH – Yan Chai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1906)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

To promote primary healthcare services, the Government has been setting up District Health Centres (DHCs) across the territory since last year. In this connection, will the Government please inform this Committee of the following:

(a) the number of attendances and operating costs (including hardware devices, quarantine equipment) of the Kwai Tsing DHC since its commissioning in September last year;

(b) the sites and tendering timetables for the Sham Shui Po and Wong Tai Sin DHCs to be set up this year;

(c) the detailed estimates of expenditure on subsidising the setting up of "DHC Express" by non-governmental organisations (NGOs) prior to the setting up of DHCs.

Asked by: Hon LAU Kwok-fan (LegCo internal reference no.:34)

Reply:

(a) We have appointed the Kwai Tsing Safe Community and Health City Association to operate the Kwai Tsing District Health Centre (K&T DHC) at a total contract sum of about $284 million for a 3-year operation period. As at 31 December 2019, K&T DHC has 2 292 registered members with a cumulative attendance of 8 340.

(b) Invitation to tender for the operation of the Sham Shui Po (SSP) and Wong Tai Sin (WTS) DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. The SSP DHC would be located in the Shek Kip Mei Estate Phase 6 Redevelopment, and the WTS DHC would be located in Diamond Hill Public Housing Development Phase I.

(c) The setting up and operation of the "DHC Express" in 11 districts would entail an estimated non-recurrent expenditure of about $596 million over a 3-year project period. The funding ceiling earmarked for each district will be about $54 million in the 3-year project period, inclusive of set up, rental, staff and other operation costs.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)122

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0045)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the appropriate support provided to people suffering from mental distress due to the social incidents and the novel coronavirus epidemic, what are the specific measures, service targets and their numbers, manpower and grades involved, expenditure incurred and implementation timetable?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.:2)

Reply:

The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress, as well as links to related websites for those in need of assistance. Hospital Authority is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)123

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0046)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In respect of pursuing the recommendations of the Mental Health Review Report, please advise on the details and timetable of implementation, and the expenditures and manpower involved.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.:3)

Reply:

The work progress of the Advisory Committee on Mental Health (Advisory Committee) in following up on the 40 recommendations of the Mental Health Review Report was detailed in LC Paper No. CB(2)468/19-20(03) and reported at the meeting of the Legislative Council Panel on Health Services held on 10 January 2020. The latest position of some key recommendations are provided below -

Mental health promotion

For the promotion of mental health, the Department of Health (DH) has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which includes a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from professionals in a timely and prompt manner. The first programme under the initiative, i.e. mental health workplace charter, was launched in November 2019. Other promotional programmes will be held in the second half of 2020.

Research and study

In order to gather more comprehensive information on the mental health status of the Hong Kong population, the Food and Health Bureau (FHB) has, based on the recommendations of the Advisory Committee, commissioned two universities to conduct three territory-wide mental health prevalence surveys covering children, adolescents and the elderly. The details of the surveys are as follows –

Target group	Commencement date	Tentative project duration (as at March 2020)	Approved amount
School-based children and adolescents aged 6 to 17	February 2019	30 months	$20 million
Youth aged 15 to 24	May 2019	36 months	$15 million
Elderly aged 60 or above	February 2019	33 months	$15 million

Child and adolescent mental health services

According to the statistical data from the Hospital Authority (HA), around 70% of patients under the age of 18 receiving its psychiatric services are either autism spectrum disorders (ASD) or attention deficit/hyperactivity disorder (AD/HD) cases. While HA was currently dealing with all cases through its specialist services regardless of their severity, it was advisable if the relatively milder cases could be dealt with by providing early intervention at the community level, with a view to saving the limited medical manpower for more severe cases. This could help reduce the long waiting time at HA's specialist outpatient clinics. An Expert Group was set up under the Advisory Committee to explore and develop a new service protocol that could provide timely assessment with a view to making use of cross-sectorial and multi-disciplinary professionals at the community level to provide appropriate support and treatment to children and adolescents with mental health needs. Children and adolescents with AD/HD are chosen as the target group as a start. To test the new service protocol, the Government will allocate a total of about $13 million for the implementation of a two-year pilot scheme which will be launched in 2020-21.

FHB, in collaboration with the Education Bureau, HA and the Social Welfare Department, has launched the Student Mental Health Support Scheme (SMHSS) since the 2016/17 school year to provide support to students with mental health needs in the school setting through medical-educational-social collaboration. Since the 2018/19 school year, the SMHSS has been further enhanced with the provision of clinical psychologists' support and integration of service elements of HA's existing Child and Adolescent Mental Health Community Support Project (CAMcom) to facilitate early identification and intervention for students with mental health needs. The Government plans to further expand the SMHSS from the existing 90 schools in the 2019/20 school year to 150 schools in the 2020/21 school year. HA has reserved a provision of $27.8 million for providing additional 30 psychiatric nurses, 5 clinical psychologists and 17.5 supporting staff to support the expanded SMHSS in the 2020/21 school year.

Dementia community support for the elderly

A two-year pilot scheme named Dementia Community Support Scheme (DCSS) was launched in February 2017. It was regularised in February 2019 and has been extended to all 41 District Elderly Community Centres (DECCs) and 7 HA clusters since May 2019. A recurrent provision of around $21 million has been allocated to HA to employ 21.5 nurses and 11 supporting staff and deliver services under the regularised DCSS. Under regularisation, SWD has also been allocated with a recurrent provision of around $84 million, covering, among others, the manpower resources equivalent to 1.5 Advanced Practice Nurse and Occupational Therapist I / Physiotherapist I and 1 Social Work Assistant for each DECC, programme expenses and training subsidy.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0047)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Pilot Accredited Registers Scheme for Healthcare Professions, please advise on:

a) the current progress of the scheme, the expenditure involved and the number of registrations in each profession;
b) whether the Government has provided adequate resources to support the administrative work of each profession. If yes, what are the details? If not, what are the reasons?
c) whether the Government plans to further promote the pilot scheme. If yes, what are the details and the expenditure involved? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 4)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong has been appointed as the independent Accreditation Agent of the AR Scheme.

(a)

Having examined all applications received, the Accreditation Agent considered that five healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, were preliminarily assessed to meet the criteria for accreditation process under the AR Scheme. These professions have subsequently passed accreditation assessments and were granted full accreditation status in 2018 and 2019 respectively. The results for speech therapists and audiologists were announced in April and November 2018, while those for dietitians, educational psychologists and clinical psychologists were announced in October 2019.

According to the information provided on respective websites of the accredited professional bodies as at end-February 2020, the number of voluntary registrants in each profession is set out in the following table –

Accredited Professional Bodies	Number of registrants
Hong Kong Institute of Speech Therapists	212
Hong Kong Institute of Audiologists	63
Hong Kong Academy of Accredited Dietitians	63
Hong Kong Association of Educational Psychologists	25
Hong Kong Institute of Clinical Psychologists	83

The Food and Health Bureau is responsible for overseeing the implementation of the AR Scheme with the Department of Health ("DH") serving as the implementation agent. At bureau level, the additional workload arising from the AR Scheme will be absorbed by existing manpower resources. DH's expenditure on AR scheme for 2019-20, including the costs for publicity, was $5.8 million (revised estimate).

(b)

In light of the recommendation of the Strategic Review on Healthcare Manpower Planning and Professional Development and the nature of the AR Scheme, the Government considers that professional bodies accredited under the AR Scheme shall operate on a self-financing basis and be responsible for their daily operating costs. Considering the voluntary and pilot nature of the Scheme, and noting that some professions have expressed difficulties in shouldering the developmental costs for attaining the standards under the AR Scheme, the Food and Health Bureau would provide a one-off funding of $6 million to the five accredited professions.

(c)

Members of the public may refer to the designated website (www.ars.gov.hk) for information on the AR Scheme and the List of Accredited Healthcare Professional Bodies. Publicity on the AR Scheme will continue in the coming year via publication of articles and distribution of leaflets. DH's budget on AR scheme for 2020-21, including the costs for publicity, is $7.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0048)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, please advise on the following:

(a) the number of nursing graduates (including registered nurses, enrolled nurses, registered psychiatric nurses and enrolled psychiatric nurses) for the next 3 years, with a breakdown by institution and nursing school;

(b) the number of nurses currently employed at public, private and non-profit-making healthcare facilities, with a breakdown by hospital and by rank (including nurse consultant); and

(c) the estimated shortage of nurses in public, private and non-profit-making healthcare facilities for the next 3 years, with a breakdown by hospital and by rank.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 5)

Reply:

(a) We do not have information on the number of nursing graduates for the next 3 years. A breakdown of the training places of pre-registration / pre-enrolment nursing programmes accredited by the Nursing Council of Hong Kong by stream and training school (as of February 2020) for the coming 3 academic years from 2020/2021 to 2022/2023 is set out in the following table –

Nurse Training Schools	Training Places by Academic Year (as of February 2020)											
	2020/2021				2021/2022				2022/2023			
	Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes	
	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric
The Chinese University of Hong Kong*	220 (First-year) 60 (Senior-year) 88 (Master Prog.)	-	-	-	220 (First-year) 60 (Senior-year) 88 (Master Prog.)	-	-	-	220 (First-year) 60 (Senior-year) 88 (Master Prog.)	-	-	-
The Hong Kong Polytechnic University*	196 (First-year) 40 (Senior-year) 40 (Master Prog.)	70	-	-	196 (First-year) 40 (Senior-year) 40 (Master Prog.)	70	-	-	196 (First-year) 40 (Senior-year) 40 (Master Prog.)	70	-	-
The University of Hong Kong*	210 (First-year) 25 (Senior-year)	-	-	-	210 (First-year) 25 (Senior-year)	-	-	-	210 (First-year) 25 (Senior-year)	-	-	-
Caritas Institute of Higher Education	360	-	-	-	360	-	-	-	360	-	-	-
Hong Kong Baptist Hospital	-	-	64	-	-	-	64	-	-	-	64	-
Hong Kong Baptist University	80				80				80			
Hong Kong Sanatorium & Hospital	90#	-	110	-	90#	-	110	-	90#	-	110	-

Nurse Training Schools	Training Places by Academic Year (as of February 2020)											
	2020/2021				2021/2022				2022/2023			
	Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes		Pre-registration Nursing Programmes		Pre-enrolment Nursing Programmes	
	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric	General	Psychiatric
Hospital Authority Nurse Training Schools	300	-	100	-	300	-	100	-	300	-	100	-
The Open University of Hong Kong	325 275#	125 70#	230	60	325 275#	125 70#	230	60	325 275#	125 70#	230	60
St. Teresa's Hospital	40#	-	80	-	40#	-	80	-	40#	-	80	-
Tung Wah College	350 (First-year) 100 (Senior-year)	-	150	-	350 (First-year) 100 (Senior-year)	-	150	-	350 (First-year) 100 (Senior-year)	-	150	-
Union Hospital	-	-	40	-	-	-	40	-	-	-	40	-
University of Hong Kong School of Professional and Continuing Education	40#	-	-	-	40#	-	-	-	40#	-	-	-

Notes:

# denotes conversion programme for Enrolled Nurse to Registered Nurse.

* Figures refer to the approved student intakes of University Grants Committee ("UGC")-funded nursing programmes at both the first-year and senior-year levels for 2020/21 to 2022/23. Relevant master programmes in nursing are self-financed programmes.

(b) The Department of Health ("DH") conducts Health Manpower Surveys ("HMS") on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2015 HMS on enrolled nurses, 2016 HMS on registered nurses and 2017 HMS on registered midwives, the distribution of nurses and midwives who were practising in the local nursing / midwifery profession among different service sectors is set out in the following table –

Survey Year	Healthcare Profession	Number of Healthcare Personnel❖	Service Sector				
			Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2015	Enrolled Nurse	12 309+	40.0%	5.1%	20.1%	0.5%	34.2%
2016	Registered Nurse	38 719+	67.4%	6.7%	4.9%	3.0%	18.0%
2017	Registered Midwife	4 574*	61.0%	13.8%	4.7%	3.3%	16.7%

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey.

\+ Figures refer to the number of nursing personnel enrolled / registered with the Nursing Council of Hong Kong under the Nurses Registration Ordinance (Chapter 164) as at the 31 August of the survey years. There may be slight discrepancy between the sum of individual items and the total due to rounding.

* Figure refers to the number of registered midwives registered with the Midwives Council of Hong Kong under the Midwives Registration Ordinance (Chapter 162) as at the 31 August of the survey year. The sum of individual items is not equal to 100% because 0.5% respondents did not indicate their service sector.

We do not have information on the number of nurses currently employed at private and non-profit-making healthcare facilities by hospital and by rank. The number of nurses employed in DH and the Hospital Authority ("HA") is set out in the following table –

DH

	as at 1 February 2020
	Strength
Registered Nurse grade	
Principal Nursing Officer	1
Regional Nursing Officer	1
Chief Nursing Officer	2
Senior Nursing Officer	18
Nursing Officer	268
Registered Nurse	965
Sub-total:	**1 255**
Enrolled Nurse grade	
Enrolled Nurse	177
Sub-total:	**177**
Total:	**1 432**

HA

Cluster / Rank Group	as at 31.12.2019							
	HK East	**HK West**	**Kowloon Central**	**Kowloon East**	**Kowloon West**	**NT East**	**NT West**	**Total**
Department Operations Manager / Senior Nursing Officer and above	47	48	82	47	78	61	52	415
Advanced Practice Nurse / Nurse Specialist / Nursing Officer / Ward Manager	602	586	1 229	646	995	877	842	5 778
Registered Nurse	1 926	1 981	3 801	2 105	3 048	2 967	2 536	18 362
Enrolled Nurse / Others	409	446	831	533	631	790	545	4 185
Total	**2 984**	**3 061**	**5 943**	**3 331**	**4 752**	**4 694**	**3 975**	**Around 28 740**

Note:
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.

(c) We do not have information on the breakdown of estimated number of nurses required in public, private and non-profit-making sectors for the next 3 years by hospital and by rank. As stated in the Strategic Review of Healthcare Manpower Planning and Professional Development promulgated in 2017, it is projected that there will be manpower shortage of general nurses in the medium to longer term under the existing service levels and models. The supply of psychiatric nurse is projected to be sufficient to meet the demand in the same periods. The Government has commenced a new round of manpower projection exercise to update the demand and supply projection of healthcare professionals (including nurses), and the results are expected to be available within 2020.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)126

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0049)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, please advise on the following:

(a) the number of graduates of each allied health grade for the next 3 years, with a breakdown by institution and by grade;
(b) the number of staff in each allied health grade currently employed at public, private and non-profit-making healthcare facilities, with a breakdown by hospital and by rank; and
(c) the estimated manpower shortage in each allied health grade in public, private and non-profit-making healthcare facilities for the next 3 years, with a breakdown by hospital and by rank.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 6)

Reply:

(a) We do not have information on the number of graduates of each allied health grade for the next 3 years. At present, Hong Kong Polytechnic University ("PolyU") and Tung Wah College ("TWC") offer degree programmes for allied health professionals. PolyU offers University Grants Committee ("UGC")-funded training programmes on Occupational Therapy, Physiotherapy, Medical Laboratory Science, Optometry and Radiography. TWC offers self-financing degree programmes in Physiotherapy, Occupational Therapy, Medical Laboratory Science and Radiation Therapy. The degree programme in Physiotherapy offered by TWC is undergoing professional accreditation by the Supplementary Medical Professions Council.

As of February 2020, the number of professionally accredited First-Year-First-Degree training places provided by PolyU and TWC for the 2020/21 academic year is set out in the following tables –

PolyU

Programme	Academic Year
	2020/21
BSc (Hons) Occupational Therapy	100
BSc (Hons) Physiotherapy	150
BSc (Hons) Medical Laboratory Science	54
BSc (Hons) Optometry	45
BSc (Hons) Radiography	110

TWC

Programme	Academic Year
	2020/21
BSc (Hons) Occupational Therapy	50
BSc (Hons) Medical Laboratory Science	45
BSc (Hons) Radiation Therapy	15

(b) The Department of Health ("DH") conducts Health Manpower Surveys ("HMS") on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare professionals practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare professionals included in the health services functional constituency and the 2017 HMS on occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers, the estimated distribution of allied health professionals who were practising in the respective local healthcare professions among different service sectors is set out in the following tables –

Healthcare Professional	Number of healthcare professional ❖*	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Audiologist	93	25.8%	7.5%	5.4%	-	61.3%
Audiology Technician	31	19.4%	-	6.5%	-	74.2%
Chiropodist / Podiatrist	63	57.1%	-	3.2%	-	39.7%
Clinical Psychologist	515	27.6%	24.1%	8.9%	3.7%	35.7%
Dental Hygienist	332	-	2.7%	-	5.4%	91.9%
Dental Surgery Assistant	3 727	0.3%	8.3%	1.2%	3.8%	86.4%
Dental Technician / Technologist	354	0.8%	13.3%	-	8.5%	77.4%
Dental Therapist	284	-	100.0%	-	-	-
Dietitian	387	34.9%	4.4%	5.9%	0.8%	54.0%
Dispenser	2 201	51.3%	2.7%	3.8%	0.3%	41.8%
Educational Psychologist	246	-	19.1%	25.6%	28.5%	26.8%
Mould Laboratory Technician	46	56.5%	-	-	-	43.5%
Orthoptist	59	25.4%	3.4%	-	-	71.2%
Prosthetist / Orthotist	165	76.4%	-	0.6%	1.2%	21.8%
Scientific Officer (Medical)	224	25.9%	49.1%	-	12.5%	12.5%
Speech Therapist	641	12.8%	3.4%	40.4%	8.0%	35.4%

Healthcare Professional	Number of registered healthcare professional ❖+	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2017 HMS						
Occupational Therapist	1 908	47.9%	3.1%	33.2%	3.2%	12.6%
Physiotherapist	2 941	37.8%	1.6%	19.3%	3.7%	37.7%
Medical Laboratory Technologist	3 426	49.9%	8.4%	7.0%		34.7%
Optometrist	2 158	2.8%	5.9%			91.3%
Radiographer (Diagnostic)	1 817	47.5%	5.1%			47.5%
Radiographer (Therapeutic)	363	55.8%	-		44.2%	

Notes：

❖ To tally with HMS, the number of healthcare professional is provided as at the respective reference date of the survey.

* Figures refer to number of the healthcare professional employed by the surveyed institutions as at 31 March of the survey year.

+ Figures refer to the number of healthcare professions registered with the respective boards under the Supplementary Medical Professions Ordinance (Cap. 359) as at 31 March of the survey year. There may be slight discrepancy between the sum of individual items and the total due to rounding.

We do not have information on the breakdown of the allied health grade staff employed in private and non-profit-making sectors by hospital and by rank. The number of allied health grade staff currently employed in DH and the Hospital Authority ("HA") is set out in the following table –

DH

Grade	Rank	Strength as at 1 February 2020
Dental Hygienist	Dental Hygienist	14
Occupational Therapist	Senior Occupational Therapist	1
	Occupational Therapist I	16
Physiotherapist	Senior Physiotherapist	1
	Physiotherapist I	15
Medical Laboratory Technician	Chief Medical Technologist	0
	Senior Medical Technologist	12
	Medical Technologist	91
	Medical Laboratory Technician I	42
	Medical Laboratory Technician II	115
Optometrist	Optometrist	17
Radiographer	Senior Radiographer	3
	Radiographer I	14
	Radiographer II	22
Clinical Psychologist	Senior Clinical Psychologist	2
	Clinical Psychologist	38
Dental Surgery Assistant	Senior Dental Surgery Assistant	54
	Dental Surgery Assistant	311
Dental Technician	Senior Dental Technologist	0
	Dental Technologist	2
	Dental Technician I	32
	Dental Technician II	13
Dental Therapist	Tutor Dental Therapist	0
	Senior Dental Therapist	25
	Dental Therapist	241
Dietitian*	Senior Dietitian	0
	Dietitian	26
Dispenser	Chief Dispenser	1
	Senior Dispenser	17
	Dispenser	58
Orthoptist	Orthoptist I	1
	Orthoptist II	1
Scientific Officer (Medical)^	Scientific Officer (Medical)	127
Speech Therapist	Speech Therapist	18
Total:		**1 330**

* Including 1 Dietitian deployed to Food and Environmental Health Department
^ Including 1 Scientific Officer (Medical) deployed to Food and Health Bureau

HA

Grade	Number of staff [Note 1] (as at 31 December 2019)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Total**
Occupational Therapist	86	89	161	98	182	159	140	**914**
Physiotherapist	130	124	258	150	153	198	143	**1 157**
Medical Laboratory Technologist	128	262	412	158	218	262	178	**1 618**
Radiographer (Diagnostic Radiographer & Radiation Therapist)	137	133	256	100	192	200	161	**1 178**
Dispenser	154	132	282	148	240	240	184	**1 380**
Others [Note 2]	98	128	193	112	143	148	152	**974**

Note
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 group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptists, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.

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

(c) We do not have information on the breakdown of estimated manpower requirement for each allied health profession in public, private and non-profit-making sectors for the next 3 years by hospital and by rank. As stated in the Strategic Review of Healthcare Manpower Planning and Professional Development, it is projected that there is a general shortage of occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers, of which the manpower supply of medical laboratory technologists and radiographers is projected to be in slight shortage but close to equilibrium while there will be sufficient manpower of occupational therapists under the existing service levels and models after taking into account the self-financing training places. The Government has kick-started a new round of manpower projection exercise to update the demand and supply projection of

healthcare professions (including allied health professionals), and the results are expected to be available within 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0050)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, has the Government reviewed the structure and composition of the various boards under the Supplementary Medical Professions Council? If yes, what are the details, including the implementation schedule? If no, what are the reasons?

Moreover, has the Government reviewed the operation of the Pharmacy and Poisons Board? Has consideration been given to the establishment of an independent authority to regulate the registration of pharmacists? If yes, what are the details, including the implementation schedule? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 7)

Reply:

The Strategic Review of Healthcare Manpower Planning and Professional Development ("the Strategic Review") primarily covered 13 healthcare professions which are subject to statutory registration. The Strategic Review examined issues relating to the regulation of the 13 healthcare professions.

For allied health professionals, some in the profession considered that the set-up of the Supplementary Medical Professions Council ("SMPC") and its statutory Boards should be reviewed, and that allied health professionals should be given a presiding role in their own regulatory Boards. However, some in the profession considered that there was no perfect model of the set-up of statutory regulatory body and each model has its own merits. The Government has already invited SMPC to review, among other issues, the effectiveness of the current two-tier set-up of the Council and its five Boards, with a view to regulating and developing the five professions more effectively. SMPC is now working on the relevant issues and would submit recommendations to the Government in due course.

For pharmacists, some in the profession considered that pharmacists should be regulated as a profession on par with the statutory arrangement for other healthcare professions such as doctors, dentists and nurses, and that a separate Pharmacy Council should be set up as a long-term goal rather than having pharmacists regulated as of now under the same statutory umbrella for pharmaceutical trade, drugs and poisons. They considered that establishment of a separate regulatory body would contribute positively towards branding of the profession and promoting the use of pharmacy service by the general public. Some in the profession, however, considered that it was not necessary to set up a Pharmacy Council as they were of the view that the Pharmacy and Poison Board of Hong Kong was effective in regulating the profession and setting up a separate regulatory body was merely one of the many measures to enhance the role and contribution of pharmacists. The Government has invited the Pharmacy and Poisons Board to consider, among other issues, the desirability of the establishment of a separate regulatory body for the pharmacist profession, taking into account different views within the profession. The Pharmacy and Poison Board has set up a Task Force to work on the issues.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)128

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0051)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please advise on the following with a breakdown by hospital and by rank for each of the past 3 years:

a) the number of nurses left and their respective years of service;
b) the number of nurses got promoted; and
c) the number of nurses rejoined the HA and their average years of service.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 8)

Reply:

a)

The table below sets out the number of full-time nursing staff who left the Hospital Authority (HA) in the past 3 years and their respective years of service and rank groups.

Cluster	Respective years of service	2017-18				2018-19				2019-20 (January-December 2019)			
		DOM/ SNO	APN/NS/ NO/ WM	RN	EN/ Others	DOM/ SNO	APN/NS/ NO/ WM	RN	EN/ Others	DOM/ SNO	APN/NS/ NO/ WM	RN	EN/ Others
HKEC	< 1 year	0	0	7	8	0	2	18	8	0	1	12	15
	1- <6 years	0	2	48	13	0	4	46	19	0	1	36	11
	6- <11 years	0	0	17	5	0	0	19	2	0	0	23	2
	11- <16 years	0	0	1	0	0	2	3	0	0	1	8	0
	16- <21 years	0	1	2	0	0	1	2	1	0	0	2	0
	21- <26 years	1	15	10	7	1	7	11	1	2	11	12	1
	26- <31 years	0	0	0	0	1	12	4	9	1	18	9	3
	>31 years	0	2	1	0	0	2	2	1	0	6	0	0
HKWC	< 1 year	0	0	7	4	0	5	15	7	0	2	8	3
	1- <6 years	0	0	49	13	0	3	49	20	0	0	37	14
	6- <11 years	0	1	26	4	0	2	30	1	0	0	23	2
	11- <16 years	0	0	4	0	0	1	4	0	0	1	1	0

Cluster	Respective years of service	2017-18				2018-19				2019-20 (January-December 2019)			
		DOM/ SNO	APN/NS/ NO/ WM	RN	EN/ Others	DOM/ SNO	APN/NS/ NO/ WM	RN	EN/ Others	DOM/ SNO	APN/NS/ NO/ WM	RN	EN/ Others
	16- <21 years	1	1	4	0	0	0	4	2	0	1	4	0
	21- <26 years	2	21	16	3	1	7	10	3	0	5	12	2
	26- <31 years	1	1	1	1	2	9	10	7	3	13	10	4
	31 years or above	1	11	0	3	4	8	3	0	1	5	5	0
KCC	< 1 year	1	0	19	11	0	2	28	17	0	0	42	24
	1- <6 years	0	1	75	27	0	4	79	17	0	2	83	24
	6- <11 years	0	1	37	0	0	0	54	4	1	0	32	3
	11- <16 years	0	0	9	1	0	1	4	0	0	2	6	1
	16- <21 years	0	1	8	0	0	1	11	2	0	1	3	0
	21- <26 years	3	23	27	9	2	16	14	4	1	9	18	6
	26- <31 years	0	6	4	3	5	22	21	9	9	20	21	13
	31 years or above	1	10	5	3	2	15	7	2	3	8	7	2
KEC	< 1 year	0	0	5	3	0	2	13	11	0	1	20	8
	1- <6 years	0	1	28	19	0	1	46	12	0	1	46	12
	6- <11 years	0	1	20	1	0	0	31	0	0	0	20	0
	11- <16 years	0	1	2	0	0	1	7	1	0	0	7	1
	16- <21 years	0	2	8	1	0	2	7	0	0	1	4	1
	21- <26 years	2	9	9	2	4	6	8	1	0	1	17	1
	26- <31 years	0	2	2	0	2	8	3	4	2	9	7	2
	31 years or above	0	1	0	0	0	1	1	0	0	3	0	0
KWC	< 1 year	0	0	24	4	0	1	32	7	0	2	39	9
	1- <6 years	0	1	43	20	0	1	62	15	0	1	79	27
	6- <11 years	0	0	29	3	0	1	33	1	0	2	30	3
	11- <16 years	0	0	1	0	0	2	2	2	1	3	6	1
	16- <21 years	0	3	7	0	0	1	2	0	0	1	4	0
	21- <26 years	5	21	19	5	3	11	22	2	1	6	14	2
	26- <31 years	2	2	1	0	3	25	10	7	0	25	17	4
	31 years or above	0	11	2	2	2	11	3	3	2	9	2	4
NTEC	< 1 year	0	1	20	6	0	1	19	12	0	2	17	16
	1- <6 years	0	0	47	13	0	1	63	16	0	1	51	16
	6- <11 years	0	0	31	4	0	1	26	3	0	0	23	5
	11- <16 years	0	0	2	0	0	0	1	1	0	1	8	0
	16- <21 years	0	1	8	1	0	2	4	0	0	3	3	0
	21- <26 years	4	24	22	8	1	7	18	2	1	6	16	3
	26- <31 years	0	3	1	1	3	13	8	4	2	10	6	5
	31 years or above	1	8	3	1	2	6	5	1	0	8	1	1
NTWC	< 1 year	0	0	16	4	0	0	9	5	0	0	14	7
	1- <6 years	0	1	47	28	0	0	70	20	0	1	52	21
	6- <11 years	0	2	19	0	0	1	31	4	0	0	23	2
	11- <16 years	0	2	3	1	0	1	5	0	0	1	5	0
	16- <21 years	0	0	2	0	0	1	5	0	0	1	1	0
	21- <26 years	1	14	10	4	2	6	10	3	0	7	9	3
	26- <31 years	1	1	1	2	1	6	6	4	2	6	9	8
	31 years or above	0	5	0	3	0	7	2	2	1	8	3	2

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 table below sets out the number of nurses promoted in HA in the past 3 years by rank group.

Rank Group	Number of Nurses Promoted		
	2017-18	2018 -19	2019-20 (April - December 2019)
DOM/SNO and above	49	63	48
APN/NS/NO/WM	458	564	748

Note:

(1) Manpower on headcount basis includes permanent, contract staff in HA's workforce.
(2) Refers to cases of appointment to higher rank with higher maximum pay point or take home pay. Other staff movement cases such as transfer/appointment to other rank or lower rank are excluded.

c)

The table below sets out the number of rehired nurses with years of services and breakdown by rank group in the past 3 years.

Rank Group	Years of Service in Previous HA Employment						
	< 1 year	1-<6 years	6-<11 years	11-<16 years	16-<21 years	21 years or above	Total
2017-18							
DOM/SNO and above	0	0	0	0	0	0	0
APN/NS/NO/WM	12	7	7	8	7	47	88
Registered Nurse	533	223	37	17	23	20	853
Enrolled Nurse/ Others	35	40	3	1	0	4	83
Total	**580**	**270**	**47**	**26**	**30**	**71**	**1 024**
2018-19							
DOM/SNO and above	0	0	0	0	0	0	0
APN/NS/NO/WM	5	5	5	2	5	40	62
Registered Nurse	553	280	60	14	21	37	965
Enrolled Nurse/ Others	51	57	5	1	1	9	124
Total	**609**	**342**	**70**	**17**	**27**	**86**	**1 151**
2019-20 (as at 31 December 2019)							
DOM/SNO and above	0	0	0	0	0	0	0
APN/NS/NO/WM	3	4	4	2	2	40	55
Registered Nurse	356	264	57	16	20	37	750
Enrolled Nurse/ Others	34	40	2	4	3	8	91
Total	**393**	**308**	**63**	**22**	**25**	**85**	**896**

Note:
Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2017-18 to 2019-20 with break of service irrespective of terms of employment/rank.

Abbreviations

Rank Group
DOM – Department Operations Manager
SNO – Senior Nursing Officer
WM – Ward Manager
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer

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

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)129**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0052)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding epidemic prevention and control, an allocation of $4.7 billion has been made to the Hospital Authority from the Anti-epidemic Fund. Please advise on the details of the programmes in this regard, and the expenditure, the grades and the number of staff involved, as well as the implementation timetable of each programme.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 9)

Reply:

Measures to be implemented for combating the Coronavirus Disease 2019 (COVID-19) epidemic may be funded by the Anti-epidemic Fund, which is not within the scope of the Appropriation Bill or the draft estimates of the Government General Revenue Account.

The Government would allocate $4.7 billion out of the Anti-epidemic Fund to the Hospital Authority (HA) to enhance support to HA in combating the COVID-19 epidemic. Key components of the enhanced support measures include –

(a) personnel-related expenditure for frontline staff involved in anti-epidemic efforts, for example, granting Special Emergency Response Allowance for staff engaging in high risk duties under Emergency Response Level in response to COVID-19 epidemic, extending and enhancing rates under the Special Honorarium Scheme, and recruiting more temporary and agency staff;

(b) procuring additional personal protective equipment and other necessary accessories for healthcare staff;

(c) offering special rental allowance to staff who need to rent hotel rooms or other premises for temporary stay and temporary accommodation arrangements;

(d) enhancing support for laboratory testing and procuring drug and medical equipment; and

(e) additional cleansing, security, laundry, transportation, storage, clinical waste disposal, IT support services, etc. and hospital supplies e.g. linen, curtains, etc.

HA has been implementing the above enhanced support measures and would flexibly deploy the additional resources having regard to the development of the COVID-19 epidemic. Information on the grades and number of staff involved in the above measures is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0053)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned that the Government will enhance the capability of the healthcare system in preventing and treating infectious diseases, such as building additional medical and quarantine facilities, increasing the stock of medical supplies as well as strengthening scientific research on infectious disease prevention and control, pathology and medication. Please provide the specific details of, expenditures on and implementation timetables for the above plans.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 10)

Reply:

In view of the development of the Coronavirus Disease 2019 (COVID-19), the Government and the Hospital Authority (HA) have taken various measures to strengthen the capability of the healthcare system in combating the disease.

Isolation facilities at public hospitals

As of noon 22 March 2020, HA has activated 954 isolation beds in public hospitals for use with an occupancy rate of 51.3%. In addition to isolation beds, HA has set up "surveillance wards" in public hospitals to tie in with the extended coverage of the "Enhanced Laboratory Surveillance" scheme to all pneumonia inpatients since 31 January 2020.

In light of the latest development, HA plans to retrofit 1 to 2 general wards in each cluster into standard negative pressure wards, with a view to providing about 400 additional standard negative pressure beds for patients who are recovering but not yet ready for discharge.

The Government would keep monitoring the demand and usage of isolation facilities at public hospitals with a view to reviewing the allocation of resources for enhancing the capacity of public hospitals in combatting epidemic.

Quarantine facilities

In view of the development of the outbreak of COVID-19, the Government has endeavoured to look for more suitable sites and set up quarantine facilities in full steam. Apart from converting existing facilities at sites such as Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan etc., constructing additional units through application of the modular integrated construction method is considered the most desirable by our works agent. Expenditure of the works concerned is funded under the Capital Works Reserve Fund and the Lotteries Fund, and hence details on the works are outside the scope of Head 140 under the General Revenue Account.

Stock of personal protective equipment (PPE)

With the development of COVID-19 infection, HA has expedited and significantly increased the procurement of PPE since January 2020. HA has immediately taken actions with a view to increasing the stockpile to almost 6 months so as to ensure sufficient PPE supply. In view of the recent global situation where the production, supply chain and transportation of PPE has become extremely tight, coupled with the shortage in supply of the raw materials necessary for PPE production, HA has since the second half of January 2020 proceeded with global procurement through the flexible approach of direct purchase.

For infection prevention and control, Department of Health (DH) regularly maintains stockpile of PPE for use by healthcare and front-line personnel. To combat COVID-19, DH has been liaising closely with the Government Logistics Department to increase and speed up purchases for replenishment of PPE with a view to ensuring sufficient provision for healthcare and front-line personnel.

The Government has proceeded with global procurement with an aim to procuring appropriate PPE soonest possible. The Government will continue to closely liaise with HA and will accord priority to allocate PPE items purchased to cater for the needs of frontline clinical staff of DH and HA.

Scientific research

The Health and Medical Research Fund administered by the Food and Health Bureau (the Bureau) invites applications each year for investigator-initiated projects, covering the broad theme of infectious diseases. In response to the health threats from the spread of COVID-19 in Hong Kong, the Bureau has invited the 2 medical schools to submit preliminary proposals to address knowledge gaps in the transmissibility and infectability of the virus, effective detection and surveillance, effective clinical management, and enhanced infection control and prevention strategies. The proposals are under review and will be considered by the Research Council.

Anti-epidemic Fund to enhance support to HA

To strengthen the capability of public hospitals in combating the epidemic, the Government would allocate $4.7 billion from the Anti-epidemic Fund to provide additional resources for HA in tackling the disease. HA would flexibly deploy the additional resources on various fronts including for personnel-related expenditure for frontline staff, procuring additional PPE, enhancing support for laboratory testing and procuring drug and medical equipment, etc.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. FHB(H)131

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0054)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned that registered nurses who have attained specialty qualifications will be provided with additional allowance so as to retain manpower and encourage their continuing professional development in nursing. What are the specific plans, number of nurses involved, expenditures incurred and implementation timetables?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.:11)

Reply:

To encourage professional development of nurses through recognising their specialty qualifications, as well as supporting nurses for transition to the future "Voluntary Scheme on Advanced/Specialised Nursing Practice" to be launched by the Nursing Council of Hong Kong, the Hospital Authority (HA) will introduce a Specialty Nurse Allowance, at a fixed rate of $2,000 per month, for full-time HA employees at Registered Nurse (RN) rank who possess recognised specialty qualifications and are serving in a relevant clinical specialty/service area. HA is working out the promulgation and implementation details for application by eligible RNs in due course, and approved cases will take retrospective effect from 1 March 2020 where applicable.

It is estimated that as at February 2020, about 4 800 serving RNs in HA possessed the specialty nurse qualifications under the HA Specialty Nurse Recognition Scheme. The corresponding projected expenditure is around $115 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0055)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the increase of recurrent funding by $3 billion and the provision of an additional funding of about $600 million to the Hospital Authority (HA) for increasing manpower to implement new measures and enhance existing services, please provide the details of the new measures, and the estimated additional manpower and grades involved in and expenditure and timetable for implementing each new measure.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.:12)

Reply:

Recurrent subvention to the Hospital Authority (HA) in 2020-21 amounts to $75.0 billion, representing an increase of 5.0% over the 2019-20 revised estimate ($71.4 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 416 public hospital beds;

(b) enhancing the following manpower measures to retain staff and alleviate manpower pressure:
    (i) enhancement of opportunities for Associate Consultants to be promoted to Consultants;
    (ii) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;
    (iii) provision of allowance for registered nurses who have attained recognised specialty qualifications;
    (iv) continuation of enhancement measures for Patient Care Assistants, Operation Assistants and Executive Assistants; and
    (v) continuation of recruitment of additional non-locally trained doctors under Limited Registration; and

(c) enhancing radiological imaging services; increasing the quotas for general outpatient clinics; providing additional specialist outpatient clinic attendances, etc.

The number of medical, nursing and allied health staff in 2020-21 is expected to increase by, on a full-time equivalent basis, 183, 1 140 and 460 respectively when compared with 2019-20. HA will deploy existing staff and recruit additional staff for implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)133

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0056)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Healtfh

Question:

Regarding the increase in the recurrent funding by $3 billion and an additional funding of about $600 million provided to the Hospital Authority for increasing manpower to implement new measures and enhance existing services, will the Government accept the following recommendations to increase the number of nurses and allied health professionals, including (1) reinstating the 16.5% cash allowance; (2) restoring the entry points of enrolled nurses to point 9 and enrolled nurses (psychiatric) to point 11; and (3) reinstating the incremental jump? If yes, what are the details? If not, what are the reasons? What are the expenditure and timetable involved in each of the recommendations mentioned above?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 13)

Reply:

The Hospital Authority (HA) has put in place various measures to attract and retain healthcare professionals, which include enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes. HA will continue central recruitment of full-time and part-time clinical staff to further increase manpower strength and improve staff retention.

For the nursing grade, HA has enhanced career advancement opportunities of experienced nurses and provided training to registered nursing students and enrolled nursing students at HA's nursing schools.

For the allied health staff, major measures include strengthening both professional and supporting staff manpower support, enhancing promotion prospect of allied health professionals to improve the senior to junior ratio, offering overseas scholarship to allied health undergraduates for grades with no local supply to sustain manpower supply, and enhancing training opportunities.

Recurrent subvention to HA in 2020-21 amounts to $75.0 billion, representing an increase of 5.0% over the 2019-20 revised estimate ($71.4 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including enhancing the following manpower measures to retain staff and alleviate manpower pressure:

(a) enhancement of opportunities for Associate Consultants to be promoted to Consultants;
(b) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;
(c) provision of allowance for registered nurses who have attained recognised specialty qualifications;
(d) continuation of enhancement measures for Patient Care Assistants, Operation Assistants and Executive Assistants; and
(e) continuation of recruitment of additional non-locally trained doctors under Limited Registration.

In 2020-21, HA plans to recruit 2 550 nurses and 830 allied health staff in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives. HA will continue to implement measures to retain staff in 2020-21, review the effectiveness of the initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0057)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in treatment, please advise on the following:

a) the number of rare disease patients currently being treated by the Hospital Authority with a breakdown by type of diseases;
b) the number of rare disease patients currently being subsidised by the Samaritan Fund and the Community Care Fund with the expenditures involved; and
c) the number of rare disease patients not receiving any subsidies and the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 14)

Reply:

a) to c)

The Government and the Hospital Authority (HA) place high importance in providing optimal care for all patients, including those with uncommon disorders, based on available medical evidence while ensuring optimal and rational use of public resources. HA makes use of the recurrent funding from the Government, the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

Currently, HA makes use of the designated funding from the Government to provide a special drug programme for treatment of specific lysosomal storage disorders (LSDs) through enzyme replacement therapy (ERT).

In view of the rising demand for patients with uncommon disorders to receive ultra-expensive drug treatments, the Government and HA rolled out in August 2017 a CCF Medical Assistance Programme, namely "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" (the CCF

Ultra-expensive Drugs Programme). HA Expert Panels on the respective drugs under these arrangements will assess the clinical benefits of drug treatments on a case-by-case basis according to specific patients' clinical conditions and established treatment guidelines.

The following table sets out the number of HA patients who were on drug treatment in HA under the aforementioned arrangements as at 31 December 2019.

Uncommon Disorders	**Number of HA patients on drug treatment as at 31 December 2019**
1. LSD	
a) Pompe	10
b) Gaucher	3
c) Fabry	11
d) Mucopolysaccharidosis (MPS) Type I	2
e) MPS Type IV	2
f) MPS Type VI	1
2. Paroxysmal Nocturnal Haemoglobinuria (PNH)	10
3. Atypical Haemolytic Uraemic Syndrome (aHUS)	3
4. Spinal Muscular Atrophy (SMA)	13 Note 1
5. Familial Amyloid Polyneuropathy (FAP)	1 Note 2

Note:
1. An Expanded Access Programme (EAP) was implemented in May 2018 to provide free treatment for patients with infantile onset SMA and the EAP programme ended in December 2018. These patients have continued to receive their drug treatment under the CCF Ultra-expensive Drugs Programme since 2019.
2. The drug Tafamidis for treatment of FAP has been included into the coverage of the CCF Ultra-expensive Drugs Programme with effect from 13 July 2019.

The following table sets out the number of applications approved and the amount of subsidies granted under the CCF Ultra-expensive Drugs Programme since its implementation in August 2017 (up to 31 December 2019):

Treatment with ultra-expensive drugs	**Number of applications approved**	**Amount of subsidies granted ($ million)**
a) Eculizumab for PNH Note 1	28	113.41
b) Eculizumab for aHUS Note 2	3	11.04
c) Nusinersen for SMA Note 3	13	33.20
d) Tafamidis for FAP Note 4	1	0.88
TOTAL	**45**	**158.53**

Note:
1. From 1 August 2017 to 31 December 2019
2. From 25 November 2017 to 31 December 2019
3. From 25 September 2018 to 31 December 2019
4. From 13 July 2019 to 31 December 2019

HA does not have details of the total number of rare disease / uncommon disorder patients currently being treated and the number of rare disease / uncommon disorder patients not receiving subsidies under the SF and the CCF Medical Assistance Programmes.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)135

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0058)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please provide information on the following in the past 3 years by hospital and by grade:

a) the number of attendances of each allied health service;
b) the manpower of each allied health grade with a breakdown by rank;
c) the average number of cases handled by each allied health worker each year;
d) the ratio of clinical supervisors in each grade;
e) the number of staff left in each grade and their average years of service;
f) the number of staff got promoted in each grade; and
g) the number of staff rejoined the HA in each grade and their average years of service.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 15)

Reply:

a)

The table below sets out the number of allied health (outpatient) attendances by cluster and allied health department in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) in the Hospital Authority (HA).

Cluster	Allied Health Department	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
HKEC	Clinical Psychology	9 173	9 035	6 075
	Dietetics	10 567	10 890	8 488
	Medical Social Work [1]	11 295	10 085	7 322
	Occupational therapy	47 406	50 448	39 043
	Physiotherapy	158 356	162 846	121 563
	Podiatry	12 556	12 921	10 433
	Prosthetic & Orthotic	11 895	13 304	11 587
	Speech Therapy	5 798	5 969	4 540
HKWC	Clinical Psychology	9 651	11 053	8 315
	Dietetics	8 080	8 164	6 561
	Medical Social Work [1]	21 948	23 115	17 825
	Occupational therapy	40 332	40 646	31 457
	Physiotherapy	84 582	86 179	63 506
	Podiatry	7 886	8 407	7 763
	Prosthetic & Orthotic	11 445	12 351	9 470
	Speech Therapy	5 963	6 027	4 673
KCC	Clinical Psychology	13 417	13 575	10 184
	Dietetics	14 875	15 881	12 057
	Medical Social Work [1]	20 073	19 838	14 907
	Occupational therapy	110 474	111 392	77 113
	Physiotherapy	393 183	403 179	301 962
	Podiatry	15 628	17 230	13 730
	Prosthetic & Orthotic	20 215	21 326	17 233
	Speech Therapy	6 845	7 335	5 485
KEC	Clinical Psychology	10 596	11 918	10 336
	Dietetics	8 606	9 212	7 555
	Medical Social Work [1]	16 644	16 669	12 422
	Occupational therapy	81 018	88 948	76 947
	Physiotherapy	191 457	203 409	165 482
	Podiatry	15 282	15 287	12 451
	Prosthetic & Orthotic	15 874	18 829	14 130
	Speech Therapy	8 326	8 127	5 653
KWC	Clinical Psychology	17 724	18 854	14 903
	Dietetics	14 166	14 304	11 121
	Medical Social Work [1]	27 366	29 115	21 385
	Occupational therapy	93 336	94 639	72 404
	Physiotherapy	183 512	187 113	135 231
	Podiatry	9 395	10 598	9 122
	Prosthetic & Orthotic	7 942	9 066	7 194
	Speech Therapy	9 471	8 786	6 585
NTEC	Clinical Psychology	12 810	14 383	11 085
	Dietetics	15 490	16 534	12 630
	Medical Social Work [1]	21 790	24 252	17 186
	Occupational therapy	90 123	93 593	74 181
	Physiotherapy	198 272	202 802	165 685

Cluster	Allied Health Department	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
	Podiatry	10 634	13 713	11 096
	Prosthetic & Orthotic	17 610	16 956	13 356
	Speech Therapy	10 483	10 144	7 492
NTWC	Clinical Psychology	12 938	12 622	10 730
	Dietetics	17 502	19 396	14 199
	Medical Social Work [1]	20 236	15 336	14 016
	Occupational therapy	65 753	68 926	51 604
	Physiotherapy	196 613	205 760	153 102
	Podiatry	16 810	18 361	13 805
	Prosthetic & Orthotic	29 827	32 458	24 414
	Speech Therapy	10 043	11 309	8 523
HA Overall	Clinical Psychology	86 309	91 440	71 628
	Dietetics	89 286	94 381	72 611
	Medical Social Work [1]	139 352	138 410	105 063
	Occupational therapy	528 442	548 592	422 749
	Physiotherapy	1 405 975	1 451 288	1 106 531
	Podiatry	88 191	96 517	78 400
	Prosthetic & Orthotic	114 808	124 290	97 384
	Speech Therapy	56 929	57 697	42 951

Note:

1. Figures exclude follow-up consultations provided by the Medical Social Services Units.

Services provided by medical laboratory technologist, radiographer, pharmacist and dispenser are part and parcel of the overall clinical services. Separate statistics on attendances of these allied health services are not readily available.

b)

The table below sets out the number of allied health staff in 2017-18, 2018-19 and 2019-20 by cluster, by grade and by rank in HA.

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
HKEC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	7	7	7
	M TLG / MLT I	63	61	61
	AMT / MLT II	52	56	60
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	7	8	8
	DM(DR) II / RD I(DR)	68	64	66
	RD II(DR)	36	37	37

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	4	4	4
	RD I(RT)	12	12	12
	RD II(RT)	10	9	10
Social Workers	DM(MSS) I / SWO	4	4	4
	ASWO	39	40	39
	SWA	6	6	5
Occupational Therapist	DM(OT) I / SOT	6	7	7
	OT I	34	35	37
	OT II	41	43	42
Physiotherapist	DM(PHYSIO) I / S PHYSIO	11	11	11
	DM(PHYSIO) II / PHYSIO I	54	55	57
	PHYSIO II	59	59	62
Clinical Psychologist	DM(CL PSY) I / S CL PSY	1	1	1
	CL PSY	13	13	13
Dietitian	DM(DIET) I / S DIET	1	1	1
	DM(DIET) II / DIET	18	18	19
Prosthetist & Orthotist	DM(PROST) I / S PROST	1	1	1
	DM(PROST) II / PROST I	5	6	6
	PROST II / GRAD PROST	6	6	6
Podiatrist	DM(POD) II / POD I	2	2	2
	POD II	3	3	3
Speech Therapist	DM(SP TH) I / S SP TH	1	1	1
	SP TH	13	13	14
Pharmacist	DM(PHARM) I / S PHARM	4	4	4
	DM(PHARM) II / PHARM	54	56	59
	RESDNT PHARM	11	13	10
	PHARM INTERN	7	6	6
Dispenser	C DISP	2	2	2
	S DISP	26	27	27
	DISP	123	127	125
Others	-	28	29	31
HKWC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	7	7	7
	M TLG / MLT I	95	92	97

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
	AMT / MLT II	152	154	158
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	7	7	8
	DM(DR) II / RD I(DR)	70	68	70
	RD II(DR)	31	30	26
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	5	5	5
	RD I(RT)	15	15	16
	RD II(RT)	12	13	8
Social Workers	DM(MSS) I / SWO	4	4	4
	ASWO	44	46	45
	SWA	2	2	2
Occupational Therapist	DM(OT) I / SOT	8	8	8
	OT I	33	34	34
	OT II	42	42	47
Physiotherapist	DM(PHYSIO) I / S PHYSIO	11	11	11
	DM(PHYSIO) II / PHYSIO I	59	59	60
	PHYSIO II	49	50	53
Clinical Psychologist	DM(CL PSY) I / S CL PSY	1	1	1
	CL PSY	21	22	23
Dietitian	DM(DIET) I / S DIET	1	1	1
	DM(DIET) II / DIET	16	17	19
Prosthetist & Orthotist	DM(PROST) I / S PROST	1	1	1
	DM(PROST) II / PROST I	8	9	9
	PROST II / GRAD PROST	9	9	9
Podiatrist	DM(POD) II / POD I	4	4	3
	POD II	1	2	2
Speech Therapist	DM(SP TH) I / S SP TH	1	1	1
	SP TH	16	15	15
Pharmacist	DM(PHARM) I / S PHARM	4	4	5
	DM(PHARM) II / PHARM	56	57	54
	RESDNT PHARM	6	5	6
	PHARM INTERN	8	6	6
Dispenser	C DISP	2	2	2
	S DISP	24	24	25
	DISP	105	107	105
Others	-	43	40	43
KCC				

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
Medical Laboratory Technologist	DM(MLS) I / S M TLG	18	18	22
	M TLG / MLT I	130	157	172
	AMT / MLT II	189	206	218
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	13	14	14
	DM(DR) II / RD I(DR)	109	119	121
	RD II(DR)	58	59	67
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	8	7	7
	RD I(RT)	22	23	24
	RD II(RT)	23	23	23
Social Workers	DM(MSS) I / SWO	7	9	9
	ASWO	60	61	70
	SWA	6	6	5
Occupational Therapist	DM(OT) I / SOT	17	18	19
	OT I	59	63	65
	OT II	75	76	77
Physiotherapist	DM(PHYSIO) I / S PHYSIO	21	23	23
	DM(PHYSIO) II / PHYSIO I	99	107	114
	PHYSIO II	114	116	121
Clinical Psychologist	DM(CL PSY) I / S CL PSY	1	1	1
	CL PSY	23	24	25
Dietitian	DM(DIET) I / S DIET	2	2	1
	DM(DIET) II / DIET	34	35	37
Prosthetist & Orthotist	DM(PROST) I / S PROST	2	2	2
	DM(PROST) II / PROST I	13	14	14
	PROST II / GRAD PROST	14	13	15
Podiatrist	DM(POD) II / POD I	4	4	4
	POD II	7	7	6
Speech Therapist	DM(SP TH) I / S SP TH	1	1	1
	SP TH	17	20	21
Pharmacist	DM(PHARM) I / S PHARM	6	6	7
	DM(PHARM) II / PHARM	74	85	98
	RESDNT PHARM	31	35	30
	PHARM INTERN	9	9	5
Dispenser	C DISP	3	4	4
	S DISP	46	49	52
	DISP	198	213	226
Others	-	57	66	66

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
KEC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	10	10	10
	M TLG / MLT I	63	66	71
	AMT / MLT II	71	74	77
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	7	6	6
	DM(DR) II / RD I(DR)	54	57	60
	RD II(DR)	34	33	34
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	0	0	0
	RD I(RT)	0	0	0
	RD II(RT)	0	0	0
Social Workers	DM(MSS) I / SWO	3	4	4
	ASWO	39	43	47
	SWA	3	3	2
Occupational Therapist	DM(OT) I / SOT	6	6	5
	OT I	41	43	46
	OT II	41	44	48
Physiotherapist	DM(PHYSIO) I / S PHYSIO	13	13	13
	DM(PHYSIO) II / PHYSIO I	60	64	70
	PHYSIO II	58	64	67
Clinical Psychologist	DM(CL PSY) I / S CL PSY	1	1	2
	CL PSY	17	18	18
Dietitian	DM(DIET) I / S DIET	1	1	1
	DM(DIET) II / DIET	18	20	21
Prosthetist & Orthotist	DM(PROST) I / S PROST	1	1	1
	DM(PROST) II / PROST I	6	6	7
	PROST II / GRAD PROST	11	14	12
Podiatrist	DM(POD) II / POD I	4	4	5
	POD II	3	3	3
Speech Therapist	DM(SP TH) I / S SP TH	1	1	1
	SP TH	12	11	13
Pharmacist	DM(PHARM) I / S PHARM	4	4	5
	DM(PHARM) II / PHARM	39	44	46
	RESDNT PHARM	16	14	14
	PHARM INTERN	7	6	5
Dispenser	C DISP	2	2	1
	S DISP	25	26	26
	DISP	112	118	121
Others	-	22	23	28

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
KWC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	12	12	12
	M TLG / MLT I	97	94	94
	AMT / MLT II	112	111	112
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	11	11	11
	DM(DR) II / RD I(DR)	86	90	95
	RD II(DR)	56	55	51
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	5	5	5
	RD I(RT)	14	14	14
	RD II(RT)	14	16	16
Social Workers	DM(MSS) I / SWO	4	4	4
	ASWO	50	51	57
	SWA	1	1	1
Occupational Therapist	DM(OT) I / SOT	14	15	15
	OT I	72	71	78
	OT II	81	81	89
Physiotherapist	DM(PHYSIO) I / S PHYSIO	14	13	14
	DM(PHYSIO) II / PHYSIO I	69	69	71
	PHYSIO II	65	64	68
Clinical Psychologist	DM(CL PSY) I / S CL PSY	4	4	4
	CL PSY	30	32	33
Dietitian	DM(DIET) I / S DIET	1	1	1
	DM(DIET) II / DIET	20	25	25
Prosthetist & Orthotist	DM(PROST) I / S PROST	1	1	1
	DM(PROST) II / PROST I	6	6	5
	PROST II / GRAD PROST	10	10	10
Podiatrist	DM(POD) II / POD I	4	4	4
	POD II	3	3	4
Speech Therapist	DM(SP TH) I / S SP TH	1	1	1
	SP TH	14	14	14
Pharmacist	DM(PHARM) I / S PHARM	5	6	8
	DM(PHARM) II / PHARM	81	84	85
	RESDNT PHARM	23	23	21
	PHARM INTERN	8	8	6
Dispenser	C DISP	3	3	3
	S DISP	46	46	46
	DISP	187	188	191

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
Others	-	40	38	41
NTEC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	11	11	12
	M TLG / MLT I	108	106	105
	AMT / MLT II	131	134	145
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	16	16	16
	DM(DR) II / RD I(DR)	88	88	91
	RD II(DR)	55	53	53
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	5	5	5
	RD I(RT)	18	19	18
	RD II(RT)	16	16	17
Social Workers	DM(MSS) I / SWO	3	3	3
	ASWO	30	29	29
	SWA	4	4	4
Occupational Therapist	DM(OT) I / SOT	14	14	16
	OT I	66	61	60
	OT II	68	76	83
Physiotherapist	DM(PHYSIO) I / S PHYSIO	15	17	16
	DM(PHYSIO) II / PHYSIO I	79	85	88
	PHYSIO II	80	82	94
Clinical Psychologist	DM(CL PSY) I / S CL PSY	2	2	2
	CL PSY	22	23	24
Dietitian	DM(DIET) I / S DIET	2	2	2
	DM(DIET) II / DIET	22	26	24
Prosthetist & Orthotist	DM(PROST) I / S PROST	2	2	3
	DM(PROST) II / PROST I	6	6	6
	PROST II / GRAD PROST	14	14	13
Podiatrist	DM(POD) II / POD I	3	3	3
	POD II	4	4	3
Speech Therapist	DM(SP TH) I / S SP TH	1	1	1
	SP TH	18	18	18
Pharmacist	DM(PHARM) I / S PHARM	6	7	9
	DM(PHARM) II / PHARM	71	75	77
	RESDNT PHARM	16	17	17
	PHARM INTERN	8	8	7
Dispenser	C DISP	2	2	2
	S DISP	40	40	41

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
	DISP	185	191	197
Others	-	52	49	49
NTWC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	7	8	7
	M TLG / MLT I	67	69	74
	AMT / MLT II	94	95	97
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	7	7	7
	DM(DR) II / RD I(DR)	76	73	84
	RD II(DR)	42	43	38
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	5	5	5
	RD I(RT)	14	15	15
	RD II(RT)	11	10	12
Social Workers	DM(MSS) I / SWO	1	1	1
	ASWO	32	33	35
	SWA	2	2	2
Occupational Therapist	DM(OT) I / SOT	10	10	12
	OT I	60	62	63
	OT II	62	63	65
Physiotherapist	DM(PHYSIO) I / S PHYSIO	10	11	11
	DM(PHYSIO) II / PHYSIO I	49	54	58
	PHYSIO II	74	70	75
Clinical Psychologist	DM(CL PSY) I / S CL PSY	2	2	2
	CL PSY	21	22	24
Dietitian	DM(DIET) I / S DIET	2	2	2
	DM(DIET) II / DIET	23	22	25
Prosthetist & Orthotist	DM(PROST) I / S PROST	2	2	2
	DM(PROST) II / PROST I	13	13	14
	PROST II / GRAD PROST	15	15	15
Podiatrist	DM(POD) II / POD I	5	4	5
	POD II	3	3	3
Speech Therapist	DM(SP TH) I / S SP TH	1	1	1
	SP TH	19	20	21
Pharmacist	DM(PHARM) I / S PHARM	4	4	5
	DM(PHARM) II / PHARM	58	57	61
	RESDNT PHARM	14	15	15
	PHARM INTERN	6	6	5
Dispenser	C DISP	2	2	2

Grade	Rank	Number of Staff		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
	S DISP	32	32	33
	DISP	138	148	149
Others	-	34	36	38

Note:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

2. The group of "Others" includes audiology technicians, dental technicians, mould laboratory technicians, optometrists, orthoptists, physicists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology and scientific officers (medical)-radiotherapy.

3. "-" represents not applicable.

c) & d)

As allied health professionals are providing support for a variety of services to meet service needs and operational requirements, the average number of cases handled by each allied health professional each year and the ratio of clinical supervisors in each grade cannot be separately quantified.

e)

The tables below set out the number of full-time allied health staff who left HA in 2017-18, 2018-19 and 2019-20 and their respective years of service by cluster and by major allied health grades.

2017-18

Cluster	Grade	Attrition Number (Full-time Staff) / Years of Service							
		< 1 year	1-<6 years	6-<11 years	11-<16 years	16-<21 years	21-<26 years	26-<31 years	31 years or above
HKEC	Medical Laboratory Technologist	0	0	0	0	0	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0	1	0
	Social Worker	0	1	0	0	0	1	0	0
	Occupational Therapist	2	3	0	0	0	1	1	0
	Physiotherapist	0	0	0	1	0	1	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	2	0	0	0	0	0	0
	Others	0	0	0	0	0	2	0	0
HKWC	Medical Laboratory Technologist	1	2	1	0	0	4	1	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	2	0	1

	Social Worker	0	0	0	0	0	1	0	0
	Occupational Therapist	3	5	2	0	0	0	0	0
	Physiotherapist	0	4	1	0	0	1	0	0
	Pharmacist	0	1	0	1	0	1	0	0
	Dispenser	0	0	0	2	0	0	0	1
	Others	2	2	2	0	0	4	0	2
KCC	Medical Laboratory Technologist	0	1	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	0	0	1	3	0	2
	Social Worker	0	1	0	0	0	0	1	0
	Occupational Therapist	1	3	1	0	0	1	0	0
	Physiotherapist	2	16	2	0	1	4	2	0
	Pharmacist	0	4	1	0	0	1	0	0
	Dispenser	0	0	0	1	0	0	3	1
	Others	2	5	2	0	0	3	0	0
KEC	Medical Laboratory Technologist	0	1	0	0	0	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	3	0	0	0	2	0	1
	Social Worker	2	0	0	0	1	0	1	0
	Occupational Therapist	1	2	1	0	0	0	0	0
	Physiotherapist	0	7	2	1	0	0	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	1	0	1	1	1	0	0
	Others	1	2	1	0	0	1	0	0
KWC	Medical Laboratory Technologist	0	3	0	0	0	3	0	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	1	0	1	2	0	0
	Social Worker	1	1	0	0	0	0	1	0
	Occupational Therapist	0	4	4	0	0	1	0	0
	Physiotherapist	3	2	1	0	1	1	0	0
	Pharmacist	0	2	0	0	0	3	0	0
	Dispenser	1	3	0	4	0	1	0	0
	Others	3	5	0	0	0	1	0	0
NTEC	Medical Laboratory Technologist	1	1	0	0	0	2	0	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	1	0	0
	Social Worker	1	0	0	0	0	0	0	0
	Occupational Therapist	2	1	1	0	1	0	0	0
	Physiotherapist	0	5	1	1	1	8	1	0
	Pharmacist	0	2	1	0	0	2	0	0
	Dispenser	0	1	0	2	0	0	0	0
	Others	2	1	0	0	0	4	1	0
NTWC	Medical Laboratory Technologist	0	1	1	0	0	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	2	1	0	0	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	4	3	0	0	0	0	0
	Physiotherapist	2	5	1	0	0	1	0	0
	Pharmacist	0	2	1	0	0	0	0	0
	Dispenser	0	2	0	3	0	0	0	2
	Others	2	1	1	0	0	2	1	0

2018-19

Cluster	Grade	Attrition Number (Full-time Staff) / Years of Service							
		< 1 year	1-<6 years	6-<11 years	11-<16 years	16-<21 years	21-<26 years	26-<31 years	31 years or above

HKEC	Medical Laboratory Technologist	1	2	1	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	2	1	0	0	1	0	1
	Social Worker	2	2	0	0	0	0	0	0
	Occupational Therapist	2	3	0	0	1	0	0	0
	Physiotherapist	1	3	1	1	0	1	0	0
	Pharmacist	0	1	1	0	1	1	1	0
	Dispenser	0	2	1	1	0	1	1	1
	Others	2	2	0	0	0	0	0	0
HKWC	Medical Laboratory Technologist	1	4	2	0	0	9	1	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	3	0	0	0	2	1	0
	Social Worker	1	0	0	0	0	0	1	0
	Occupational Therapist	3	3	0	1	0	1	3	0
	Physiotherapist	1	6	1	0	0	1	1	0
	Pharmacist	0	0	1	0	0	2	0	0
	Dispenser	0	2	0	0	0	1	0	1
	Others	2	3	0	1	0	3	1	0
KCC	Medical Laboratory Technologist	0	2	0	0	0	1	3	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	5	0	0	0	1	1	2
	Social Worker	0	1	1	0	0	1	1	0
	Occupational Therapist	0	3	3	0	0	2	3	0
	Physiotherapist	4	18	2	1	0	1	0	0
	Pharmacist	2	3	0	0	0	1	2	0
	Dispenser	0	2	0	1	1	1	2	0
	Others	1	1	2	1	0	0	1	0
KEC	Medical Laboratory Technologist	1	1	0	0	0	1	1	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	0	0	0	0	1	0
	Social Worker	1	0	0	0	0	0	0	0
	Occupational Therapist	2	2	1	0	0	0	0	0
	Physiotherapist	1	5	1	0	0	0	1	0
	Pharmacist	0	2	1	0	0	0	0	0
	Dispenser	0	0	0	1	0	3	0	0
	Others	2	3	1	0	1	1	1	0
KWC	Medical Laboratory Technologist	1	4	1	0	0	1	3	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	1	0	0	0	2	2
	Social Worker	5	1	0	0	0	0	0	0
	Occupational Therapist	3	5	4	0	0	0	1	0
	Physiotherapist	1	6	2	0	0	0	2	0
	Pharmacist	0	5	0	0	0	3	0	0
	Dispenser	0	1	0	6	0	0	0	0
	Others	3	2	2	0	0	0	2	1
NTEC	Medical Laboratory Technologist	0	2	1	0	0	2	2	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	4	1	0	0	3	0	1
	Social Worker	1	2	0	0	0	1	0	0
	Occupational Therapist	2	5	0	0	0	4	1	0
	Physiotherapist	0	7	0	0	0	3	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	1	1	0	4	1	0	2	1
	Others	1	1	1	0	0	3	1	0
NTWC	Medical Laboratory Technologist	1	1	0	0	0	1	2	0

	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	3	1	0	0	1	0	4
	Social Worker	0	0	0	0	0	1	0	0
	Occupational Therapist	1	2	3	0	0	3	0	0
	Physiotherapist	1	8	2	0	0	0	0	0
	Pharmacist	1	4	0	0	0	1	0	0
	Dispenser	0	1	0	0	0	0	1	0
	Others	2	2	3	0	0	0	2	0

2019-20 (Rolling period from 1 January 2019 to 31 December 2019)

Cluster	Grade	Attrition Number (Full-time Staff) / Years of Service							
		< 1 year	1-<6 years	6-<11 years	11-<16 years	16-<21 years	21-<26 years	26-<31 years	31 years or above
HKEC	Medical Laboratory Technologist	0	0	0	0	0	1	1	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	5	0	0	0	0	1	0
	Social Worker	1	0	0	1	0	0	0	0
	Occupational Therapist	0	5	1	0	0	4	0	0
	Physiotherapist	0	4	1	0	0	0	0	0
	Pharmacist	0	1	0	0	0	1	1	0
	Dispenser	0	2	0	1	1	0	0	0
	Others	1	2	1	0	0	1	1	0
HKWC	Medical Laboratory Technologist	0	1	1	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	1	0	0	1	0	1
	Social Worker	2	2	0	0	0	0	0	0
	Occupational Therapist	2	2	1	0	1	0	1	0
	Physiotherapist	0	3	0	0	0	0	0	0
	Pharmacist	0	0	0	1	0	1	0	0
	Dispenser	0	0	0	0	1	0	0	0
	Others	3	2	0	1	0	1	1	0
KCC	Medical Laboratory Technologist	0	1	1	0	0	0	1	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	2	1	0	2	1	0
	Social Worker	1	0	1	0	0	0	1	0
	Occupational Therapist	0	2	0	0	0	2	4	0
	Physiotherapist	0	10	1	1	0	2	1	0
	Pharmacist	1	0	1	0	0	0	0	0
	Dispenser	1	1	0	4	3	1	0	1
	Others	1	4	4	1	0	1	1	3
KEC	Medical Laboratory Technologist	1	2	1	0	0	0	1	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	1	0	0	0	3	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	2	0	0	1	0	1	0
	Physiotherapist	1	3	0	0	0	2	0	0
	Pharmacist	0	1	1	0	0	0	0	0
	Dispenser	1	1	0	3	3	2	0	1
	Others	2	2	2	1	1	1	1	0
KWC	Medical Laboratory Technologist	1	3	1	0	0	1	2	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	3	1	0	0	1	2	1
	Social Worker	2	2	0	0	0	0	1	0
	Occupational Therapist	1	10	2	0	0	0	2	0
	Physiotherapist	2	7	1	0	1	1	1	0
	Pharmacist	0	2	0	0	0	1	1	0

	Dispenser	0	0	0	4	0	1	0	0
	Others	2	2	1	0	0	1	0	0
NTEC	Medical Laboratory Technologist	0	2	0	0	0	4	4	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	6	1	0	1	2	1	4
	Social Worker	0	3	0	0	0	1	0	0
	Occupational Therapist	1	0	3	0	0	3	2	0
	Physiotherapist	1	8	0	2	0	3	0	2
	Pharmacist	0	1	1	0	0	0	0	0
	Dispenser	1	2	0	3	3	0	2	3
	Others	2	3	3	0	0	1	0	0
NTWC	Medical Laboratory Technologist	0	1	0	0	0	1	1	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	2	1	0	0	0	0
	Social Worker	0	0	1	0	0	1	0	0
	Occupational Therapist	0	1	2	1	0	2	0	0
	Physiotherapist	1	9	1	0	0	0	1	0
	Pharmacist	0	1	1	0	0	1	0	0
	Dispenser	1	0	0	0	0	0	1	0
	Others	1	2	2	0	0	1	0	0

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. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptists, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.

4. For social worker, only HA employed social workers are included.

f)

The table below sets out the number of allied health staff who were promoted in HA in 2017-18, 2018-19 and 2019-20 by cluster, by grade and by rank.

Grade	Rank	2017-18	2018-19	2019-20 (April-December 2019)
HKEC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	0	0	2
	M TLG / MLT I	8	2	2
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	0	1	2
	DM(DR) II / RD I(DR)	5	1	6
Radiographer (Radiation	DM(RT) I / SRD(RT)	0	0	0

Grade	Rank	2017-18	2018-19	2019-20 (April-December 2019)
Therapist)	RD I(RT)	0	0	0
Social Workers	DM(MSS) I / SWO	1	0	0
Occupational Therapist	DM(OT) I / SOT	1	1	4
	OT I	2	1	6
Physiotherapist	DM(PHYSIO) I / S PHYSIO	0	2	0
	DM(PHYSIO) II / PHYSIO I	4	2	2
Clinical Psychologist	DM(CL PSY) I / S CL PSY	0	0	1
Dietitian	DM(DIET) I / S DIET	0	0	0
Prosthetist & Orthotist	DM(PROST) I / S PROST	0	1	0
	DM(PROST) II / PROST I	0	0	1
Podiatrist	DM(POD) II / POD I	0	0	1
Speech Therapist	DM(SP TH) I / S SP TH	0	0	1
Pharmacist	DM(PHARM) I / S PHARM	0	0	1
	DM(PHARM) II / PHARM	0	0	0
Dispenser	C DISP	0	0	0
	S DISP	0	3	1
Others	-	0	0	1
HKWC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	0	0	0
	M TLG / MLT I	3	9	9
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	2	1	3
	DM(DR) II / RD I(DR)	1	4	5
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	0	0	2
	RD I(RT)	1	0	2
Social Workers	DM(MSS) I / SWO	1	0	0
Occupational Therapist	DM(OT) I / SOT	0	4	1
	OT I	0	4	2
Physiotherapist	DM(PHYSIO) I / S PHYSIO	0	0	0
	DM(PHYSIO) II / PHYSIO I	2	5	1
Clinical Psychologist	DM(CL PSY) I / S CL PSY	0	0	0
Dietitian	DM(DIET) I / S DIET	0	0	0
Prosthetist & Orthotist	DM(PROST) I / S PROST	1	0	0
	DM(PROST) II / PROST I	0	1	0
Podiatrist	DM(POD) II / POD I	1	1	0
Speech Therapist	DM(SP TH) I / S SP TH	0	0	0
Pharmacist	DM(PHARM) I / S PHARM	0	1	1

Grade	Rank	2017-18	2018-19	2019-20 (April-December 2019)
	DM(PHARM) II / PHARM	0	0	0
Dispenser	C DISP	0	0	0
	S DISP	2	2	1
Others	-	0	0	1
KCC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	1	7	5
	M TLG / MLT I	0	18	17
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	1	4	0
	DM(DR) II / RD I(DR)	6	7	4
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	0	0	1
	RD I(RT)	1	0	4
Social Workers	DM(MSS) I / SWO	1	4	0
Occupational Therapist	DM(OT) I / SOT	4	4	2
	OT I	5	5	5
Physiotherapist	DM(PHYSIO) I / S PHYSIO	3	3	2
	DM(PHYSIO) II / PHYSIO I	2	8	8
Clinical Psychologist	DM(CL PSY) I / S CL PSY	0	0	0
Dietitian	DM(DIET) I / S DIET	0	0	0
Prosthetist & Orthotist	DM(PROST) I / S PROST	0	0	0
	DM(PROST) II / PROST I	0	2	0
Podiatrist	DM(POD) II / POD I	1	0	0
Speech Therapist	DM(SP TH) I / S SP TH	0	1	0
Pharmacist	DM(PHARM) I / S PHARM	0	1	1
	DM(PHARM) II / PHARM	1	1	0
Dispenser	C DISP	0	1	0
	S DISP	5	3	6
Others	-	0	1	2
KEC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	1	0	0
	M TLG / MLT I	1	5	6
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	2	0	0
	DM(DR) II / RD I(DR)	3	2	6
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	0	0	0
	RD I(RT)	0	0	0
Social Workers	DM(MSS) I / SWO	1	1	0
Occupational Therapist	DM(OT) I / SOT	0	1	1
	OT I	4	5	3

Grade	Rank	2017-18	2018-19	2019-20 (April-December 2019)
Physiotherapist	DM(PHYSIO) I / S PHYSIO	0	1	1
	DM(PHYSIO) II / PHYSIO I	8	7	9
Clinical Psychologist	DM(CL PSY) I / S CL PSY	0	1	0
Dietitian	DM(DIET) I / S DIET	0	0	0
Prosthetist & Orthotist	DM(PROST) I / S PROST	0	0	0
	DM(PROST) II / PROST I	1	0	2
Podiatrist	DM(POD) II / POD I	0	1	0
Speech Therapist	DM(SP TH) I / S SP TH	0	0	1
Pharmacist	DM(PHARM) I / S PHARM	0	0	1
	DM(PHARM) II / PHARM	0	0	0
Dispenser	C DISP	1	0	0
	S DISP	3	4	3
Others	-	0	1	2
KWC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	1	1	2
	M TLG / MLT I	15	7	8
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	1	1	5
	DM(DR) II / RD I(DR)	2	7	8
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	1	0	0
	RD I(RT)	2	0	0
Social Workers	DM(MSS) I / SWO	0	0	0
Occupational Therapist	DM(OT) I / SOT	1	2	2
	OT I	3	3	7
Physiotherapist	DM(PHYSIO) I / S PHYSIO	3	3	1
	DM(PHYSIO) II / PHYSIO I	5	5	5
Clinical Psychologist	DM(CL PSY) I / S CL PSY	0	0	0
Dietitian	DM(DIET) I / S DIET	0	1	0
Prosthetist & Orthotist	DM(PROST) I / S PROST	0	0	1
	DM(PROST) II / PROST I	0	1	0
Podiatrist	DM(POD) II / POD I	1	0	1
Speech Therapist	DM(SP TH) I / S SP TH	0	0	0
Pharmacist	DM(PHARM) I / S PHARM	2	1	2
	DM(PHARM) II / PHARM	0	0	0
Dispenser	C DISP	0	0	0
	S DISP	2	3	1
Others	-	0	0	1
NTEC				

Grade	Rank	2017-18	2018-19	2019-20 (April-December 2019)
Medical Laboratory Technologist	DM(MLS) I / S M TLG	1	1	3
	M TLG / MLT I	6	6	6
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	0	3	1
	DM(DR) II / RD I(DR)	4	7	9
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	0	0	1
	RD I(RT)	1	1	0
Social Workers	DM(MSS) I / SWO	0	0	0
Occupational Therapist	DM(OT) I / SOT	1	5	3
	OT I	9	2	5
Physiotherapist	DM(PHYSIO) I / S PHYSIO	2	4	1
	DM(PHYSIO) II / PHYSIO I	16	8	10
Clinical Psychologist	DM(CL PSY) I / S CL PSY	1	1	0
Dietitian	DM(DIET) I / S DIET	0	0	0
Prosthetist & Orthotist	DM(PROST) I / S PROST	0	0	1
	DM(PROST) II / PROST I	0	0	1
Podiatrist	DM(POD) II / POD I	0	1	0
Speech Therapist	DM(SP TH) I / S SP TH	0	1	0
Pharmacist	DM(PHARM) I / S PHARM	1	2	2
	DM(PHARM) II / PHARM	0	0	0
Dispenser	C DISP	0	0	1
	S DISP	1	5	5
Others	-	0	1	2
NTWC				
Medical Laboratory Technologist	DM(MLS) I / S M TLG	0	1	0
	M TLG / MLT I	2	9	7
Radiographer (Diagnostic Radiographer)	DM(DR) I / SRD(DR)	0	0	0
	DM(DR) II / RD I(DR)	4	5	11
Radiographer (Radiation Therapist)	DM(RT) I / SRD(RT)	0	0	0
	RD I(RT)	0	3	1
Social Workers	DM(MSS) I / SWO	0	0	0
Occupational Therapist	DM(OT) I / SOT	0	3	1
	OT I	6	8	5
Physiotherapist	DM(PHYSIO) I / S PHYSIO	3	3	2
	DM(PHYSIO) II / PHYSIO I	3	9	5
Clinical Psychologist	DM(CL PSY) I / S CL PSY	0	0	1
Dietitian	DM(DIET) I / S DIET	0	1	0

Grade	Rank	2017-18	2018-19	2019-20 (April-December 2019)
Prosthetist & Orthotist	DM(PROST) I / S PROST	0	0	0
	DM(PROST) II / PROST I	0	2	1
Podiatrist	DM(POD) II / POD I	0	2	2
Speech Therapist	DM(SP TH) I / S SP TH	1	0	0
Pharmacist	DM(PHARM) I / S PHARM	0	1	1
	DM(PHARM) II / PHARM	0	0	0
Dispenser	C DISP	0	1	0
	S DISP	4	1	2
Others	-	0	0	1

Note:

1. Manpower on headcount basis includes permanent, contract staff in HA's workforce.

2. Promotion as set out in the table refers to cases of appointment to higher rank with higher maximum pay point or take home pay. Other staff movement cases such as transfer / appointment to other rank or lower rank are excluded.

3. The group of "Others" includes audiology technicians, dental technicians, mould laboratory technicians, optometrists, orthoptists, physicists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology and scientific officers (medical)-radiotherapy.

4. "-" represents not applicable.

g)

The tables below set out the number of allied health staff recruited by HA to rejoin its service in 2017-18, 2018-19 and 2019-20 and their years of service by major allied health grades.

2017-18

Cluster	Grade	Years of Service in Previous HA Employment					
		< 1 year	1- <6 years	6- <11 years	11- <16 years	16- <21 years	21 years or above
HKEC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	0	0	0	0
	Social Workers	0	1	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0

Cluster	Grade	Years of Service in Previous HA Employment					
		< 1 year	1- <6 years	6- <11 years	11- <16 years	16- <21 years	21 years or above
	Physiotherapist	1	0	0	0	0	0
	Pharmacist	5	0	0	0	0	0
	Dispenser	1	1	0	0	0	0
	Others	1	0	0	0	0	0
HKWC	Medical Laboratory Technologist	0	1	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	1
	Social Workers	1	0	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	8	1	0	0	0	0
	Dispenser	0	2	0	0	0	0
	Others	1	0	0	0	0	1
KCC	Medical Laboratory Technologist	0	0	0	0	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0
	Physiotherapist	0	1	0	0	0	0
	Pharmacist	7	1	0	0	0	0
	Dispenser	3	0	0	0	0	1
	Others	4	0	0	0	0	1
KEC	Medical Laboratory Technologist	0	1	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0
	Physiotherapist	3	0	0	0	0	0
	Pharmacist	6	2	0	0	0	0
	Dispenser	1	0	0	0	0	0
	Others	0	2	0	0	0	1
KWC	Medical Laboratory Technologist	0	1	0	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	0	0	0	0	0
	Social Workers	0	1	1	0	0	0
	Occupational Therapist	1	0	0	0	0	0
	Physiotherapist	1	0	0	0	0	1
	Pharmacist	9	0	0	0	0	0
	Dispenser	2	0	0	0	0	0

Cluster	Grade	Years of Service in Previous HA Employment					
		< 1 year	1- <6 years	6- <11 years	11- <16 years	16- <21 years	21 years or above
	Others	3	1	0	0	0	1
NTEC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	1	0	0	0	0
	Occupational Therapist	3	0	0	0	0	0
	Physiotherapist	0	1	0	1	1	0
	Pharmacist	6	1	0	0	0	0
	Dispenser	0	1	0	0	0	0
	Others	3	2	0	0	0	0
NTWC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	1	0
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	4	1	0	0	0	0
	Dispenser	0	1	0	0	0	0
	Others	2	1	0	0	0	0

2018-19

Cluster	Grade	Years of Service in Previous HA Employment					
		< 1 year	1- <6 years	6- <11 years	11- <16 years	16- <21 years	21 years or above
HKEC	Medical Laboratory Technologist	1	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	1	0	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	1	0	0	0	0	0
	Dispenser	1	1	0	0	0	0
	Others	2	2	0	0	0	0
HKWC	Medical Laboratory Technologist	0	1	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	0	0	0	0	0

	Occupational Therapist	1	0	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	8	0	0	0	0	0
	Dispenser	0	1	0	0	0	1
	Others	4	1	0	0	0	2
KCC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	1	0	0	0	0
	Occupational Therapist	2	1	0	0	0	0
	Physiotherapist	1	0	0	1	0	0
	Pharmacist	7	1	1	0	0	0
	Dispenser	1	0	0	0	0	0
	Others	1	0	0	0	0	0
KEC	Medical Laboratory Technologist	0	1	1	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	1	0	0	0	0
	Occupational Therapist	2	0	0	0	0	0
	Physiotherapist	2	0	0	0	1	0
	Pharmacist	6	0	0	0	0	0
	Dispenser	1	1	0	0	0	0
	Others	2	1	0	0	0	0
KWC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	2	0	0	0	1
	Occupational Therapist	1	0	0	0	0	0
	Physiotherapist	1	0	0	0	0	0
	Pharmacist	8	0	0	0	0	0
	Dispenser	0	0	0	0	0	0
	Others	0	2	0	0	0	0
NTEC	Medical Laboratory Technologist	1	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	2	1	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	4	1	0	0	0	0
	Dispenser	0	0	0	0	0	0
	Others	0	1	0	0	0	0

NTWC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	1	0	0	0	0	0
	Physiotherapist	0	0	0	0	0	1
	Pharmacist	3	0	0	0	0	0
	Dispenser	1	0	0	0	0	0
	Others	1	0	0	1	0	0

2019-20 (1 April - 31 December 2019)

Cluster	Grade	Years of Service in Previous HA Employment					
		< 1 year	1- <6 years	6- <11 years	11- <16 years	16- <21 years	21 years or above
HKEC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	1	0	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	1	0	0	0	0	0
	Dispenser	0	2	0	0	0	0
	Others	1	1	0	0	0	2
HKWC	Medical Laboratory Technologist	0	1	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	1	2	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	6	0	0	0	0	0
	Dispenser	1	1	0	0	0	0
	Others	1	2	0	1	0	0
KCC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	2	0	0	0	1
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	0	0	0	0	0	1
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	6	1	0	0	0	1

Cluster	Grade	Years of Service in Previous HA Employment					
		< 1 year	1- <6 years	6- <11 years	11- <16 years	16- <21 years	21 years or above
	Dispenser	1	0	0	0	0	1
	Others	0	1	0	0	0	3
KEC	Medical Laboratory Technologist	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	1	0	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0
	Physiotherapist	1	0	0	0	0	0
	Pharmacist	4	1	0	0	0	0
	Dispenser	0	4	0	0	0	0
	Others	4	1	0	0	1	1
KWC	Medical Laboratory Technologist	0	1	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	0	1	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	4	0	0	0	0	0
	Dispenser	1	0	1	0	0	0
	Others	5	0	0	0	0	0
NTEC	Medical Laboratory Technologist	0	1	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	1
	Social Workers	1	1	0	0	0	0
	Occupational Therapist	0	1	0	0	0	0
	Physiotherapist	0	0	0	0	0	0
	Pharmacist	5	0	0	0	0	0
	Dispenser	2	0	0	0	0	0
	Others	3	0	0	0	0	0
NTWC	Medical Laboratory Technologist	0	0	1	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0
	Social Workers	0	0	0	0	0	0
	Occupational Therapist	0	0	0	0	0	0
	Physiotherapist	0	4	0	0	0	0
	Pharmacist	2	1	0	0	0	0
	Dispenser	0	0	0	0	0	0
	Others	0	0	0	0	0	0

Note:

1. Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2017-18, 2018-19 and 2019-20 with break of service irrespective of terms of employment/rank, including pharmacy interns who were recruited as resident pharmacists.

2. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptists, 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 social worker, only HA employed social workers are included.

Abbreviations

Rank Group:
DM(MLS) I / S M TLG – Department Manager (Medical Laboratory Service) I / Senior Medical Technologist
M TLG / MLT I – Medical Technologist / Medical Laboratory Technician I
AMT / MLT II – Associate Medical Technologist / Medical Laboratory Technician II
DM(DR) I / SRD(DR) – Department Manager (Diagnostic Radiography) I / Senior Radiographer (DR)
DM(DR) II / RD I(DR) – Department Manager (Diagnostic Radiography) II / Radiographer I (DR)
RD II(DR) – Radiographer II (DR)
DM(RT) I / SRD(RT) – Department Manager (Radiation Therapy) I / Senior Radiation Therapist
RD I(RT) – Radiation Therapist I
RD II(RT) – Radiation Therapist II
DM(MSS) I / SWO – Department Manager (Medical Social Service) I / Social Work Officer
ASWO – Assistant Social Work Officer
SWA – Social Work Assistant
DM(OT) I / SOT – Department Manager (Occupational Therapy) I / Senior Occupational Therapist
OT I – Occupational Therapist I
OT II – Occupational Therapist II
DM(PHYSIO) I / S PHYSIO – Department Manager (Physiotherapy) I / Senior Physiotherapist
DM(PHYSIO) II / PHYSIO I – Department Manager (Physiotherapy) II / Physiotherapist I
PHYSIO II – Physiotherapist II
DM(CL PSY) I / S CL PSY – Department Manager (Clinical Psychology) I / Senior Clinical Psychologist
CL PSY – Clinical Psychologist
DM(DIET) I / S DIET – Department Manager (Dietetics) I / Senior Dietitian
DM(DIET) II / DIET – Department Manager (Dietetics) II / Dietitian

DM(PROST) I / S PROST – Department Manager (Prosthesis-Orthosis) I / Senior Prosthetist-Orthotist
DM(PROST) II / PROST I – Department Manager (Prosthesis-Orthosis) II / Prosthetist-Orthotist I
PROST II / GRAD PROST – Prosthetist-Orthotist II / Graduate Prosthetist-Orthotist
DM(POD) II / POD I –Department Manager (Podiatry) II / Podiatrist I
POD II – Podiatrist II
DM(SP TH) I / S SP TH – Department Manager (Speech Therapy) I / Senior Speech Therapist
SP TH – Speech Therapist
DM(PHARM) I / S PHARM – Department Manager (Pharmacy) I / Senior Pharmacist
DM(PHARM) II / PHARM – Department Manager (Pharmacy) II / Pharmacist
RESDNT PHARM – Resident Pharmacist
PHARM INTERN – Pharmacy Intern
C DISP – Chief Dispenser
S DISP – Senior Dispenser
DISP – Dispenser

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0059)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority, please provide the following information by hospital and by nursing rank (including nurse consultant) over the past 3 years:

a) the number of nurses with a breakdown by rank;
b) the respective numbers of part-time nurses recruited by the Locum Office and agencies and the expenditures involved with a breakdown by years of service (i.e. less than 1 year, 1-3 years and 3 years or more);
c) the average number of time-off hours accumulated by nurses per year;
d) the ratio of registered nurses to advanced practice nurses with a breakdown by hospital and department; and
e) the average number of patients each nurse needs to take care of in the morning, afternoon and night shifts with a breakdown by hospital and department.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 16)

Reply:

a)

The table below sets out the number of nursing staff working in the Hospital Authority (HA) by rank group in the past 3 years.

Rank Group	**2017-18**	**2018-19**	**2019-20 (as at 31 December 2019)**
DOM/SNO and above	397	407	424
APN/NS/NO/WM	5 147	5 311	5 804
Registered Nurse	16 798	17 488	18 366
Enrolled Nurse/ Others	3 769	4 046	4 185
Total	**26 111**	**27 252**	**28 779**

b)

HA has set up a Locum Office to expedite and enhance the recruitment process of part-time staff and to attract more potential talents to work in HA for short-term flexible engagement on need and ad-hoc basis. Recruitment and offering of locum jobs for nurses have started since 1 December 2018. There were 99 and 366 locum nurses deployed to serve different public hospitals as at 31 March 2019 and 31 December 2019 respectively. The total salary expenditure (including basic salary and mandatory provident fund) of locum nurses recruited by the Locum Office was $1.5 million in 2018-19 and $54 million in 2019-20 (full year projection).

Staff under agency service engaged by HA are deployed to provide services mainly in hospital wards. In compiling duty rosters, the staff in-charge of the unit or ward will estimate the workload of nursing staff and health care assistants in that particular unit or ward, and assess the staffing requirements based on factors such as the number of patients, patient dependency and nursing activities in the unit or ward. If the number of full-time nurses and health care assistants deployed cannot meet the staffing requirements, arrangements will be made for part-time nurses, agency nurses, part-time health care assistants or agency health care assistants to be on duty.

The total expenditure incurred in engaging such agency service, including agency nurses and agency health care assistants, in the past 3 years are as follows:

Year	Expenditure Incurred in Engaging Agency Service ($ million)					
	HKEC	KEC	KCC	KWC	NTEC	NTWC
2017-18	12.9	2.1	6.0	31.5	7.4	5.5
2018-19	20.8	8.7	16.7	32.4	19.8	14.3
2019-20	21.0	20.4	27.5	44.3	18.8	12.7

Detailed breakdown on the number, years of service and expenditure incurred for agency nurses are not available.

c)

HA does not have record on time off in lieu of nurses.

d)

The ratios of RN to APN (including NO, NS and WM) were:

as at 31 March 2018	3.3:1
as at 31 March 2019	3.3:1
as at 31 December 2019	3.2:1

The table below sets out the ratios of RN to APN (including NO, NS and WM) in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) by cluster and by major specialty.

Specialty	Cluster						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
2017-18							
Medicine	3.1:1	3.2:1	3.0:1	3.8:1	3.2:1	3.7:1	3.7:1
Obstetrics & Gynaecology	3.7:1	3.6:1	3.2:1	4.1:1	3.3:1	3.6:1	2.8:1
Orthopaedics & Traumatology	3.6:1	3.8:1	2.9:1	4.3:1	3.0:1	3.4:1	2.8:1
Paediatrics	4.3:1	3.4:1	3.1:1	3.4:1	3.6:1	5.1:1	3.1:1
Psychiatry	2.9:1	1.7:1	2.7:1	3.0:1	2.3:1	2.2:1	2.7:1
Surgery	3.3:1	3.8:1	2.9:1	3.2:1	2.8:1	3.3:1	3.2:1
2018-19							
Medicine	3.1:1	3.3:1	3.1:1	3.8:1	3.1:1	3.9:1	3.6:1
Obstetrics & Gynaecology	3.7:1	3.7:1	3.2:1	3.4:1	3.7:1	3.7:1	2.7:1
Orthopaedics & Traumatology	4.0:1	3.6:1	3.0:1	4.2:1	3.3:1	3.5:1	2.8:1
Paediatrics	4.6:1	3.7:1	2.8:1	3.6:1	3.0:1	5.7:1	2.9:1
Psychiatry	3.0:1	1.6:1	2.8:1	2.8:1	2.4:1	2.1:1	2.7:1
Surgery	3.5:1	3.7:1	2.9:1	3.5:1	2.8:1	3.4:1	3.1:1
2019-20 (as at 31 December 2019)							
Medicine	2.8:1	3.4:1	2.7:1	3.6:1	2.8:1	3.8:1	3.1:1
Obstetrics & Gynaecology	4.1:1	3.7:1	2.8:1	3.6:1	3.1:1	3.0:1	2.7:1
Orthopaedics & Traumatology	3.6:1	3.6:1	2.7:1	3.5:1	2.5:1	3.5:1	2.5:1
Paediatrics	4.2:1	3.1:1	2.7:1	3.0:1	2.4:1	4.9:1	3.0:1
Psychiatry	3.0:1	1.9:1	3.1:1	2.8:1	2.4:1	2.4:1	2.7:1
Surgery	3.3:1	3.6:1	2.5:1	3.2:1	2.4:1	3.1:1	2.9:1

e)

The tables below set out the number of nurses and nurse-to-patient ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) by cluster and by major specialty for inpatients and day inpatients in HA.

Nurse-to-patient ratios by cluster

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2017-18			
HKEC	2 780	22.9	14.7
HKWC	2 862	23.6	13.2
KCC	5 257	23.3	14.8
KEC	2 921	21.5	14.5
KWC	4 260	20.4	14.3
NTEC	4 362	22.6	13.8
NTWC	3 627	23.5	15.0

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2018-19			
HKEC	2 855	23.7	15.0
HKWC	2 891	24.4	13.2
KCC	5 522	24.4	15.3
KEC	3 120	22.9	15.5
KWC	4 506	21.7	15.1
NTEC	4 565	23.9	14.3
NTWC	3 756	24.3	15.2
2019-20 (as at 31 December 2019)			
HKEC	2 984	24.9	15.4
HKWC	3 061	26.1	13.7
KCC	5 943	26.0	16.1
KEC	3 331	24.0	16.0
KWC	4 752	22.0	15.2
NTEC	4 694	24.5	14.6
NTWC	3 975	25.2	15.8

Nurse-to-patient ratio by major specialty

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2017-18			
Medicine	7 255	14.3	9.3
Obstetrics & Gynaecology	1 201	13.0	8.3
Orthopaedics & Traumatology	1 185	11.5	9.3
Paediatrics	1 504	14.7	11.0
Psychiatry	2 489	137.8	136.7
Surgery	2 315	11.9	6.9
2018-19			
Medicine	7 604	15.2	9.7
Obstetrics & Gynaecology	1 189	13.2	8.3
Orthopaedics & Traumatology	1 234	11.7	9.5
Paediatrics	1 521	16.1	11.7
Psychiatry	2 573	139.1	138.0
Surgery	2 392	12.1	7.0
2019-20 (as at 31 December 2019)			
Medicine	7 930	15.6	9.8
Obstetrics & Gynaecology	1 211	13.9	8.7
Orthopaedics & Traumatology	1 260	11.8	9.6
Paediatrics	1 579	16.4	11.8

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Psychiatry	2 699	150.8	149.6
Surgery	2 495	12.3	7.2

Note:

(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(2) For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2019-20, the manpower status as at 31 December 2019 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2019-20 are projected figures as of 31 December 2019.

(3) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day.

(4) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

(5) The specialty of medicine includes palliative care, rehabilitation and infirmary. Surgery specialty includes neurosurgery and cardiothoracic surgery. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

(6) 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.

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

Rank Group
DOM – Department Operations Manager
SNO – Senior Nursing Officer
WM – Ward Manager
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)137**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0060)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures to attract and retain staff, what is the number of nurses got promoted each year since the creation of the ranks of Advanced Practice Nurse and Nurse Consultant in the Hospital Authority (HA)? Please provide a breakdown by cluster and specialty. Will the HA continue to create Advanced Practice Nurse posts and Nurse Consultant posts? If yes, please provide a breakdown by cluster and specialty. If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 17)

Reply:

The table below sets out the number of nurses promoted in the Hospital Authority (HA) in the past 3 years by rank group.

Rank Group	**Number of Nurses Promoted**		
	2017-18	**2018 -19**	**2019-20 (April - December 2019)**
DOM/SNO/NC and above	49	63	48
APN/NS/NO/WM	458	564	748

Note:

(1) Manpower on headcount basis includes permanent, contract staff in HA's workforce.
(2) Refers to cases of appointment to higher rank with higher maximum pay point or take home pay. Other staff movement cases such as transfer / appointment to other rank or lower rank are excluded.

Under the nursing grade structure of HA, the rank of Advanced Practice Nurse (APN) was launched in 2003 for enhancing professional accountability and role of nurses along the principle of linking career advancement of nurses to professional competence and

development. In 2019-20, there are a total of 4 601 APNs serving in HA, providing nursing services in the Accident and Emergency, Intensive Care Unit, Medicine, Obstetrics and Gynaecology, Orthopaedics and Traumatology, Paediatrics, Psychiatry, Surgery and other specialties. HA plans to create around 400 APN posts in 2020-21. Creation of additional APN posts will be considered to dovetail with the strategic priorities in the annual plans of HA for enhancing healthcare services in future.

The table below sets out the breakdown of the number of APNs by hospital cluster and specialty up to 31 December 2019.

Cluster	Accident & Emergency (2)	Intensive Care Unit	Medicine (3)	Obstetrics & Gynaecology	Orthopaedics & Traumatology	Paediatrics	Psychiatry	Surgery (4)	Others (5)
HKEC	30	24	155	14	21	16	43	41	134
HKWC	13	16	110	22	10	35	33	86	131
KCC	30	33	266	65	37	96	36	112	311
KEC	27	30	169	21	30	31	38	35	151
KWC	62	37	191	21	41	39	129	66	218
NTEC	27	33	175	41	31	32	63	70	206
NTWC	40	24	163	35	30	39	104	39	193
Total	**229**	**197**	**1 229**	**219**	**200**	**288**	**446**	**449**	**1 344**

Note:
(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) Including Emergency Care and Trauma
(3) Including Cardiac Care, Diabetic Care, Gerontology, Renal Care, Respiratory and Stroke Care
(4) Including Breast Care, Burns, Urology and Neurosurgery
(5) Including Community, Continence Care, Palliative Care, Oncology, Perioperative Care, Wound and Stoma Care, Pain Management and Infection Control

The rank of Nurse Consultant (NC) post was first created in 2008-09. Since then, a total of 123 NC posts have been created in HA as at 2019-20, providing nursing services in the Accident and Emergency, Intensive Care Unit, Medicine, Obstetrics and Gynaecology, Orthopaedics and Traumatology, Paediatrics, Psychiatry, Surgery and other specialties.

The creation of the NC rank aims to enhance the development of the nursing profession, thereby improving the healthcare services of HA and meeting the increasing public demand for healthcare services. HA will constantly review the actual service needs as well as the service mode and demand, with a view to enhancing the quality of nursing services. 14 NC posts are planned to be created in 2020-21. In future, HA will consider creating additional NC posts in accordance with the strategic priorities in the annual plans of HA for providing better healthcare services.

The table below sets out the breakdown of current NC posts created, by hospital cluster and specialty up to 31 December 2019.

Cluster	Accident & Emergency (2)	Intensive Care Unit	Medicine (3)	Obstetrics & Gynaecology	Orthopaedics & Traumatology	Paediatrics	Psychiatry	Surgery (4)	Others (5)
HKEC	1	1	5	1	1	0	1	1	3
HKWC	1	1	3	1	1	2	2	3	2
KCC	2	1	5	1	1	1	1	2	4
KEC	0	0	4	0	1	1	1	1	5
KWC	1	2	7	2	1	1	2	2	8
NTEC	2	0	5	1	0	1	1	4	6
NTWC	1	1	4	1	1	1	1	2	4
Total	**8**	**6**	**33**	**7**	**6**	**7**	**9**	**15**	**32**

Note:

(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) Including Emergency Care and Trauma
(3) Including Cardiac Care, Diabetic Care, Gerontology, Renal Care, Respiratory and Stroke Care
(4) Including Breast Care, Burns, Urology and Neurosurgery
(5) Including Community, Continence Care, Palliative Care, Oncology, Perioperative Care, Wound and Stoma Care, Pain Management and Infection Control

Abbreviations

DOM – Department Operations Manager
SNO – Senior Nursing Officer
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer
WM – Ward Manager

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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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)138

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0061)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the enhancement of psychiatric services, please provide the following information of the Hospital Authority for the past 3 years and the next 3 years by hospital and department:

a) the number of psychiatric nurses, with a breakdown by rank;
b) the average number of cases handled by each psychiatric nurse per day;
c) the psychiatric nurse-to-patient ratio for in-patient services;
d) the number of case managers by grade; and
e) the average number of cases handled by each case manager, with a breakdown by grade.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 18)

Reply:

a) and b)

The Hospital Authority (HA) provides mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, HA does not have breakdown on the number of cases handled or to be handled by each psychiatric nurse.

The table below sets out the number of psychiatric nurses by rank in each cluster in the past three years.

Cluster	Rank Group	Number of Psychiatric Nurses [1, 2]		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
HKEC	DOM/SNO and above	3	4	4
	APN/NS/NO/WM	52	52	56
	Registered Nurse	151	154	164
	Enrolled Nurse/Others/Trainees	43	47	46
Total [3]		**249**	**256**	**269**
HKWC	DOM/SNO and above	2	1	2
	APN/NS/NO/WM	34	36	40
	Registered Nurse	58	59	78
	Enrolled Nurse/Others/Trainees	23	20	18
Total [3]		**117**	**116**	**138**
KCC	DOM/SNO and above	3	3	2
	APN/NS/NO/WM	50	55	54
	Registered Nurse	134	153	162
	Enrolled Nurse/Others/Trainees	51	51	49
Total [3]		**238**	**262**	**267**
KEC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	36	39	44
	Registered Nurse	107	112	125
	Enrolled Nurse/Others/Trainees	21	24	21
Total [3]		**167**	**177**	**193**
KWC	DOM/SNO and above	13	13	13
	APN/NS/NO/WM	168	166	179
	Registered Nurse	350	370	391
	Enrolled Nurse/Others/Trainees	143	141	139
Total [3]		**673**	**689**	**722**
NTEC	DOM/SNO and above	3	3	4
	APN/NS/NO/WM	93	101	103
	Registered Nurse	207	220	243
	Enrolled Nurse/Others/Trainees	104	99	106
Total [3]		**407**	**423**	**456**
NTWC	DOM/SNO and above	8	8	8
	APN/NS/NO/WM	153	158	164
	Registered Nurse	391	404	418
	Enrolled Nurse/Others/Trainees	185	177	171
Total [3]		**737**	**747**	**761**

Cluster	Rank Group	Number of Psychiatric Nurses [1, 2]		
		2017-18	2018-19	2019-20 (as at 31 December 2019)
Overall	DOM/SNO and above	34	34	35
	APN/NS/NO/WM	586	607	639
	Registered Nurse	1 398	1 471	1 582
	Enrolled Nurse/Others/Trainees	570	559	549
Total [3]		**2 588**	**2 670**	**2 806**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding those in the HA Head Office. The manpower position refers to that as at 31 March of the respective years (except for 2019-20, the manpower status as at 31 December 2019 was drawn).
2. Psychiatry nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital in KWC, and Castle Peak Hospital and Siu Lam Hospital in NTWC), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
3. Individual figures may not add up to the total due to rounding.

c)

The table below sets out the nurse-to-patient ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) in psychiatry for inpatients and day inpatients in HA.

	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2017-18	137.8	136.7
2018-19	139.1	138.0
2019-20 (as at 31 December 2019)	150.8	149.6

Note:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
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 2019-20, the manpower status as at 31 December 2019 was drawn); whereas the numbers of inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2019-20 are projected figures as of 31 December 2019.

3. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.
4. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day.
5. Psychiatry specialty includes services for the mentally handicapped.

d) and e)

Since 2010-11, HA has launched the Case Management Programme (the Programme) by phases to provide intensive, continuous and personalised support for patients with severe mental illness. By 2014-15, the Programme was extended to cover all the 18 districts.

The table below sets out the number of case managers with breakdown by rank and the number of cases handled by the Programme from 2017-18 to 2019-20 (as at 31 December 2019).

	Number of Case Managers Recruited	**Number of Cases Handled**
2017-18	336 (including 252 psychiatric nurses, 62 occupational therapists, 21 registered social workers and 1 physiotherapist)	16 000
2018-19	356 (including 268 psychiatric nurses, 65 occupational therapists, 22 registered social workers and 1 physiotherapist)	16 500
2019-20 (as at 31 December 2019)	375 (including 277 psychiatric nurses, 73 occupational therapists, 24 registered social workers and 1 physiotherapist)	16 200

The current case manager to patient ratio is about 1 to 43, compared with the initial ratio of 1 to 50. The number of cases handled by each case manager varies from time to time and the caseload is determined by a number of factors including the needs, risks and strengths of each patient and the experience of case managers. On average, each case manager will take care of about 40 to 60 patients. The workload of each case manager is regularly reviewed, so are the progress and needs of the patients they support.

HA has been improving the case manager to patient ratio with an aim to attain the ratio of 1 to 40 by phases, with an addition of 20 case managers in 2018-19 and 2019-20 respectively, and another 16 in 2020-21.

Abbreviations

DOM – Department Operations Manager
SNO – Senior Nursing Officer
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer
WM – Ward Manager

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. 0062)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On enhancing services for patients with common mental disorder and children and adolescents with mental health needs, please provide the following information:

a) the details of the specific measures, the anticipated increase in the number of attendances, as well as the expenditure and manpower involved;
b) the numbers of attendances and average waiting times of psychiatric patients over the age of 18 in each cluster by disease category in the past 3 years; and
c) the numbers of attendances and average waiting times of children and adolescents with mental health needs in each cluster by disease category in the past 3 years.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 19)

Reply:

a)

The Hospital Authority (HA) has strengthened the manpower and resources in the past few years to enhance the support for patients with common mental disorder and children and adolescents with mental health needs. Since 2015-16, the multi-disciplinary model for common mental disorder clinics has been introduced in HKEC, KEC, KWC, NTEC and NTWC by phases to provide better support for patients with common mental disorders. HA also enhanced the multi-disciplinary teams, including psychiatric doctors, psychiatric nurses, clinical psychologists and occupational therapists for the child and adolescent (C&A) psychiatric specialist outpatient (SOP) services in all 5 service clusters providing C&A psychiatric services. The Student Mental Health Support Scheme (SMHSS) has been expanded from 17 schools in the 2016/17 school year to 90 schools in the 2019/20 school year to enhance the support to students with mental health needs in the school setting through medical-educational-social collaboration.

In 2020-21, HA has earmarked an additional $97.1 million to enhance its C&A psychiatric services as follows -

(i) Further rolling out the SMHSS to more schools to enhance support for students with mental health needs in the 2020/21 school year; introducing a collaborative care model between paediatrics and C&A psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder; and strengthening the allied health support services to C&A psychiatric patients. It is estimated that 4 doctors, 34 nurses, 10 clinical psychologists, 5 occupational therapists, 2.5 speech therapists and 27 supporting staff will be recruited; and

(ii) Establishing the C&A psychiatric services in HKEC by phases. It is estimated that 2 doctors, 15 psychiatric nurses, 1 clinical psychologist, 1 occupational therapist, 0.4 speech therapist, 0.5 dispenser and 29 supporting staff will be recruited

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

b) & c)

HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists to provide comprehensive and continuous medical services, including in-patient, out-patient, day rehabilitation training and community support services, to patients with mental health problems, depending on their medical conditions and clinical needs.

The table below sets out the number of psychiatric patients aged below 18 treated and diagnosed with autism spectrum disorder, attention deficit/hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders in each hospital cluster under HA from 2017-18 to 2019-20 (projection as of 31 December 2019).

		Number of psychiatric patients aged below 18 [1,2]	**Number of patients aged below 18 diagnosed with**[8]				
			Autism spectrum disorder	**Attention deficit/ hyperactivity disorder**	**Behavioural and emotional disorders**	**Schizophrenic spectrum disorder**	**Depression/ Depressive disorders**
2017-18	HKEC[6]	6 300	2 500	3 000	400	<50	100
	HKWC[6]						
	KCC[7]	10 700	3 100	4 300	400	200	300
	KWC[7]						
	KEC	5 400	2 000	2 200	500	<50	100
	NTEC	7 700	2 500	2 100	100	100	100
	NTWC	5 100	1 700	2 500	300	100	100
	Overall	**34 900**	**11 800**	**14 000**	**1 700**	**400**	**800**
2018-19	HKEC[6]	7 100	3 100	3 600	600	<50	200
	HKWC[6]						
	KCC[7]	11 100	3 300	4 700	500	200	400

		Number of psychiatric patients aged below 18 [1,2]	Number of patients aged below 18 diagnosed with[8]				
			Autism spectrum disorder	Attention deficit/ hyperactivity disorder	Behavioural and emotional disorders	Schizophrenic spectrum disorder	Depression/ Depressive disorders
	KWC[7]						
	KEC	5 800	2 100	2 300	500	100	100
	NTEC	8 400	3 100	2 900	300	100	100
	NTWC	5 800	2 000	2 700	300	<50	200
	Overall	**37 900**	**13 400**	**16 100**	**2 200**	**400**	**1 000**
2019-20 (projection as of 31 December 2019)	HKEC[6]	7 700	3 300	3 900	800	<50	200
	HKWC[6]						
	KCC[7]	11 300	3 300	4 800	600	100	400
	KWC[7]						
	KEC	6 000	2 100	2 400	500	<50	100
	NTEC	8 700	3 300	3 100	300	<50	100
	NTWC	6 100	2 100	2 800	400	<50	200
	Overall	**39 700**	**14 100**	**17 000**	**2 600**	**300**	**1 000**

The table below sets out the number of psychiatric patients aged between 18 to 64 treated and diagnosed with schizophrenic spectrum disorder in each hospital cluster under HA from 2017-18 to 2019-20 (projection as of 31 December 2019).

	2017-18		2018-19		2019-20 (projection as of 31 December 2019)	
Cluster	**Number of psychiatric patients aged between 18 to 64 [1, 2]**	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder[8]**	**Number of psychiatric patients aged between 18 to 64 [1, 2]**	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder[8]**	**Number of psychiatric patients aged between 18 to 64 [1, 2]**	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder[8]**
HKEC	14 900	2 800	15 100	2 800	15 300	2 700
HKWC	11 200	2 600	11 600	2 500	12 000	2 500
KCC	12 800	4 000	13 200	4 100	13 300	4 000
KEC	22 800	6 100	22 500	6 100	22 700	6 000
KWC	43 600	12 900	44 400	12 900	44 600	12 700
NTEC	28 800	6 500	30 300	6 600	30 400	6 700
NTWC	27 300	7 100	28 200	7 100	28 900	7 000
Overall	**157 500**	**40 500**	**161 400**	**40 600**	**163 400**	**40 300**

The table below sets out the number of psychiatric patients aged 65 or above and the number of patients aged 65 or above with dementia in psychiatry in each hospital cluster under HA from 2017-18 to 2019-20 (projection as of 31 December 2019).

	2017-18		**2018-19**		**2019-20 (projection as of 31 December 2019)**	
Cluster	**Number of psychiatric patients aged 65 or above [1, 2]**	**Number of patients aged 65 or above with dementia in psychiatry in HA[1,2,9] (Year 2017)**	**Number of psychiatric patients aged 65 or above [1, 2]**	**Number of patients aged 65 or above with dementia in psychiatry in HA[1,2,9] (Year 2018 provisional figures)**	**Number of psychiatric patients aged 65 or above [1, 2]**	**Number of patients aged 65 or above with dementia in psychiatry in HA[1,2,9] (Year 2019)**
HKEC	7 000	2 200	7 400	2 300	7 900	Not readily available
HKWC	4 300	900	4 500	1 100	4 900	Not readily available
KCC	5 300	1 800	5 600	2 000	6 000	Not readily available
KEC	7 400	2 100	7 600	2 100	8 300	Not readily available
KWC	18 100	6 300	19 100	6 700	20 200	Not readily available
NTEC	9 800	3 700	10 700	4 000	11 600	Not readily available
NTWC	7 800	2 400	8 400	2 500	9 200	Not readily available
Overall	**58 800**	**19 000**	**62 500**	**20 100**	**67 200**	**Not readily available**

Note:

1. Including in-patients, patients at SOP clinics and day hospitals.
2. Refer to age as at 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.
5. In HA, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffering from other diagnosis are not included.
6. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
7. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
8. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.
9. HA has aligned the method to estimate the number of patients with dementia by using diagnosis coding, drug dispensing and/or laboratory results information, and therefore such figures may not be comparable to those released in the past due to difference in methodology and data scope.

The table below sets out the number of C&A psychiatric SOP (clinical) attendances in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019):

Cluster	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [provisional figures]**
HKEC[1]	16 894	21 052	16 999
HKWC[1]			
KCC[2]	26 213	26 819	20 574
KWC[2]			
KEC	13 021	13 020	10 597
NTEC	18 219	18 405	14 806
NTWC	18 524	19 655	17 697
Overall	**92 871**	**98 951**	**80 673**

The table below sets out the number of adult psychiatric SOP (clinical) attendances in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

Cluster	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [provisional figures]**
HKEC	82 690	83 248	65 696
HKWC	39 951	41 440	31 288
KCC	53 961	54 802	42 414
KEC	84 905	83 311	63 926
KWC	196 590	201 340	151 305
NTEC	104 641	111 138	82 567
NTWC	128 546	131 332	101 471
Overall	**691 284**	**706 611**	**538 667**

The table below sets out the number of psychogeriatric SOP (clinical) attendances in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

Cluster	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [provisional figures]**
HKEC	3 381	3 300	2 143
HKWC	8 135	8 355	6 048
KCC	11 551	12 720	9 545
KEC	12 122	11 916	10 038
KWC	18 237	18 448	14 194
NTEC	20 671	22 159	17 157
NTWC	14 889	15 317	12 178
Overall	**88 986**	**92 215**	**71 303**

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

The tables below set out the number of C&A psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

2017-18

Cluster	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[1]	14	<1	131	4	1 445	96
HKWC[1]						
KCC[2]	45	1	195	3	3 131	74
KWC[2]						
KEC	20	<1	173	5	1 527	115
NTEC	105	1	245	5	2 025	119
NTWC	55	1	163	6	1 443	92

2018-19

Cluster	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[1]	16	<1	165	4	1 556	82
HKWC[1]						
KCC[2]	51	1	205	3	3 499	89
KWC[2]						
KEC	22	<1	191	1	1 511	96
NTEC	119	1	207	4	2 332	86
NTWC	74	1	162	5	1 853	70

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	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[1]	3	1	133	5	1 059	83
HKWC[1]						
KCC[2]	33	<1	204	3	2 975	113
KWC[2]						
KEC	13	<1	95	<1	1 381	93
NTEC	139	1	193	4	1 884	86
NTWC	75	1	129	4	1 356	73

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.

2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

The tables below set out the number of adult psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

2017-18

Cluster	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	346	1	815	3	1 826	18
HKWC	314	1	606	3	672	23
KCC	111	1	632	4	977	24
KEC	201	<1	1 142	3	3 005	8
KWC	58	<1	348	3	7 738	4
NTEC	846	<1	1 749	4	2 908	25
NTWC	407	<1	1 201	4	2 257	24

2018-19

Cluster	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	199	1	692	3	1 760	17
HKWC	344	1	483	3	654	27
KCC	120	1	680	4	840	16
KEC	89	<1	1 073	3	3 065	20
KWC	62	<1	409	3	7 843	10
NTEC	754	1	1 625	4	2 527	21
NTWC	387	1	1 267	5	2 291	15

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	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	195	<1	679	3	1 346	11
HKWC	366	1	345	3	390	15
KCC	114	1	516	4	645	13
KEC	77	1	746	3	2 005	21
KWC	36	<1	220	4	5 894	15
NTEC	461	<1	1 192	4	1 765	38
NTWC	273	1	856	1	1 594	7

The tables below set out the number of psychogeriatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

2017-18

Cluster	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	9	1	30	4	434	41
HKWC	37	1	147	4	335	63
KCC	13	1	300	6	478	72
KEC	33	1	340	4	837	23
KWC	195	<1	233	3	952	33
NTEC	153	1	501	4	951	63
NTWC	14	1	132	5	895	19

2018-19

Cluster	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	2	2	55	4	511	52
HKWC	42	1	172	3	285	64
KCC	18	<1	346	7	416	77
KEC	17	1	233	3	861	33
KWC	205	<1	261	6	1 026	40
NTEC	151	1	479	4	1 026	50
NTWC	22	1	154	5	828	38

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	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	8	1	39	6	204	37
HKWC	48	1	95	4	229	69
KCC	29	1	312	6	260	71
KEC	14	1	267	4	775	26
KWC	134	<1	141	3	757	39
NTEC	89	1	422	4	786	54
NTWC	7	1	142	5	604	38

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)140

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0063)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Psychiatric drugs are of great importance to the recovery of psychiatric patients. On enhancing psychiatric services, please advise on the following:

a) how many psychiatric drugs prescribed by the Hospital Authority were added or replaced in the past 3 years? What was the expenditure involved?
b) how many patients stopped medication by themselves due to the side effects of psychiatric drugs in the past 3 years? What were the side effects of those drugs?
c) is there any mechanism to review the side effects and potency of psychiatric drugs, and to replace those with side effects with new ones to improve the efficacy of medication in patients? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 20)

Reply:

(a)

Over the years, the Hospital Authority (HA) has taken steps to increase the use of new psychiatric drugs which have proven effectiveness and safety profile, including antipsychotic drugs, antidepressant drugs, and drugs for dementia and attention deficit/hyperactivity disorder. From 2014-15, HA has repositioned the new generation oral antipsychotic drugs (save for Clozapine due to its more complicated side effects) from Special to General drug category in its Drug Formulary so that all these drugs could be prescribed as first-line drugs.

The table below sets out the expenditure on drugs for psychiatric in-patients and out-patients in HA in the past three years.

	2017-18	2018-19	2019-20 (up to 31 December 2019) [provisional figures]
Expenditure on drugs for psychiatric in-patients	$123 million	$138 million	$116 million
Expenditure on drugs for psychiatric out-patients	$429 million	$476 million	$382 million

(b) & (c)

Prescription of drugs is based on clinical judgement on the condition of the individual patients and in accordance with the clinical treatment protocol. Different psychiatric drugs have different potency and side effect profile. The attending doctor will discuss with the patient concerned for the most appropriate treatment. HA does not maintain statistics on the number of patients who have stopped medication by themselves due to the side effects of psychiatric drugs.

HA has put in place an established mechanism under which experts will examine and review regularly the treatment options and drugs for patients with adjustments made as appropriate, taking into account factors like scientific evidences, clinical risks and treatment efficacy, technological advancement and views of patient groups, etc. HA will continue to closely monitor the latest development of clinical and scientific evidences of new psychiatric drugs. HA will also continue to review and introduce new drugs, and formulate guidelines for clinical use of such drugs in accordance with the established mechanism having regard to the principle of optimising the use of public resources and providing the most appropriate drug treatment for needy patients.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)141

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0064)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On enhancing palliative care services, please advise on the following:

a) the number of nurses providing hospice services in the past 3 years, with a breakdown by cluster;
b) the utilisation of hospice services in the past 3 years; and
c) whether the Government will consider allocating more resources for expanding hospice services; if so, the details, including the resources and manpower involved; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 21)

Reply:

(a)

At present, palliative care services in the Hospital Authority (HA) are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on the number of nurses working specifically for the provision of palliative care are not readily available. The number of nurses serving under PCUs and Oncology Centres in the past three years are set out in the table below.

	As at 31 December 2017	**As at 31 December 2018**	**As at 31 December 2019**
Number of nurses serving under PCUs	226	242	264
Number of nurses serving under Oncology Centres	465	488	525

Note :
The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(b)

HA provides palliative care, including inpatient service, outpatient service, day care service, home care service and bereavement counselling, to terminally-ill patients and their families. Statistics on the utilisation of these services in the past three years are set out in the table below.

Palliative Care Service	**Number of Attendances**		
	2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [Provisional Figures]**
Palliative care inpatient service **Note 1** (Total number of inpatient and day inpatient discharges and deaths)	8 176	8 487	6 471
Palliative care specialist outpatient service **Note 1**	13 372	12 645	8 972
Palliative home visits by staff	37 925	44 082	36 131
Palliative day care attendances	12 631	12 201	8 793
Bereavement service	3 918	3 610	2 690

Note :
1. The above figures only include palliative care inpatient and outpatient services that are captured by the designated coding in the computer system.

(c)

To allow more choices for terminally-ill patients to decide on their own treatment and care, the Government has consulted the public on advance directives and related end-of-life (EOL) care arrangements in 2019.

Meanwhile, 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. The additional resource involved is around $34 million per annum. In 2012-13, HA has strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counselling, crisis management, etc., to terminally-ill patients and their caregivers. The additional resource involved is around $12 million per annum.

Since 2015-16, HA has strengthened the Community Geriatric Assessment Team (CGAT) service in phases to enhance EOL care for elderly patients living in residential care homes for the elderly (RCHEs) facing terminal illness. HA has deployed additional resources of around $21.8 million per annum on the enhancement. CGATs are working in partnership with the Palliative Care teams and RCHEs to improve medical and nursing care for those

terminally-ill patients in RCHEs, and to provide training for RCHE staff. In 2020-21, HA plans to further strengthen EOL care for elderly patients in RCHEs and the additional resource involved is around $12.0 million per annum.

Since 2018-19, HA has further enhanced palliative care by strengthening palliative care consultative service in hospitals (additional resource involved has reached around $48.0 million per annum in 2020-21); enhancing palliative care home care service through nurse visits (additional resource involved is around $9.5 million per annum); and strengthening the competency of nursing staff supporting terminally ill patients beyond palliative care setting through training (resource involved is around $22.1 million in 2020-21).

HA will regularly review the demand for various medical services, including support for patients facing terminal illness, plan for the development of its services having regard to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0065)

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

Subhead(No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Despite the rising demand for elderly dental services, the number of training places in the Prince Philip Dental Hospital only increases to 690 in the estimate for the 2020/21 academic year. Has the Government assessed whether the increased training places are sufficient to meet the rising demand? If yes, what are the details? If not, what are the plans to provide additional manpower to cope with the demand for dental services?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.:22)

Reply:

According to the manpower projections conducted under the Strategic Review of Healthcare Manpower Planning and Professional Development promulgated in 2017, the manpower of dentists would be in shortage in the medium to long term.

To meet the anticipated demand for dental manpower, the Government increased the annual intake of University Grants Committee ("UGC")-funded first-year-first-degree ("FYFD") training places in dentistry from 53 to 73 by 20 (about 40%) in the 2016/17-2018/19 triennium. In the 2019/20 to 2021/22 triennium, the number of UGC-funded FYFD places in dentistry has been further increased to 80 per annum. The Government also provided for 20 UGC-funded taught postgraduate places in dentistry in the 2019/20 to 2021/22 triennium.

As for dental hygienists, the Prince Philip Dental Hospital has increased the annual intake for the Higher Diploma in Dental Hygiene course from 24 to 34 (about 42%) from 2018/19 academic year.

The Government has commenced a new round of manpower projection exercise to update the demand and supply projection of healthcare professions, including dentists and dental hygienists. The results are expected to be available within 2020. Subject to the result of

the new manpower projection, the Government will further consider increasing the number of relevant healthcare training places.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)143**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0078)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

For districts where District Health Centres (DHC) have yet to be set up, about $600 million will be allocated to subsidise the setting up of smaller interim "DHC Express" by non-governmental organisations. Please advise on the specific content, timetable and details in this regard.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 35)

Reply:

With reference to District Health Centre (DHC) services, "DHC Express" will provide various primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment and chronic disease management. In addition, "DHC Express" will serve as a district health resource hub that links different service providers of different aspects of primary healthcare services in the community to facilitate clients receiving the necessary care and services when needed.

A consultation session was conducted in early January 2020 to collect views from non-governmental organisations on "DHC Express" including service scope, target participants, funding arrangement, as well as other key issues and concern. The Food and Health Bureau will continue to engage stakeholders with a view to inviting proposals for "DHC Express" in the third quarter of 2020. "DHC Express" in the various districts are targeted to commence services in 2021.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)144

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0260)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the $10 billion earmarked for the public healthcare stabilisation fund, please provide details on its mode of operation, the procedures for utilising the fund and its coverage.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 48)

Reply:

To enable the Hospital Authority (HA) to address service demands in a more effective and sustained manner, the Government has introduced a new arrangement by undertaking to increase the recurrent funding for HA progressively on a triennium basis having regard to population growth and demographic changes. Nevertheless, having considered the importance of public healthcare, the Government has earmarked $10 billion for the public healthcare stabilisation fund. The fund serves to cope with the contingency needs of the HA in case there is not enough in the public coffers to meet HA's additional requirements or additional expenditure arising from unforeseeable circumstances.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)145**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0261)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government has stated that around $180 million had been allocated to the University of Hong Kong, the Chinese University of Hong Kong and the Hong Kong Polytechnic University in 2018-19 for carrying out short-term renovation works, enhancing facilities and strengthening professional healthcare training. Please set out the specific projects of each university, the expenditures involved and the relevant timetables. Please also advise on the healthcare profession(s) planned to be enhanced and the number of training places to be offered.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 49)

Reply:

In the 2019-20 to 2021-22 University Grants Committee triennium, the number of healthcare-related publicly-funded first-degree intake places has increased by over 150 from about 1 780 to about 1 930 (including 60 medical, 60 nursing, and some 30 dental and allied health professions).

The around $180 million allocated to the University of Hong Kong, the Chinese University of Hong Kong and the Hong Kong Polytechnic University in 2018-19 for carrying out short-term renovation works, enhancing facilities and strengthening professional healthcare training was funded under the Capital Works Reserve Fund. Details on the programme are outside the scope of Head 140 under the General Revenue Account.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0263)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The total number of specialist outpatient (clinical) attendances is estimated to increase from 7 915 000 in 2019-2020 to 8 014 000 in 2020-21. Please set out the number of attendances and waiting time for various specialist services of each hospital by cluster.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 57)

Reply:

The table below sets out the number of specialist outpatient (SOP) attendances by major specialty in each hospital cluster under the Hospital Authority (HA) in 2019-20 (up to 31 December 2019). For 2020-21 (Estimate), the relevant information is also provided below but the figures by specialty are not available.

2019-20 (up to 31 December 2019) [Provisional Figures]

Cluster / Major Specialty	**ENT**	**GYN**	**MED**	**OBS**	**OPH**	**ORT**	**PAE**	**PSY**	**SUR**	**All specialties***
HKEC	36 981	19 912	232 785	14 159	94 830	48 134	12 211	67 839	70 117	647 824
HKWC	28 314	33 991	213 836	30 213	71 359	50 254	27 897	54 335	102 140	695 012
KCC	44 677	54 860	321 550	79 145	194 930	84 410	49 779	52 258	143 571	1 154 504
KEC	30 510	32 529	182 355	22 879	102 756	70 074	29 053	84 561	89 593	677 677
KWC	42 218	20 860	354 476	15 068	133 408	87 249	30 267	185 774	116 697	1 047 070
NTEC	49 043	32 648	289 786	36 041	135 054	94 652	28 563	114 530	95 592	975 295
NTWC	33 431	26 024	237 015	34 498	137 990	69 023	24 178	131 346	85 349	840 611
HA Overall	**265 174**	**220 824**	**1 831 803**	**232 003**	**870 327**	**503 796**	**201 948**	**690 643**	**703 059**	**6 037 993**

* Individual figures may not add up to the figure for all specialties because the figure includes attendances of other specialties apart from the major specialties as listed in the table.

2020-21 (Estimate)

Cluster	All specialties
HKEC	857 100
HKWC	923 200
KCC	1 516 000
KEC	919 700
KWC	1 394 300
NTEC	1 292 800
NTWC	1 110 900
Overall	**8 014 000**

The table below sets out the number of SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50^{th} percentile) waiting time in each hospital cluster of HA in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [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	483	<1	2 229	4	5 135	26
	MED	1 071	1	2 942	5	6 651	41
	GYN	603	<1	366	6	2 872	26
	OPH	4 213	<1	1 530	7	5 503	60
	ORT	1 054	1	1 209	5	5 535	78
	PAE	107	<1	610	4	131	7
	PSY	203	<1	718	3	1 550	13
	SUR	705	1	2 754	7	7 297	64
HKWC	ENT	1 532	<1	1 880	7	2 854	28
	MED	1 484	<1	1 443	4	8 269	44
	GYN	1 173	<1	729	5	3 598	41
	OPH	2 525	1	1 295	7	3 682	62
	ORT	808	<1	1 282	4	6 350	21
	PAE	129	1	376	3	1 297	10
	PSY	417	1	573	4	1 678	66
	SUR	1 615	<1	2 086	5	7 886	18

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)
KCC	ENT	1 187	<1	1 595	6	9 888	68
	MED	1 359	1	2 891	5	14 977	79
	GYN	819	<1	2 460	5	5 851	23
	OPH	6 200	<1	4 030	2	11 092	120
	ORT	1 571	<1	1 523	5	9 504	57
	PAE	816	<1	669	4	2 088	17
	PSY	145	1	837	4	948	14
	SUR	2 179	1	4 178	5	19 613	47
KEC	ENT	1 587	<1	2 424	4	5 306	93
	MED	1 204	1	3 978	7	12 403	117
	GYN	1 039	1	736	6	4 638	48
	OPH	4 470	<1	619	6	9 773	14
	ORT	2 742	<1	2 807	6	7 162	60
	PAE	803	<1	599	4	2 108	12
	PSY	104	1	1 108	3	4 161	69
	SUR	1 337	1	4 376	5	12 923	52
KWC	ENT	2 285	<1	1 816	5	8 426	73
	MED	1 633	1	4 064	5	10 099	72
	GYN	189	<1	1 120	6	5 180	53
	OPH	5 226	<1	4 701	3	6 024	90
	ORT	1 547	1	2 079	3	9 414	57
	PAE	1 888	<1	784	4	2 301	16
	PSY	201	<1	556	4	9 583	22
	SUR	1 778	1	4 559	5	14 809	32
NTEC	ENT	2 619	<1	3 772	4	8 350	60
	MED	1 860	<1	2 596	7	17 171	80
	GYN	2 009	<1	893	5	6 181	65
	OPH	4 742	<1	2 603	4	11 442	52
	ORT	3 952	<1	1 720	5	12 099	84
	PAE	174	<1	425	6	2 735	17
	PSY	689	1	1 807	4	4 435	55
	SUR	1 536	1	2 555	5	19 285	37
NTWC	ENT	2 954	<1	1 320	4	7 157	48
	MED	946	1	2 736	3	7 704	79
	GYN	1 240	<1	172	5	4 083	61
	OPH	6 981	<1	2 264	4	7 668	73
	ORT	1 413	1	1 327	5	9 686	65
	PAE	133	1	661	7	1 429	37
	PSY	355	1	1 127	2	3 554	22
	SUR	1 447	1	3 448	6	15 343	59

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 median (50th percentile) waiting time in each hospital cluster of HA in 2019-20 (up to 31 December 2019).

Cluster	2019-20 (Up to 31 December 2019) [Provisional figures]	
	Number of new cases	Median waiting time (weeks)
HKEC	2 196	1
HKWC	3 515	2
KCC	9 938	9
KEC	2 475	1
KWC	3 581	3
NTEC	8 205	5
NTWC	2 196	3

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2314)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the District Health Centres, please provide the following information on the first centre in Kwai Tsing since its operation: the services provided, the number of attendances (with a breakdown by age group), and the grades and numbers of the healthcare personnel employed. Will the Government consider introducing chiropractic services? If yes, what are the details; if no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 51)

Reply:

As at 31 December 2019, the Kwai Tsing District Health Centre (K&T DHC) has an establishment of 58 staff including nurse, physiotherapist, occupational therapist, dietitian, pharmacist, social workers, administrative and supporting staff. The K&T DHC has 2 292 registered members with a cumulative attendance of 8 340.

Age distribution among members of the K&T DHC is outlined below -

Age Range	Number of members
<18	4
18-24	12
25-44	96
45-64	752
65-80	1259
>80	169
Total	2292

The DHC provides various primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment, chronic disease management and community rehabilitation. The DHC does not currently provide chiropractic service. Under the steer of the Steering Committee on Primary Healthcare Development, the Food and Health Bureau will constantly review the service scope of DHCs with a view to providing evidence-based, efficient and cost-effective primary healthcare services via district-based medical-social collaboration in the community.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)148

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2315)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the District Health Centres (DHCs) to be set up in 6 other districts in the coming 2 years, as well as the DHCs yet to be set up for the remaining 11 districts, please advise on the services to be provided, the estimated number of attendances, and the grades and number of medical staff to be employed at each of the DHCs. Also, will the Government consider introducing chiropractic services? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 52)

Reply:

The Government is committed to enhancing district-based primary healthcare services in a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-oriented by setting up District Health Centres (DHCs) in all 18 districts progressively. DHCs provide various primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment, chronic disease management and community rehabilitation. The target average annual attendances for the upcoming Wong Tai Sin DHC and Sham Shui Po DHC would be over 65 000 each. The minimum number of staff required in the core team of the WTS and SSP DHCs as set out in the tender document is listed below –

Executive Director	1
Chief Care Coordinator	1
Care Coordinators	5
Nurses	3
Physiotherapists	2
Occupational Therapists	2
Pharmacist	1
Social Workers	3

Dietitian	1
Administrative Staff	8

The DHC does not currently provide chiropractic service. Under the steer of the Steering Committee on Primary Healthcare Development, the Food and Health Bureau will constantly review the service scope of DHCs with a view to providing evidence-based, efficient and cost-effective primary healthcare services via district-based medical-social collaboration in the community.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)149

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2316)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the new round of healthcare manpower projections, what is the progress of the relevant exercise? What is the estimated timetable for completion?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 53)

Reply:

The Government has commissioned the University of Hong Kong ("HKU") to conduct a new round of manpower projection exercise to update the demand and supply projections of the 13 healthcare professions. The Food and Health Bureau had briefed Members of the Legislative Council Panel on Health Services on the new round of healthcare manpower projection on 13 December 2019 (LC Paper No. CB(2)349/19-20(03)).

HKU is now collating profession-specific service utilisation data for the purpose of making projections. The Food and Health Bureau and HKU will conduct engagement sessions with all the 13 healthcare professions. Feedback from stakeholder groups will be incorporated in the projection exercise as appropriate. The projection exercise is expected to be completed before end 2020.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)150**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2317)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the expansion of coverage of the HA Drug Formulary, please provide the number of new drugs to be introduced, the costs, categories of diseases and number of beneficiaries involved in 2020-21.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 54)

Reply:

With additional recurrent resources from the Government, the Hospital Authority (HA) has been expanding the scope of the HA Drug Formulary (HADF) by incorporating specific new drugs / drug classes as Special drugs and extending the therapeutic applications of different Special drugs / drug classes in the HADF. In 2020-21, HA will incorporate two new drugs into the HADF as Special drugs and extend the therapeutic application of one Special drug / drug class in the HADF. The table below sets out the additional recurrent resources involved and the estimated number of patients who will benefit from the drugs to be repositioned as Special drugs and extended therapeutic application of the Special drug / drug class in 2020-21.

Drug Name / Class and Therapeutic Use	**Additional Recurrent Resources Involved ($ Million)**	**Estimated Number of Patients Benefited**
Newly Incorporated Drugs		
i) Erlotinib for advanced or metastatic non-small-cell lung cancer	63.0	1 000
ii) Sacubitril / Valsartan for heart failure	15.6	2 167

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved ($ Million)	Estimated Number of Patients Benefited
Drug with Extended Therapeutic Application		
i) Tenofovir for treating Hepatitis B for pregnant women	5.6	783

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3218)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of community nurses and the average number of cases handled daily by each community nurse in the past 3 years, and the corresponding estimated figures for the coming 3 years, with a breakdown by cluster and hospital.

Regarding the service model for delivering rehabilitation and geriatric services, the Government has indicated that in addition to community nurses, other health professionals will also be engaged. Please provide specific details on the model, the implementation timetable, the number and grades of the additional personnel, as well as the average number of cases to be handled daily by each person.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 55)

Reply:

The table below sets out the number of community nurses (CNs) in the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) by cluster.

Cluster	**Number of CNs [(1)]**		
	2017-18	**2018-19**	**2019-20 (as at 31 December 2019)**
HKEC	58	54	55
HKWC	27	29	27
KCC	91	93	91
KEC	101	102	106
KWC	93	95	94
NTEC	61	64	72
NTWC	59	66	63
TOTAL	**490**	**504**	**507**

Note:

(1) The manpower figures of CN are calculated on full-time equivalent (FTE) basis including permanent, contract and temporary staff in HA, and are the position as at end March of respective years (except for 2019-20 in which case the position is as at 31 December 2019). Individual figures may not add up to the total due to rounding.

The number of cases handled by each CN in HA varies, and the number and duration of visits of each case also differ. Relevant factors include, among others, the complexity of the cases, the needs, risks and self-care abilities of the patients. Generally speaking, about seven to nine visits are conducted by CN for each case on average while the duration of each visit ranges from 21 to 52 minutes.

In planning for the provision of services, HA takes into account various factors, including population growth and demographic changes, advancement in medical technology, manpower provision, organisation of services of clusters and hospitals, and service demand in each district. HA will continue to closely monitor the operation and service utilisation of the community nursing services, and flexibly deploy manpower to meet the service needs.

HA will continue to strengthen its healthcare services to the public to meet the rising demand of growing and ageing population. The number of medical, nursing and allied health staff in 2020-21 is expected to increase by, on FTE basis, 183, 1 140 and 460 respectively when compared with 2019-20.

HA's rehabilitation and geriatric services are provided through multi-disciplinary teams who may work in different clinical settings for inpatient, ambulatory and/or community health care services. While rehabilitation services are provided by different departments and/or specialties with flexible deployment of staff to cope with service needs and operational requirements, the manpower for Geriatrics is grouped under the specialty of Medicine. Breakdown of the manpower providing rehabilitation and geriatric services and average daily attendances per manpower are therefore not available.

In recent years, HA has been strengthening rehabilitation and geriatric services provided by multi-disciplinary teams of healthcare professionals at different settings (e.g. inpatient, outpatient, day care and outreach services). These include strengthening of restorative rehabilitation on weekends and public holidays, as well as enhancement of day rehabilitation service, transitional post-discharge support for elderly patients with hip fracture and acute stroke, and Community Geriatric Assessment Team support for terminally ill patients in Residential Care Homes for the Elderly.

HA will continue to closely monitor the operation and utilisation of rehabilitation and geriatric services, and flexibly deploy manpower and other resources to meet the service needs.

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)152

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3219)

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)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of community psychiatric nurses and the average number of cases handled daily by each community psychiatric nurse in the past 3 years, and the corresponding estimated figures for the coming 3 years, with a breakdown by cluster and hospital.

Regarding the service model for delivering psychiatric services, the Government has indicated that in addition to community psychiatric nurses, other health professionals will also be engaged. Please provide specific details on the model, the implementation timetable, the number and grades of the additional personnel, as well as the average number of cases to be handled daily by each person.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 56)

Reply:

The table below sets out the number of community psychiatric nurses (CPNs) in the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) by cluster.

Cluster	**Number of CPNs [(1)]**		
	2017-18	**2018-19**	**2019-20 (as at 31 December 2019) [Provisional figures]**
HKEC	11	11	10
HKWC	8	7	8
KCC	12	11	10
KEC	16	16	16
KWC	23	23	22

Cluster	Number of CPNs [1]		
	2017-18	2018-19	2019-20 (as at 31 December 2019) [Provisional figures]
NTEC	21	18	20
NTWC	49	48	46
TOTAL	**139**	**134**	**132**

Note:

[1] The manpower figures of CPNs are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA, and are the position as at end March of respective years (except for 2019-20 in which case the position is as at 31 December 2019). Individual figures may not add up to the total due to rounding.

Patients in need of community psychiatric services are currently followed up by the multi-disciplinary community psychiatric teams in various HA clusters. The teams, which comprise healthcare professionals such as psychiatric doctors, psychiatric nurses (including CPNs), clinical psychologists, occupational therapists, medical social workers and peer support workers etc., provide necessary community support services for patients with mental health needs residing in the community, having regard to their conditions and clinical needs. The number of cases handled by a healthcare professional in community psychiatric services (including CPN) varies, depending on a number of factors such as patients' conditions and clinical needs as well as experience of the staff. The number and duration of visits also vary from case to case. On average, each healthcare professional takes care of about 40 to 60 patients at any one time.

In 2020-21, HA will further enhance its psychiatric services with details as follows -

(i) Further rolling out the Student Mental Health Support Scheme to a total of 150 schools to enhance the support for students with mental health needs in the 2020/21 school year; introducing a collaborative care model between paediatrics and child and adolescent (C&A) psychiatry departments to provide better care management and timely treatment for patients with mild and stable Attention Deficit Hyperactivity Disorder; and strengthening the allied health support services to C&A psychiatric patients. It is estimated that 4 doctors, 34 nurses, 10 clinical psychologists, 5 occupational therapists, 2.5 speech therapists and 27 supporting staff will be recruited;

(ii) Establishing the C&A psychiatric services in HKEC by phases. It is estimated that 2 doctors, 15 psychiatric nurses, 1 clinical psychologist, 1 occupational therapist, 0.4 speech therapist, 0.5 dispenser and 29 supporting staff will be recruited;

(iii) Enhancing the community psychiatric services by recruiting 16 additional case managers in HKEC, HKWC, KCC, KWC and NTWC; and

(iv) Enhancing the psychogeriatric outreach services in HKEC, KEC and NTEC to patients living in Residential Care Homes for the Elderly. It is estimated that additional 6 psychiatric nurses and 3 supporting staff will be recruited.

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. 1190)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Government has established a Chinese Medicine Centre for Training and Research (CMCTR) in each of the 18 districts to promote the development of "evidence-based" Chinese medicine and provide training placements for graduates of local Chinese medicine degree programmes. Each of these CMCTRs is operating on a tripartite collaboration model involving the Hospital Authority, a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day operation of the CMCTRs. In this regard, please provide:

(1) the number of Chinese medicine practitioners employed by the CMCTR in each district, the expenditure involved and the number of attendances in the past 3 years; and

(2) among the Chinese medicine practitioners employed, the ratio and the number of graduates of local Chinese medicine degree programmes in the past 3 years.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 34)

Reply:

(1) In 2020-21, the Government has earmarked $227 million for the Hospital Authority to enhance the operation of the 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) (originally named as 18 Chinese Medicine Centres for Training and Research before 1 March 2020) to provide Government subsidised service and Chinese medicine practitioner (CMP) trainee programme, maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine (CM) herbs, development and provision of training in "evidence-based" CM, enhancement and maintenance of the CM Information System and development of new Information Technology system.

The attendances of the 18 CMCTRs in the past 3 years are set out in the table below:

District	Attendance for the year		
	2017	**2018**	**2019**
Central & Western	59 630	58 483	58 805
Tsuen Wan	76 575	76 132	75 038
Tai Po	77 815	81 362	71 735
Wan Chai	73 072	65 346	55 004
Sai Kung	61 819	62 667	58 593
Yuen Long	88 362	80 850	83 099
Tuen Mun	67 638	66 351	64 844
Kwun Tong	74 175	73 470	68 003
Kwai Tsing	59 471	55 609	47 387
Eastern	58 198	57 090	54 795
North	80 506	79 966	81 868
Wong Tai Sin	65 301	71 637	58 360
Sha Tin	77 679	70 782	68 631
Sham Shui Po	73 342	68 848	66 436
Southern	63 495	66 808	59 250
Kowloon City	56 762	60 544	57 878
Yau Tsim Mong	58 420	56 782	50 685
Islands	41 143	44 516	49 732
Total	**1 213 403**	**1 197 243**	**1 130 143**

Note : The above attendances cover all kinds of CM services provided in the CMCTRs (i.e. CM general consultation services, acupuncture, bone-setting, tui-na, etc).

The numbers of CMPs engaged by these 18 CMCTRs in the past 3 years are set out in the table below:

District	Number of CMPs as at year end		
	2017	**2018**	**2019**
Central and Western	23	22	21
Tsuen Wan	24	25	25
Tai Po	28	28	29
Wan Chai	27	22	25
Sai Kung	19	17	18
Yuen Long	21	25	25
Tuen Mun	25	25	25
Kwun Tong	24	25	27
Kwai Tsing	22	19	21
Eastern	17	18	17
North	20	20	20
Wong Tai Sin	22	20	22
Sha Tin	23	23	22
Sham Shui Po	24	24	24

Southern	25	26	26
Kowloon City	20	20	23
Yau Tsim Mong	21	22	25
Islands	16	22	20
Total:	**401**	**403**	**415**

Note:

(i) The CMPs are employees of the NGOs operating the CMCTRs, and these figures are provided by the respective NGOs.

(ii) The CMPs are the employees of the NGOs operating the CMCTRs. Their terms of employment and remuneration packages are determined by the NGOs.

(2) Of the 415 CMPs employed at the 18 CMCTRs, as at 31 December 2019, 266 were graduates of local CM degree programmes.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)154

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1191)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What is the current total number of Chinese medicine practitioners ("CMPs") in Hong Kong? What are the numbers of listed CMPs and registered CMPs? In each of the past 3 years, what are the numbers of student intake and graduates of the training courses on Chinese medicine run by tertiary institutions?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.:18)

Reply:

As at 29 February 2020, there were a total of 10 170 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 613 were registered CMPs and 2 557 were listed CMPs.

Currently, the Hong Kong Baptist University offers a full-time University Grants Committee-funded Bachelor of Pharmacy in Chinese Medicine programme. The number of student intake and graduates in academic years 2017/18 to 2019/20 are as follows:

Academic year	Student intakes	No. of graduates
2017/18	18	14
2018/19	17	20[Note]
2019/20	16[Note]	Not yet available

Note: provisional figures.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)155**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1683)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the average waiting time for first appointment at psychiatric specialist out-patient clinics in the past 3 years by year and hospital cluster; and the estimated increase in the number of attendances of psychiatric service in the future by year and hospital.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 19)

Reply:

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach to provide comprehensive and continuous medical support to psychiatric patients, including inpatient care, specialist outpatient (SOP) services, day hospital training and community support services, depending on the severity of the patient's condition. For psychiatric SOP clinics, the number of attendances in the past 3 years in each hospital cluster under HA are set out in the table below. With reference to the past trend, it is estimated that there will be about 1-4% increase in the attendances of psychiatric SOP clinics in HA each year.

Cluster	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [provisional figures]**
HKEC	86 082	86 548	67 839
HKWC	64 969	70 847	54 335
KCC	65 920	67 930	52 258
KEC	110 048	108 247	84 561
KWC	240 632	246 199	185 774
NTEC	143 531	151 702	114 530
NTWC	161 959	166 304	131 346
Overall	**873 141**	**897 777**	**690 643**

The tables below set out the number of psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019) :

2017-18

Cluster	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	355	1	845	3	2 260	24
HKWC	365	1	884	3	2 452	63
KCC	129	1	939	5	1 532	25
KEC	254	<1	1 655	3	5 369	20
KWC	293	<1	769	3	11 744	15
NTEC	1 104	1	2 495	4	5 884	51
NTWC	476	<1	1 496	4	4 595	35

2018-19

Cluster	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	201	1	747	3	2 271	24
HKWC	402	1	820	3	2 495	63
KCC	143	1	1 029	5	1 318	16
KEC	128	<1	1 497	3	5 437	56
KWC	313	<1	872	4	12 306	18
NTEC	1 024	1	2 311	4	5 885	42
NTWC	483	1	1 583	5	4 972	34

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	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	203	<1	718	3	1 550	13
HKWC	417	1	573	4	1 678	66
KCC	145	1	837	4	948	14
KEC	104	1	1 108	3	4 161	69
KWC	201	<1	556	4	9 583	22
NTEC	689	1	1 807	4	4 435	55
NTWC	355	1	1 127	2	3 554	22

To enhance the support for psychiatric SOP services, HA has strengthened the manpower and resources in the past few years. Since 2015-16, the multi-disciplinary model for common mental disorder clinics has been introduced in HKEC, KEC, KWC, NTEC and NTWC by phases to provide better support for patients with common mental disorders. HA also enhanced the multi-disciplinary teams, including psychiatric doctors, for the child and adolescent (C&A) psychiatric SOP services in all 5 service clusters providing C&A psychiatric services. In 2020-21, HA plans to pilot the collaborative care model between paediatrics and C&A psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder and strengthen the allied health support services to C&A psychiatric patients. HA will continue to review and monitor its service provision to meet the needs of 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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1321)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Given the strong demand for child assessment service, (i) will there be any plans to invite eligible non-government organisations (NGOs) to assist child assessment centres (CACs) in conducting assessments? (ii) If so, what are the details? (iii) If not, what are the reasons?

2. Are there any plans to offer subsidises, such as in the form of children health care vouchers, to families with children who have been diagnosed with special needs for learning and training services if these families have financial difficulties and urgent needs for such services?

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 17)

Reply:

1. Noting the increasing demands for the services provided by the Child Assessment Service (CAS), the Department of Health (DH) has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were created in the CAS in 2019-20. DH will continue to monitor closely the capacity of the CAS in managing the service demand.

   Moreover, the CAS has been working closely with the Family Health Service under DH to enhance Maternal and Child Health Centre's developmental surveillance scheme to provide preliminary assessment. Paediatric Units of the Hospital Authority (HA) have also been assisting in the preliminary assessment for some in-patients with developmental problems. DH has no plan to invite non-governmental organisations to assist the CAS in conducting assessment.

2. The Government attaches great importance to child health. We have all along been providing health services for newborns, children and teenagers through relevant service units under DH and HA, as well as promoting child health. In view that the Government has put in significant resources in relation to child health, and that setting up individual vouchers by different groups may lead to the financial support model being overly fragmented and complicated, we have no plan to set up children vouchers at this stage. We will continue to enhance the existing services as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3224)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In the past 3 years, what were the numbers of the patient and private doctors participating in the General Outpatient Clinic Public-Private Partnership Programme under the Hospital Authority (HA), broken down by District Council district, the average number of subsidised consultations received by participating patients and the expenditure involved in each year? How many patients withdrew from the Programme and received services from the HA again?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 13)

Reply:

The Hospital Authority (HA) has launched the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) since mid-2014 by phases. The programme now covers all 18 districts in Hong Kong.

As at end-2019, there were 417 Participating Service Providers (PSPs) and 35 137 patients participating in the programme. On average, patients had 6.2 visits in a year.

HA will provide the necessary support if participating patients choose to withdraw from the programme and return to HA for receiving services. Since programme launch up to end-December 2019, 3 763 patients have withdrawn from the programme. As patients may choose to return to HA for services some time after withdrawing from the GOPC PPP, HA does not have readily available information on patients' subsequent choice of treatment arrangement.

Participating patients are free to choose among the PSPs across all 18 districts. The breakdown of PSPs by district is set out in the table below.

District	Number of GOPC PPP PSPs		
	2017-18	2018-19	2019-20 (as at end-2019)
Eastern	29	26	27
Southern	8	9	10
Wan Chai	9	8	10
Central & Western	22	28	29
Kowloon City	11	15	16
Kwun Tong	51	56	56
Sham Shui Po	8	18	23
Wong Tai Sin	23	22	23
Yau Tsim Mong	17	29	30
Islands	6	8	10
Kwai Tsing	26	27	27
North	5	7	13
Sai Kung	18	16	17
Sha Tin	19	21	22
Tai Po	13	14	14
Tsuen Wan	15	18	19
Tuen Mun	36	41	40
Yuen Long	22	29	31
TOTAL	**338**	**392**	**417**

The expenditures from 2017-18 to 2019-20 are set out in the able below.

	2017-18 Actual Expenditure ($ million)	2018-19 Actual Expenditure ($ million)	2019-20 Projected Expenditure ($ million)
GOPC PPP	46.6	72.2	90.7

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0841)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower planning for supporting staff of the Hospital Authority, please provide the following information:

1. What is the overall attrition rate of supporting staff in each of the past 3 financial years? Which are the 5 types of posts with the highest attrition rates? How many staff are serving in each type of these posts? What are their attrition rate, entry salary point and maximum salary point respectively?

2. What is the number of supporting staff joining the Special Honorarium Scheme in each of the past 3 financial years? How much can a staff member get on average?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 3)

Reply:

(1)

The table below sets out the full-time attrition (wastage) rate of "care-related support staff" and "other support staff" in 2017-18, 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019).

	Full-time Attrition (Wastage) Rate		
Staff Group	**2017-18**	**2018-19**	**2019-20 (Rolling 12 months from 1 January to 31 December 2019)**
Care-related Support Staff	14.8%	14.3%	13.0%
Other Support Staff	14.3%	14.2%	13.3%

Since April 2011, supporting jobs in the Hospital Authority (HA) are grouped into 3 job streams, namely Patient Support, Operation Support and Executive Support and the job incumbents are hired as Patient Care Assistants, Operation Assistants and Executive Assistants (PCA/OpA/EA) respectively.

The table below sets out the full-time equivalent (FTE) strength of PCA/OpA/EA in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

	FTE Strength		
Rank Group	**2017-18 (As at 31 March 2018)**	**2018-19 (As at 31 March 2019)**	**2019-20 (As at 31 December 2019)**
PCA	12 631	13 393	14 319
OpA	7 414	7 901	8 600
EA	4 343	4 650	5 092

The table below sets out the full-time attrition (wastage) rate of PCA/OpA/EA in 2017-18, 2018-19 and 2019-20 (rolling 12 months from 1 January to 31 December 2019).

	Full-time Attrition (Wastage) Rate		
Rank Group	**2017-18**	**2018-19**	**2019-20 (Rolling 12 months from 1 January to 31 December 2019)**
PCA	15.1%	13.8%	12.5%
OpA	13.7%	13.6%	12.5%
EA	25.5%	25.2%	22.3%

The pay ranges for PCA/OpA/EA as at 1 April 2019 are as follows:

	Pay Range	
Rank Group	**Minimum**	**Maximum**
PCA	$12,490	$26,524
OpA	$12,181	$25,906
EA	$12,181	$25,906

Note:

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

3. 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.

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 "care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc.

6. The "other support staff" group includes assistant laundry managers, clerical assistants, data processors, operation assistants, executive assistants, etc.

(2)

The tables below provide the number of "care-related support staff" and "other support staff" in HA receiving payment for Special Honorarium Scheme (SHS) and the amount involved in 2017-18, 2018-19 and 2019-20 (full year projection) :

2017-18

Staff Group	**No. of Staff**	**Payment for SHS ($million)**
Care-related Support Staff	3 939	29.9
Other Support Staff	2 139	12.0
Total	**6 078**	**41.9**

2018-19

Staff Group	**No. of Staff**	**Payment for SHS ($million)**
Care-related Support Staff	5 664	60.8
Other Support Staff	3 302	25.4
Total	**8 966**	**86.2**

2019-20 (Full Year Projection)

Staff Group	**No. of Staff**	**Payment for SHS ($million)**
Care-related Support Staff	5 777	80.0
Other Support Staff	3 344	33.4
Total	**9 121**	**113.4**

Note:

1. The number of staff receiving payment for SHS in 2017-18, 2018-19 and 2019-20 are based on headcount statistics as at 31 March 2018, 31 March 2019 and 31 January 2020 respectively.

2. Payment for SHS for 2019-20 represents full-year projection with annual pay adjustment.

3. The "care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc.

4. The “other support staff” group includes assistant laundry managers, clerical assistants, data processors, operation assistants, executive assistants, etc.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)159

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0842)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision of protective equipment by the Hospital Authority (HA) for its staff, please advise on the following:

1. In each of the past 3 financial years, the HA's consumption of protective equipment (including surgical masks, working clothes, N95 respirators, gowns, face shields and goggles); the average stock of such equipment; whether the HA has set any alert level for the stock of various items of equipment, if so, please provide the figures; the expenditure involved in procuring such equipment each year.
2. As a result of the recent outbreak of the novel coronavirus pneumonia, the consumption of protective equipment in public hospitals increased drastically. According to the HA, the current stock of equipment is adequate for one-month's service demand. In this connection, how will the Government ensure that the AH has a stable supply of equipment to deal with any emergencies in the future?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 4)

Reply:

1. & 2.

Following the Swine Flu Pandemic in 2009, the Hospital Authority (HA) reviewed its emergency stockpile of personal protective equipment (PPE) by making reference to the depletion of PPE during the pandemic period, as well as relevant information available from the World Health Organization. HA's emergency stockpile of PPE has increased from 42 days to 90 days since then with an aim to building sufficient emergency stock to cater for operational needs during emergency situations.

As the procurement of PPE for combating COVID-19 is ongoing, we do not have information on the total expenditure and quantities involved.

With the development of the Coronavirus Disease 2019 (COVID-19) infection, HA has expedited and significantly increased the procurement of PPE since January 2020. HA has immediately taken actions with a view to increasing the stockpile to almost 6 months so as to ensure sufficient PPE supply. In light of the development of the epidemic, HA has seen a sharp increase in the amount of PPE used. Public hospitals are stepping up control of stock and at the same time promoting the effective use of PPE in order to ensure sufficient protection for staff. HA has stipulated stringent infection control guidelines and provided related training to familiarise and equip staff in different clinical positions with better understanding of the appropriate infection control measures, including the wearing of suitable PPE when carrying out different clinical procedures.

In view of the recent global situation where the production, supply chain and transportation of PPE has become extremely tight, coupled with the shortage in supply of the raw materials necessary for PPE production, HA has since the second half of January 2020 proceeded with global procurement through the flexible approach of direct purchase.

The Government has also proceeded with global procurement with an aim to procuring appropriate PPE soonest possible. The Government will continue to closely liaise with HA and will accord priority to allocate PPE items purchased to cater for the needs of frontline clinical staff of the Department of Health and HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0843)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Policy Address and Budget Speech for the current year that the Government will subsidise the setting up of interim District Health Centre (DHC) Expresses by non-governmental organisations in the 11 districts where DHCs have yet to be established. In this connection, will the Government advise on the following:

1. What is the amount of allocation for each of the 11 DHC Expresses, and the corresponding figures for the estimated construction costs and operating expenditures respectively?

2. Have potential sites been identified for the 11 DHC Expresses under planning?

3. Are there any plans to give priority to certain districts in setting up the DHC Expresses? When are these 11 DHC Expresses expected to come into operation?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 5)

Reply:

(1) An estimated non-recurrent expenditure of about $596 million over a 3-year project period is budgeted for setting up and operating "DHC Express" in 11 districts. The funding ceiling earmarked for each district will be about $54 million in a 3-year project period, inclusive of set up, rental, staff and other operation costs.

(2) Non-governmental organisation (NGO) will be identified to operate "DHC Express" by way of invitation of proposals. The NGOs will propose the premises for "DHC Express" and the relevant costs would be accounted for within the approved funding. The Food and Health Bureau plans to invite proposals for "DHC Express" in the third quarter of 2020.

(3) The "DHC Express" in the 11 districts are targeted to commence services in 2021.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0844)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Special Retired and Rehire Scheme (SRRS) to retain healthcare workforce, will the Government please inform this Committee of the following:

1. the numbers of doctors, nurses, allied health professionals and supporting staff who have returned to work in the Hospital Authority (HA) through the SRRS as at 31 December 2019, and the staff cost involved;
2. the numbers of consultants, associate consultants and residents who have returned to work in the HA through the SRRS, and the duration of their contracts;
3. the number of doctors who will reach retirement age in the next 2 years?

Asked by: Hon MAK Mei-keen, Alice (LegCo internal reference no.: 6)

Reply:

1. & 2.

The Special Retired and Rehire Scheme (SRRS) was first implemented in the Hospital Authority (HA) in 2015-16 to rehire suitable serving doctors, nurses, allied health professionals and supporting staff upon their retirement or completion of contract at/beyond their normal retirement age for retaining expertise for training and knowledge transfer, and alleviating manpower pressure. This special scheme supports re-employment of retired staff without creating promotion blockage to serving staff by creation of supernumerary posts. Further enhancements will be implemented from 2020-21 onwards to better engage the retirees in advance.

As at 31 December 2019, 67 doctors, 125 nurses and 15 allied health professionals were rehired after retirement and serving in HA. On the other hand, 2 242 supporting/other grades staff rejoined HA after retirement to fill existing vacancies and were serving in HA

as at 31 December 2019. The total salary expenditure involved in 2019-20 (full-year projection) is $884.4 million.

Of the 67 rehired doctors as at 31 December 2019, there were 56 Consultants, 2 Associate Consultants and 9 Residents. Currently, one-year full-time contract is offered to retirees rehired under the SRRS subject to age 65. Starting from 2020-21, the rehired retirees will be further engaged for a period of 2 years, subject to satisfactory performance assessment conducted after the first year of the contract.

Note:
Total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death and disability benefit. The figure for 2019-20 represents full-year projection with annual pay adjustment.

3.

There are 61 and 63 doctors reaching their retirement age in the coming 2 years respectively. HA will engage the retiring doctors well in advance before their retirement to offer a variety of employment options, including but not limited to full-time employment under the SRRS, part-time employment, locum employment, etc, to attract them to rejoin HA.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)162

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0845)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the utilisation of general out-patient services, please inform this Committee of the following:

1. the respective numbers of chronic disease patients with stable medical conditions and episodic disease patients attending general out-patient clinics, the utilisation rates of the general out-patient services, and the average expenditures on treating these two types of patients by hospital clusters in each of the past 3 financial years;

2. the number of general out-patient clinics that provide evening services and their distribution, the utilisation rates and the number of consultations of these clinics in the evening sessions, as well as the expenditure incurred for operating evening sessions by hospital clusters in the past 3 financial years.

3. Currently, appointments for general out-patient services are made by phone. Will the Government consider exploring other means for booking consultation appointments?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 7)

Reply:

(1) & (2)

The Hospital Authority (HA) operates a total of 73 general outpatient clinics (GOPCs) throughout the territory. 23 of the GOPCs have evening clinic services and their distribution is set out in the table below:

Cluster	Number of clinics with evening clinic services (as at December 2019)
HKEC	2
HKWC	2
KCC	6
KEC	2
KWC	4
NTEC	4
NTWC	3
Total	23

The GOPC services (including evening clinic services) are of high volume and utilisation is over 95%. The table below sets out the total number of GOP attendances in the past three years including evening clinical services.

2017-18	2018-19	2019-20 (Revised Estimate)
6 081 738	6 059 222	6 179 000

The common diseases among patients attending the GOPCs included hypertension, lipid disorder, diabetes mellitus, upper respiratory tract infection, gout and benign prostatic hypertrophy. As GOPC patients often have multiple health problems (i.e., episodic problem and/or chronic disease) in each consultation, patients with episodic problem and chronic disease cannot be clearly separated.

HA adopts an integrated and multi-disciplinary approach in GOPC service provision which allows flexible deployment of staff to cope with service needs and operational requirements. As evening clinic service is an integral part of GOPC service, healthcare professionals supporting evening clinic service also provide support for GOPC service in other service hours. Therefore, the costs for operating day clinic service and evening clinic service of the GOPCs cannot be separately identified. The table below set out the costs for operating the general outpatient clinics from 2017-18 to 2019-20. Cost breakdown by type of patients or by operating sessions is not available.

Year	GOPC Service Costs ($ million)
2017-18	2,866
2018-19	2,985
2019-20 (Revised Estimate)	3,268

Note:
The GOPC service costs include direct staff costs (such as doctors and nurses) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

(3)

At present, consultation timeslots at GOPCs in the next 24 hours are available for booking through HA's telephone appointment system (TAS) for patients with episodic diseases. Taking into consideration feedback from the public, HA has introduced a number of measures to improve the operation of the TAS over the past few years. HA will continue to keep in view the operation of the TAS, and introduce improvement measures as appropriate. HA is actively developing a mobile application for making GOPC appointments, with a target to launch in 2020-2021 after engaging stakeholders in the development.

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. 0846)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower planning of healthcare staff and allied health (AH) professionals, would the Government please advise on the following:

1. the numbers of newly recruited and existing doctors, nurses and AH professionals, their attrition figures and rates, and the total salary expenditures of the above staff in the past 3 year;
2. the numbers of existing and additional doctors, and their attrition figures and rates by specialty in the past 3 years;
3. the numbers of non-locally trained doctors working in the Hospital Authority (HA) or the Department of Health (DH) under limited registration in the past year and their specialty;
4. the details of, and manpower and expenditure involved in the publicity efforts made by the Government in the past year in regions other than Hong Kong for recruiting non-locally trained doctors to practice in Hong Kong?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.:9)

Reply:

1.

(i) The number of newly recruited and existing doctors, nurses and allied health grade staff under the management of the Department of Health ("DH") and the Hospital Authority ("HA") respectively in the past 3 years from 2017-18 to 2019-20 are set out in the following tables –

DH

Grade	2017-18		2018-19		2019-20 *(as at 1.2.2020)*	
	Existing Number of Staff	**New Intake**	**Existing Number of Staff**	**New Intake**	**Existing Number of Staff**	**New Intake**
Doctors	500	29	494	18	506	32
Nurses	1 417	71	1 453	144	1 432	71
Allied Health Professionals	1 274	52	1 288	46	1 330	75

HA

Staff Group	2017-18		2018-19		2019-20	
	Existing Number of Staff	**New Intake**	**Existing Number of Staff**	**New Intake**	**Existing Number of Staff (as at 31 December 2019)**	**New Intake (April – December 2019)**
Doctors	5 858	518	5 963	571	6 214	552
Nurses	26 111	2 214	27 252	2 423	28 779	2 367
Allied Health Professionals	7 815	573	8 056	621	8 346	630

(ii) The attrition number and attrition rate of doctors, nurses and allied health grade staff under the management of DH and HA respectively in the past 3 years from 2017-18 to 2019-20 (as at 1 February 2020) are set out in the following tables –

DH

Grade	2017-18		2018-19		2019-20 *(as at 1.2.2020)*	
	Attrition Number	**Attrition Rate**	**Attrition Number**	**Attrition Rate**	**Attrition Number**	**Attrition Rate**
Doctors	23	4.6%	26	5.3%	19	3.8%
Nurses	66	4.7%	108	7.4%	91	6.4%
Allied Health Professionals	37	2.9%	35	2.7%	39	2.9%

HA

Staff Group	2017-18		2018-19		2019-20 (Rolling 12 months from 1 January to 31 December 2019)	
	Attrition Number	**Attrition Rate**	**Attrition Number**	**Attrition Rate**	**Attrition Number**	**Attrition Rate**

Doctors	336	5.8%	374	6.4%	364	6.1%
Nurses	1 304	5.4%	1 586	6.3%	1 523	5.9%
Allied Health Professionals	313	4.1%	414	5.3%	376	4.7%

(iii) The annual recurrent cost and salary expenditure on doctors, nurses and allied health grade staff under the management of DH and HA respectively in the past 3 years from 2017-18 to 2019-20 is set out in the following tables –

DH

Grade	**Annual recurrent cost ($ million)**		
	2017-18	**2018-19**	**2019-20**
Doctors	597	614	652
Nurses	680	710	729
Allied Health Professionals	582	606	657

HA

Staff Group	**Total Salary Expenditure ($ million)**		
	2017-18	**2018-19**	**2019-20 (Full Year Projection)**
Doctors	11,629	12,211	13,286
Nurses	17,626	19,311	21,050
Allied Health Professionals	6,008	6,536	7,086

2.

(i) The number of newly recruited and existing doctors under the management of DH by stream and HA by specialty respectively in the past 3 years from 2017-18 to 2019-20 are set out in the following tables –

DH

Stream	**2017-18**		**2018-19**		**2019-20 (as at 1.2.2020)**	
	Existing Number of Staff	**New Intake**	**Existing Number of Staff**	**New Intake**	**Existing Number of Staff**	**New Intake**
Child Assessment	15	1	15	0	15	1
Clinical Genetics	6	0	6	0	7	2
Correctional	16	0	19	0	18	0

Stream	2017-18		2018-19		2019-20 (as at 1.2.2020)	
	Existing Number of Staff	New Intake	Existing Number of Staff	New Intake	Existing Number of Staff	New Intake
Institutions						
Family Health	86	6	89	5	86	1
Family Medicine	67	4	64	1	69	5
Forensic Pathology	15	0	15	1	15	0
Health	211	14	210	7	217	14
Pathology	17	2	15	1	14	1
Social Hygiene	31	0	24	0	28	8
Special Preventive Programme	5	1	6	2	6	0
Tuberculosis and Chest	31	1	31	1	31	0
Total	**500**	**29**	**494**	**18**	**506**	**32**

HA

Major Specialty	2017-18		2018-19		2019-20	
	Existing Number of Staff	New Intake Number	Existing Number of Staff	New Intake Number	Existing Number of Staff (as at 31 December 2019)	New Intake Number (April – December 2019)
Accident & Emergency	488	59	506	48	512	44
Anaesthesia	418	27	428	38	451	36
Cardio-thoracic Surgery	40	1	42	8	42	0
Family Medicine	596	66	597	47	613	45
Intensive Care Unit	139	8	143	15	147	13
Medicine	1 299	91	1 342	133	1 379	105
Neurosurgery	98	13	94	18	100	17
Obstetrics & Gynaecology	217	23	221	24	228	24
Ophthalmology	160	19	162	18	172	22
Orthopaedics & Traumatology	346	20	341	27	367	35
Paediatrics	354	38	393	37	417	47
Pathology	223	23	234	17	244	20
Psychiatry	347	39	351	35	368	38
Radiology	290	19	292	24	314	28

Surgery	556	55	538	45	573	60
Others	285	17	278	37	287	18
Total	**5 858**	**518**	**5 963**	**571**	**6 214**	**552**

(ii) The attrition number and attrition rate of doctors under the management of DH by stream and HA by specialty respectively in the past 3 years from 2017-18 to 2019-20 are set out in the following tables –

DH

Stream	**2017-18**		**2018-19**		**2019-20 (as at 1.2.2020)**	
	Attrition Number	**Attrition Rate**	**Attrition Number**	**Attrition Rate**	**Attrition Number**	**Attrition Rate**
Child Assessment	0	-	0	-	1	6.7%
Clinical Genetics	0	-	0	-	0	-
Correctional Institutions	0	-	0	-	1	5.6%
Family Health	6	7.0%	1	1.1%	4	4.7%
Family Medicine	3	4.5%	5	7.8%	2	2.9%
Forensic Pathology	1	6.7%	1	6.7%	0	-
Health	8	3.8%	10	4.8%	6	2.8%
Pathology	0	-	0	-	1	7.1%
Social Hygiene	4	12.9%	7	29.2%	2	7.1%
Special Preventive Programme	0	-	1	16.7%	0	-
Tuberculosis and Chest	1	3.2%	1	3.2%	2	6.5%
Total	**23**	**4.6%**	**26**	**5.3%**	**19**	**3.8%**

HA

Major Specialty	**2017-18**		**2018-19**		**2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)**	
	Attrition Number	**Attrition Rate**	**Attrition Number**	**Attrition Rate**	**Attrition Number**	**Attrition Rate**
Accident & Emergency	23	4.8%	25	5.1%	31	6.3%
Anaesthesia	29	7.0%	36	8.6%	25	5.8%
Cardio-thoracic Surgery	0	-	4	9.6%	2	4.9%
Family Medicine	39	6.8%	38	6.6%	38	6.5%
Intensive Care Unit	5	3.6%	4	2.8%	6	4.2%
Medicine	64	5.0%	54	4.1%	61	4.6%

Neurosurgery	1	1.1%	8	8.2%	9	9.5%
Obstetrics & Gynaecology	19	9.2%	17	8.0%	14	6.5%
Ophthalmology	17	10.6%	14	8.8%	16	10.0%
Orthopaedics & Traumatology	19	5.5%	35	10.2%	28	8.0%
Paediatrics	15	4.3%	21	5.7%	21	5.4%
Pathology	13	6.0%	6	2.6%	15	6.4%
Psychiatry	25	7.3%	18	5.3%	25	7.2%
Radiology	29	10.1%	24	8.4%	24	8.1%
Surgery	27	4.9%	42	7.7%	29	5.3%
Others	11	4.0%	28	9.8%	20	7.3%
Overall	**336**	**5.8%**	**374**	**6.4%**	**364**	**6.1%**

3.

As at 31 December 2019, DH has recruited 3 non-locally trained doctors under limited registration. They do not possess specialist qualifications recognised in Hong Kong.

The number of non-locally trained doctors with limited registration employed by HA in 2019-20 (up to 31 December 2019) breakdown by specialty is set out in the following table –

Cluster	**Specialty**	**2019-20 (up to 31 December 2019)**
Hong Kong East Cluster	Family Medicine	1
Hong Kong West Cluster	Anaesthesia	3
	Emergency Medicine	1
	Paediatrics	1
	Pathology	1
	Radiology	1
	Surgery	1
Kowloon East Cluster	Emergency Medicine	1
	Family Medicine	2
	Internal Medicine	2
Kowloon West Cluster	Internal Medicine	1
New Territories East Cluster	Cardiothoracic Surgery	1
	Emergency Medicine	1
	Family Medicine	1
	Internal Medicine	1
	Neurosurgery	1
	Radiology	1
New Territories West Cluster	Emergency Medicine	1
	Family Medicine	1
	Radiology	1

Note for DH's and HA's tables above :

DH

(1) The "Allied Health Professionals" group includes clinical psychologists, dental hygienists, dental surgery assistants, dental technicians, dental therapists, dietitians, dispensers, medical laboratory technicians, occupational therapists, optometrists, orthoptists, physiotherapists, radiographers, scientific officers (medical) and speech therapists.

HA

(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
(2) The "Doctors" group includes consultants, senior medical officers / associate consultants, medical officers / residents, visiting medical officers, but excluding interns and dental officers.
(3) The "Nurses" group includes senior nursing officers, department operations managers, ward managers / nursing officers / advanced practice nurses, registered nurses, enrolled nurses, midwives, etc.
(4) The "Allied Health Professionals" group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.
(5) The total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit. The figures for 2019-20 represent full-year projection with Annual Pay Adjustment.
(6) Intake refers to total number of permanent and contract staff joining HA on headcount basis during the period. Transfer, promotion and staff movement within HA will not be regarded as Intake.
(7) Intake number of Doctors includes number of Interns appointed as Residents.
(8) Individual figures may not add up to the total due to rounding.
(9) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis.
(10) Since April 2013, attrition for 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.
(11) Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%
(12) The services of the psychiatry departments include services for the mentally handicapped.
(13) The number of non-locally trained doctors employed includes doctors who have completed or ended their contracts during the said period.

4.

The Government has been actively promoting and publicising the registration arrangements overseas with proactive recruitment drive to facilitate practice of qualified non-locally trained doctors in Hong Kong. For instance, the Secretary for Food and Health led a delegation to Australia in September 2019 to recruit qualified non-locally trained healthcare professionals. Furthermore, the Food and Health Bureau has been working with overseas Economic and Trade Offices ("ETOs") on promotional campaigns on an ongoing basis to encourage non-locally trained doctors to practise in Hong Kong. For example, in 2019, DH's and HA's recruitment advertisements for healthcare professionals have been promulgating on the website of Berlin, Brussels, Toronto and Washington ETOs. Also, talks and seminars in relation to overseas recruitment have been organised by Brussels, London, New York and Washington ETOs.

The manpower and expenditure involved in the recruitment drive were absorbed by the existing provisions.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)164**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0847)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

To tackle the influenza winter surge, please provide the following information:

1. What are the number of beds and occupancy rate in the medical, geriatric and paediatric units in the past 5 years? What is the bed occupancy rate in these 3 specialty units during the winter surge (i.e. from December each year to April of the following year)? What is the number of beds added to these units in response to the winter surge (together with a breakdown by the number of beds deployed from other units)?
2. What is the number of supporting staff added or deployed to these specialty units as a result of the increase in beds? What are the respective numbers of staff directly and not directly employed by the Hospital Authority (HA)? What are the salary expenditures on these staff?
3. What is the additional funding provided to the HA for tackling the winter surge in the past 3 years? How is the additional funding allocated?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 10)

Reply:

1.

The table below sets out the number of hospital beds and inpatient (IP) bed occupancy rate for the Medicine (including the Geriatrics sub-specialty) and Paediatrics specialties under the Hospital Authority (HA) from 2015-16 to 2019-20 (up to 31 December 2019).

	Specialties	
	Medicine	**Paediatrics**
2015-16		
Number of hospital beds	9 016	1 088
IP bed occupancy rate	99%	77%

	Specialties	
	Medicine	**Paediatrics**
2016-17		
Number of hospital beds	9 164	1 075
IP bed occupancy rate	99%	84%
2017-18		
Number of hospital beds	9 255	1 075
IP bed occupancy rate	104%	85%
2018-19		
Number of hospital beds	9 657	1 099
IP bed occupancy rate	103%	79%
2019-20 (up to 31 December 2019) [Provisional figures]		
Number of hospital beds (as at 31 December 2019)	9 949	1 113
IP bed occupancy rate	103%	78%

HA increases its bed capacity every year, including opening of new beds, to meet the rising service demand from the ageing population. Opening of new beds is crucial in alleviating hospitals' pressure especially during the service demand surge. In addition, hospitals have added temporary beds during winter surge periods to cope with increased service demand. For example, in January 2020, the average daily number of temporary beds added was around 960.

The table below sets out the IP bed occupancy rate for the Medicine (including the Geriatrics sub-specialty) and Paediatrics specialties under HA by quarter from 2015-16 to 2019-20 (up to 31 December 2019).

	IP bed occupancy rate	
	Specialties	
	Medicine	**Paediatrics**
2015-16		
April – June 2015	100%	76%
July – September 2015	97%	71%
October – December 2015	94%	76%
January – March 2016	105%	86%
2016-17		
April – June 2016	103%	91%
July – September 2016	98%	82%
October – December 2016	97%	84%
January – March 2017	100%	81%
2017-18		
April – June 2017	103%	90%
July – September 2017	103%	83%
October – December 2017	102%	81%
January – March 2018	106%	85%
2018-19		
April – June 2018	102%	78%
July – September 2019	102%	76%

	IP bed occupancy rate	
	Specialties	
	Medicine	**Paediatrics**
October – December 2019	102%	82%
January – March 2019	105%	82%
2019-20 (up to 31 December 2019)		
April – June 2018	105%	86%
July – September 2019	103%	77%
October – December 2019 [Provisional figures]	102%	72%

Note:

(1) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident and Emergency Department (AED) or those who have stayed for more than one day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

(2) Sub-specialty statistics for Geriatrics are grouped under Medicine specialty.

2.

HA continually recruits full-time, part-time and temporary staff; implements the Special Honorarium Scheme (SHS) for existing staff; and utilises agency nurses and supporting staff to maintain manpower capacity during demand surge periods. The supporting staff recruited will be deployed to various departments in public hospitals for service provision, including AEDs, IP wards and outpatient clinics. HA does not maintain statistics of supporting staff specifically deployed for providing services for the additional beds during demand surge periods.

3.

The Government allocated additional provision of $500 million in 2018 and 2019 respectively to HA to support the implementation of response measures for winter surge in 2017-18 and 2018-19.

Winter Surge 2017-18

To meet the service demand during the winter surge in 2017-18, HA put in place a response plan which included the following measures:

i) providing additional beds;
ii) recruiting part time and temporary healthcare staff, and utilising agency nurses and supporting staff;
iii) enhancing virology services to facilitate and expedite patient management decision;
iv) enhancing ward rounds of senior clinicians and related supporting services in the evenings, at weekends and on public holidays so as to facilitate early discharge of patients;

v) enhancing support to the discharge and transfer of patients, e.g. non-emergency ambulance transfer service, pharmacy, portering services;
vi) increasing the service quotas of general outpatient clinics; and
vii) enhancing geriatrics support to AEDs.

In response to the upsurge in service demand and with the additional $500 million allocation from the Government, HA implemented various additional measures to alleviate the manpower pressure. The additional measures were as follows:

i) extending the use of the SHS to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;
ii) further relaxing and streamlining the approval for the SHS arrangement to a minimum operation need of one hour to cover all grades of staff to meet increasing needs for greater flexibility in the use of SHS under exceptional circumstances;
iii) providing SHS jobs at Advanced Practice Nurse (APN) level to work on night-shift duties at both acute general, convalescent and rehabilitation wards / services to enhance senior coverage and supervision to ward staff;
iv) relaxing the criteria for the implementation of the Continuous Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering the CNSS with a view to increasing flexibility in manpower deployment; and
v) increasing the rate of SHS allowance by 10% under a special one-off arrangement to encourage more staff to work during the surge period with significant anticipated increase in workload.

HA's total expenditure for the winter surge in 2017-18 was $649 million, part of which was met by fully utilising the additional $500 million allocation from the Government while the remaining $149 million was covered by HA's own resources.

Winter Surge 2018-19

To cope with service demand of winter surge in 2018-19, HA implemented a response plan with reference to that in 2017-18. In addition, in order to further enhance manpower, a locum recruitment office was set up to enhance the flexibility and efficiency in recruiting part-time doctors and nurses. Besides, SHS arrangement was relaxed to a minimum operation need of one hour to facilitate staff participation.

Furthermore, several enhancement measures implemented in 2017-18 were regularised to help alleviate manpower shortage, including:

i) extending the use of SHS to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;
ii) providing SHS jobs at APN level to work on night-shift duties at both acute general, convalescent and rehabilitation wards / services to enhance senior coverage and supervision to ward staff; and
iii) relaxing the criteria for the implementation of CNSS by suspending the required night shift frequency for triggering CNSS with a view to increasing flexibility in manpower deployment.

In view of the upsurge in service demand, the Government provided an additional allocation of $500 million to HA for implementation of various additional measures to alleviate the service demand. The additional measures were as follows:

i) enhancing senior coverage by offering SHS allowance based on the ranks of the participating clinical staff to encourage participation of senior doctors, nurses and allied health professionals in the SHS;
ii) strengthening nursing night shift support by arranging temporary undergraduate nursing students and agency nurses on night shifts to provide runner support, e.g. escorting patients; and
iii) further enhancing the SHS by increasing the rate of SHS allowance by 10% and streamlining approval process to increase flexibility.

HA's total expenditure for the winter surge in 2018-19 was $821 million, part of which was met by fully utilising the additional $500 million allocation from the Government while the remaining $321 million was covered by HA's own resources.

Details of the expenditure for the winter surge in 2017-18 and 2018-19 are set out in the table below.

Expenditure ($ million)	**2017-18**	**2018-19**
Personal Emoluments		
Doctor	64	98
Nurse	244	325
Allied Health Professional	21	29
Supporting Staff	75	103
Sub-total	**404**	**555**
Other charges (Note)	245	266
Total	**649**	**821**

Note:
Other charges include around $60 million and $78 million as the expenditure for engaging agency staff in 2017-18 and 2018-19 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0852)

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 the Public-Private Partnership (PPP) Programmes, will the Government inform this Committee of the following:

1. the service provisions of each PPP programme in the past 2 years, and the names of the partner organisations;

2. the manpower and expenditure involved in the implementation of the PPP Programmes by the Hospital Authority (HA) in the past 2 years; and

3. HA's considerations for including a new medical service into the PPP Programmes, and whether HA has considered including any new medical services in the PPP Programme in the coming year; if yes, what are the details and the estimated expenditure involved?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 15)

Reply:

1.

The Hospital Authority (HA) has implemented nine Public-Private Partnership (PPP) programmes since 2008, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP)[1], Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP)[2].

Service provisions by PPP programme from 2018-19 to 2019-20 are listed in the table below.

Programme	2018-19 Actual Provisions	2019-20 Planned Provisions
CSP (surgeries)	514	550
HD PPP (places)	246 [3]	267
PEP (patients)	16 826	14 000
Radi Collaboration (scans)	18 264	20 200
GOPC PPP (participating patients)	31 239	33 597
Infirmary Service PPP (beds)	64 [4]	64
Colon PPP (colonoscopies)	1 332	1 300
Glaucoma PPP[2] (participating patients)	N/A	600

Participating Service Providers (PSPs) of HA's PPP programmes are engaged either through voluntary enrollment or stringent tendering exercises. All PSPs have to fulfill specific requirements of the corresponding PPP programmes.

The current PSPs of HA's PPP programmes for 2018-19 and 2019-20 are identical and listed in the table below.

(I) PSPs engaged through tendering exercises (3-year service contract with an option to exercise 2-year extension)

Programmes	PSPs
HD PPP	- Fresenius Medical Care Hong Kong Limited - Hong Kong Baptist Hospital - Hong Kong Kidney Foundation Limited - Lions Kidney Educational Centre and Research Foundation - Lock Tao Nursing Home - St. Paul's Hospital - St. Teresa's Hospital - Tung Wah Group of Hospitals - Yan Chai Hospital
PEP	- Haven of Hope Christian Service - The Hong Kong Society for Rehabilitation - Po Leung Kuk - Tung Wah Group of Hospitals

Programmes	PSPs
Radi Collaboration	- Department of Diagnostic Radiology, The University of Hong Kong - Hong Kong Adventist Hospital – Tsuen Wan - iRad Medical (Holding) Limited - Quality Healthcare Medical Services Limited - St. Paul's Hospital - Union Hospital
Infirmary Service PPP	- Po Leung Kuk

(II) PSPs engaged through voluntary enrollment

Programmes	PSPs
CSP	- Registered specialists of Ophthalmology
GOPC PPP	- Registered medical practitioners
Colon PPP	- Registered medical practitioners - Registered specialists of Gastroenterology & Hepathology / General Surgery
Glaucoma PPP	- Registered specialists of Ophthalmology

2.

There are 108 and 107 staff members respectively in 2018-19 and 2019-20 for the above programmes involving doctors, nurses, executive officers, accounting officers, information technology professionals, executive assistants, etc. The total expenditure involved for the PPP programme operation, including administration, clinical and information technology support, in 2018-19 and 2019-20 are $261.2 million and $296.4 million (projection as of 31 December 2019) respectively.

3.

HA will carefully consider relevant factors when exploring new PPP programmes, including the potential complexity of the programmes, and the capacity and readiness of the private sector. HA will continue to communicate with the public and patient groups, and will work closely with stakeholders to explore the feasibility of introducing other PPP programmes.

Note:

1. The TSW PPP ended on 31 March 2018 and was migrated to the GOPC PPP on 1 April 2018.
2. Glaucoma PPP is a new clinical PPP launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by HA's ophthalmology specialist outpatient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community.
3. Benefited 463 patients since programme launch in March 2010 and 278 patients in 2018-19 as at end of March 2019.

4. 106 applicants were offered placement since programme launch in September 2016 and 64 applicants stayed at the Service Unit of the Programme as at end of March 2019.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0857)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the promotion of Chinese medicine (CM) development, would the Government please advise on the following:

1. the annual provisions for Chinese Medicine Centres for Training and Research (CMCTRs), the staff establishment and payroll costs of CM practitioners in CMCTRs, and the service capacity of each CMCTR in the past 3 years;
2. the number of patients participating in the integrated Chinese-Western medicine (ICWM) pilot project (broken down by types of services), and the expenditure incurred for the pilot project in the past 3 years; the estimated expenditure of the pilot project in 2020-2021; and whether the Government has any plans to introduce more ICWM services?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 43)

Reply:

(1) The 18 Chinese Medicine Centres for Training and Research (renamed as Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) on 1 March 2020) have been established in each district to promote the development of "evidence-based" Chinese medicine (CM) and provide training placements for graduates of local CM degree programme. Each CMCTR operates on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. With CM incorporated as an integral part of the healthcare system in Hong Kong, the 18 CMCTRs are providing Government subsidised CM services at district level starting from March 2020.

The Government has earmarked $94.5 million, $112 million and $147 million in 2017-18, 2018-19 and 2019-20 respectively for HA in the operation of the CMCTRs, maintenance of the Toxicology Reference Laboratory, quality assurance and central

procurement of CM herbs, development and provision of training in "evidence-based" CM, enhancement and maintenance of the CM Information System.

The numbers of Chinese medicine practitioners (CMPs) engaged by these 18 CMCTRs in the past 3 years are set out in the table below:

District	**Number of CMPs as at year end**		
	2017	**2018**	**2019**
Central and Western	23	22	21
Tsuen Wan	24	25	25
Tai Po	28	28	29
Wan Chai	27	22	25
Sai Kung	19	17	18
Yuen Long	21	25	25
Tuen Mun	25	25	25
Kwun Tong	24	25	27
Kwai Tsing	22	19	21
Eastern	17	18	17
North	20	20	20
Wong Tai Sin	22	20	22
Sha Tin	23	23	22
Sham Shui Po	24	24	24
Southern	25	26	26
Kowloon City	20	20	23
Yau Tsim Mong	21	22	25
Islands	16	22	20
Total:	**401**	**403**	**415**

Note: The CMPs are employees of the NGOs operating the CMCTRs, and these figures are provided by the respective NGOs.

The attendances of the 18 CMCTRs in the past 3 years are set out in the table below:

District	**Attendance for the year**		
	2017	**2018**	**2019**
Central & Western	59 630	58 483	58 805
Tsuen Wan	76 575	76 132	75 038
Tai Po	77 815	81 362	71 735
Wan Chai	73 072	65 346	55 004
Sai Kung	61 819	62 667	58 593
Yuen Long	88 362	80 850	83 099
Tuen Mun	67 638	66 351	64 844
Kwun Tong	74 175	73 470	68 003
Kwai Tsing	59 471	55 609	47 387
Eastern	58 198	57 090	54 795

North	80 506	79 966	81 868
Wong Tai Sin	65 301	71 637	58 360
Sha Tin	77 679	70 782	68 631
Sham Shui Po	73 342	68 848	66 436
Southern	63 495	66 808	59 250
Kowloon City	56 762	60 544	57 878
Yau Tsim Mong	58 420	56 782	50 685
Islands	41 143	44 516	49 732
Total	**1 213 403**	**1 197 243**	**1 130 143**

Note : The above attendances cover all kinds of CM services provided in the CMCTRs (i.e. CM general consultation services, acupuncture, bone-setting, tui-na, etc).

(2) To help gather experiences in the operation of integrated Chinese-Western medicine (ICWM) and CM in-patient services, HA has been tasked to carry out the ICWM pilot project (pilot project). The pilot project was launched in phases to provide ICWM treatment for HA in-patients of selective disease areas, namely stroke care, musculoskeletal pain management and cancer palliative care.

Phase I of the pilot project was launched on 22 September 2014 and implemented at Tung Wah Hospital, Tuen Mun Hospital and Pamela Youde Nethersole Eastern Hospital respectively. HA conducted an internal interim review to evaluate the implementation of both the clinical and operational frameworks, and the ICWM service model has been enhanced afterwards. With improvement measures introduced, Phase II was launched immediately after Phase I in seven public hospitals (including the three public hospitals of Phase I and four newly added hospital sites, namely Prince of Wales Hospital, Shatin Hospital, Princess Margaret Hospital and Kwong Wah Hospital).

As announced in the 2017 Policy Address, the Government has allocated resources for HA to continue to implement and expand the pilot project, in order to gather more experiences in the operation of ICWM and CM in-patient services. Phase III was launched in April 2018, in which one disease area on shoulder and neck pain care was added and implemented at Pamela Youde Nethersole Eastern Hospital. The accumulated expenditure incurred by the pilot project up to 31 December 2019 was $73.1 million. The Government will explore with HA on the possibilities to further develop ICWM in-patient services in its hospitals and expand in terms of disease areas and scope.

Up to 31 December 2019, the number of patient enrolled in the pilot project is as follows:

Disease	**Number of patient enrollment**
Stroke Care	607
Musculoskeletal Pain Management (Low back pain and Shoulder and neck pain)	1 153
Cancer Palliative Care	597
Total	**2 357**

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)167

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1305)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the waiting time for specialist outpatient (SOP) services, please provide the following information:

1. a breakdown by specialty of the median, 75th percentile and 90th percentile waiting time for new cases triaged as urgent, semi-urgent and stable cases in the past 2 years;

2. the number of doctors working in each SOP clinic and the salary expenditure involved for the past 2 years; and the Government's plans to shorten the waiting time for SOP services, given that it has long taken patients a matter of years to wait for their turn.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 8)

Reply:

(1)

The tables below set out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50^{th} percentile), upper quartile (75^{th} percentile) and longest (90^{th} percentile) waiting time in each hospital cluster of the Hospital Authority (HA) in 2018-19 and 2019-20 (up to 31 December 2019).

2018-19

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			50th	75th	90th		50th	75th	90th		50th	75th	90th
			percentile				percentile				percentile		
HKEC	ENT	727	<1	<1	<1	3 055	6	7	7	6 727	44	55	65
	MED	1 598	1	1	2	3 996	5	7	7	9 106	37	88	106
	GYN	808	<1	<1	1	511	5	7	7	4 014	32	53	61
	OPH	5 711	<1	1	1	2 237	7	8	8	7 712	54	66	78
	ORT	1 420	1	1	1	1 555	5	7	7	7 579	85	98	107
	PAE	154	1	1	2	863	4	5	7	213	8	10	12
	PSY	201	1	1	1	747	3	5	7	2 271	24	52	55
	SUR	1 007	1	1	2	3 658	6	7	8	10 036	62	77	89
HKWC	ENT	869	<1	<1	1	1 822	5	7	7	5 418	26	76	90
	MED	1 915	<1	1	1	1 674	4	6	7	11 778	43	80	120
	GYN	1 624	<1	1	1	1 032	5	6	7	4 997	30	55	58
	OPH	3 748	<1	1	2	1 320	6	7	8	5 006	59	61	63
	ORT	1 345	<1	1	1	1 316	4	6	7	7 848	23	85	180
	PAE	193	<1	1	2	634	4	7	8	1 400	11	12	13
	PSY	402	1	1	1	820	3	5	6	2 495	63	86	99
	SUR	2 330	<1	1	2	2 650	5	6	7	10 249	25	60	84
KCC	ENT	1 874	<1	1	1	2 050	6	7	8	13 597	57	62	103
	MED	1 655	1	1	1	3 874	5	6	7	19 568	76	105	113
	GYN	1 078	<1	1	1	3 621	5	6	7	7 211	23	33	40
	OPH	8 741	<1	<1	1	5 160	3	6	7	14 842	103	113	116
	ORT	2 065	1	1	1	2 501	4	6	7	12 829	60	94	138
	PAE	1 075	<1	1	1	734	3	4	5	2 661	16	20	22
	PSY	143	1	1	1	1 029	5	7	7	1 318	16	36	79
	SUR	3 158	1	1	2	5 158	5	6	7	25 721	48	64	70
KEC	ENT	1 892	<1	1	1	2 854	7	7	8	6 467	88	91	92
	MED	1 774	1	1	2	5 007	6	7	8	15 864	98	114	121
	GYN	1 459	1	1	1	882	5	7	7	6 509	51	61	72
	OPH	5 850	<1	<1	1	327	5	7	7	12 544	13	144	158
	ORT	3 820	<1	1	1	3 834	7	7	8	9 317	117	126	134
	PAE	1 077	<1	<1	1	787	3	5	7	2 408	9	28	31
	PSY	128	<1	1	1	1 497	3	5	7	5 437	56	87	131
	SUR	2 185	1	1	2	6 027	7	7	8	18 072	37	61	112

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			50th	75th	90th		50th	75th	90th		50th	75th	90th
			percentile				percentile				percentile		
KWC	ENT	2 992	<1	1	1	2 241	5	6	7	11 413	72	95	112
	MED	1 955	<1	1	2	4 995	6	7	8	13 287	61	89	99
	GYN	243	<1	1	1	1 326	6	7	7	6 943	56	65	88
	OPH	6 443	<1	<1	<1	7 020	3	5	6	8 592	71	79	101
	ORT	1 999	1	2	2	2 705	3	6	7	11 476	53	98	106
	PAE	2 472	<1	<1	1	986	6	7	7	2 641	16	21	25
	PSY	313	<1	1	1	872	4	6	7	12 306	18	74	94
	SUR	2 549	1	1	2	6 266	5	6	7	19 197	22	34	51
NTEC	ENT	3 672	<1	1	1	4 948	4	5	7	11 017	38	62	68
	MED	2 876	<1	1	1	3 404	6	7	8	22 572	81	104	117
	GYN	2 936	<1	<1	1	940	5	7	7	8 436	63	72	88
	OPH	6 926	<1	1	1	3 385	4	5	7	14 979	39	77	80
	ORT	5 454	<1	1	1	2 709	5	7	8	16 585	89	121	145
	PAE	168	<1	1	2	537	5	6	7	3 856	13	18	32
	PSY	1 024	1	1	2	2 311	4	7	7	5 885	42	78	113
	SUR	1 934	1	2	2	3 615	6	7	8	24 502	38	66	76
NTWC	ENT	3 248	<1	<1	1	1 729	4	5	7	10 207	64	68	70
	MED	1 220	1	1	2	3 603	4	6	7	9 858	52	109	119
	GYN	1 463	<1	1	1	243	5	7	8	5 122	45	83	124
	OPH	9 079	<1	<1	1	2 671	4	8	9	10 637	74	82	88
	ORT	1 511	1	1	2	1 758	4	6	7	12 358	79	91	124
	PAE	128	1	1	1	738	7	7	7	1 957	35	36	37
	PSY	483	1	1	1	1 583	5	7	7	4 972	34	53	72
	SUR	2 033	1	1	1	4 030	5	6	7	21 254	52	71	88
Overall HA	ENT	15 274	<1	1	1	18 699	5	7	7	64 846	55	70	93
	MED	12 993	1	1	2	26 553	5	7	7	102 033	69	103	116
	GYN	9 611	<1	1	1	8 555	5	6	7	43 232	34	63	80
	OPH	46 498	<1	<1	1	22 120	4	6	8	74 312	68	90	114
	ORT	17 614	<1	1	2	16 378	5	7	7	77 992	71	105	132
	PAE	5 267	<1	1	1	5 279	4	7	7	15 136	14	22	36
	PSY	2 694	1	1	1	8 859	4	6	7	34 684	30	72	96
	SUR	15 196	1	1	2	31 404	6	7	8	129 031	38	64	80

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			50th	75th	90th		50th	75th	90th		50th	75th	90th
			percentile				percentile				percentile		
HKEC	ENT	483	<1	<1	<1	2 229	4	7	7	5 135	26	78	91
	MED	1 071	1	1	2	2 942	5	7	7	6 651	41	94	118
	GYN	603	<1	<1	1	366	6	7	7	2 872	26	47	52
	OPH	4 213	<1	<1	1	1 530	7	8	8	5 503	60	83	102
	ORT	1 054	1	1	1	1 209	5	7	7	5 535	78	105	113
	PAE	107	<1	1	1	610	4	5	7	131	7	9	11
	PSY	203	<1	1	1	718	3	6	7	1 550	13	30	50
	SUR	705	1	1	2	2 754	7	7	8	7 297	64	82	90
HKWC	ENT	1 532	<1	<1	<1	1 880	7	7	7	2 854	28	92	97
	MED	1 484	<1	1	1	1 443	4	6	7	8 269	44	90	169
	GYN	1 173	<1	1	1	729	5	6	7	3 598	41	59	62
	OPH	2 525	1	1	2	1 295	7	8	8	3 682	62	63	64
	ORT	808	<1	1	1	1 282	4	5	7	6 350	21	70	156
	PAE	129	1	1	2	376	3	6	8	1 297	10	15	21
	PSY	417	1	1	2	573	4	6	7	1 678	66	89	96
	SUR	1 615	<1	1	1	2 086	5	6	7	7 886	18	56	89
KCC	ENT	1 187	<1	1	1	1 595	6	7	7	9 888	68	76	131
	MED	1 359	1	1	2	2 891	5	7	7	14 977	79	107	112
	GYN	819	<1	1	1	2 460	5	6	7	5 851	23	35	38
	OPH	6 200	<1	<1	<1	4 030	2	4	6	11 092	120	122	124
	ORT	1 571	<1	1	1	1 523	5	6	7	9 504	57	106	132
	PAE	816	<1	1	1	669	4	6	7	2 088	17	20	22
	PSY	145	1	1	1	837	4	7	7	948	14	16	73
	SUR	2 179	1	1	2	4 178	5	7	8	19 613	47	72	78
KEC	ENT	1 587	<1	<1	1	2 424	4	6	7	5 306	93	94	94
	MED	1 204	1	1	2	3 978	7	7	8	12 403	117	132	139
	GYN	1 039	1	1	1	736	6	7	7	4 638	48	51	91
	OPH	4 470	<1	<1	1	619	6	7	7	9 773	14	143	163
	ORT	2 742	<1	1	1	2 807	6	7	8	7 162	60	123	138
	PAE	803	<1	<1	1	599	4	6	7	2 108	12	34	73
	PSY	104	1	1	1	1 108	3	5	7	4 161	69	98	111
	SUR	1 337	1	1	1	4 376	5	7	7	12 923	52	60	109

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			50th	75th	90th		50th	75th	90th		50th	75th	90th
			percentile				percentile				percentile		
KWC	ENT	2 285	<1	1	1	1 816	5	6	8	8 426	73	133	151
	MED	1 633	1	1	2	4 064	5	7	8	10 099	72	99	102
	GYN	189	<1	1	1	1 120	6	7	8	5 180	53	69	73
	OPH	5 226	<1	<1	<1	4 701	3	5	6	6 024	90	113	123
	ORT	1 547	1	2	2	2 079	3	5	7	9 414	57	71	119
	PAE	1 888	<1	<1	1	784	4	6	7	2 301	16	20	23
	PSY	201	<1	1	1	556	4	6	7	9 583	22	79	119
	SUR	1 778	1	1	2	4 559	5	7	7	14 809	32	40	62
NTEC	ENT	2 619	<1	1	1	3 772	4	6	7	8 350	60	75	88
	MED	1 860	<1	1	1	2 596	7	7	8	17 171	80	109	131
	GYN	2 009	<1	1	1	893	5	7	7	6 181	65	72	87
	OPH	4 742	<1	1	1	2 603	4	5	7	11 442	52	83	87
	ORT	3 952	<1	1	1	1 720	5	6	7	12 099	84	101	133
	PAE	174	<1	1	2	425	6	7	8	2 735	17	25	39
	PSY	689	1	1	1	1 807	4	7	8	4 435	55	91	98
	SUR	1 536	1	1	2	2 555	5	7	8	19 285	37	66	80
NTWC	ENT	2 954	<1	<1	1	1 320	4	5	6	7 157	48	77	83
	MED	946	1	1	2	2 736	3	6	7	7 704	79	93	104
	GYN	1 240	<1	1	2	172	5	7	7	4 083	61	82	82
	OPH	6 981	<1	<1	1	2 264	4	6	8	7 668	73	91	93
	ORT	1 413	1	1	2	1 327	5	7	7	9 686	65	84	102
	PAE	133	1	1	1	661	7	7	8	1 429	37	39	39
	PSY	355	1	1	1	1 127	2	4	6	3 554	22	72	74
	SUR	1 447	1	1	2	3 448	6	8	14	15 343	59	85	117
Overall HA	ENT	12 647	<1	<1	1	15 036	5	7	7	47 116	61	87	110
	MED	9 557	1	1	2	20 650	5	7	7	77 274	76	106	130
	GYN	7 072	<1	1	1	6 476	5	7	7	32 403	35	66	82
	OPH	34 357	<1	<1	1	17 042	4	6	8	55 184	62	94	123
	ORT	13 087	<1	1	1	11 947	5	7	7	59 750	61	99	126
	PAE	4 050	<1	1	1	4 124	4	7	7	12 089	17	25	38
	PSY	2 114	1	1	1	6 726	3	6	7	25 909	32	80	100
	SUR	10 597	1	1	2	23 956	6	7	8	97 156	42	67	88

(2)

HA adopts an integrated and multi-disciplinary approach in service provision which allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals supporting the SOP services in HA also provide support for other services, the manpower and respective salary expenditure for supporting SOP clinics (SOPC) cannot be separately quantified.

HA has implemented the triage system for new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable) categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within two weeks and eight weeks respectively. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will receive timely treatment.

In addition, HA has implemented a series of measures to manage SOPC waiting time, for example, enhancing public primary care service and public-private partnership; strengthening manpower; implementing SOPC annual plan programmes; reducing the disparity in waiting time at SOPCs in different clusters; optimising appointment scheduling practices of SOPCs; etc.

In 2020-21, HA will continue to implement annual plan programmes to increase SOPC service capacity in all hospital clusters covering the major specialties. For instance, KCC and KEC will build up SOPC service capacity of Internal Medicine. KCC and KWC will augment SOPC service capacity of Orthopaedics & Traumatology while enhancing their Family Medicine Specialist Clinics services to help alleviate pressure on SOPC demand. KEC will also enhance SOPC service capacity of Ophthalmology and Psychiatry.

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

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)168

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2027)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work of preventing and treating illness and disease, please advise on the following:

1. the number of modular housing units at quarantine centres constructed last year and to be constructed next year;
2. the cost and the estimated service life of each quarantine unit constructed;
3. the number of working days required from works commencement to commissioning of the temporary quarantine units in Lei Yue Mun Park and Holiday Village and Junior Police Call activity centre in Pat Heung; and
4. whether rezoning application to the Town Planning Board is required for the construction of housing units at quarantine centres and whether occupation permit issued by the Buildings Department and/or the Fire Services Department is required for such housing units.

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 2)

Reply:

Expenditure of the works concerned is funded under the Capital Works Reserve Fund and the Lotteries Fund. Details on the works are outside the scope of Head 140 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)169

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2346)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the staff establishment of the Hospital Authority, will the Government inform this Committee of the number of permanent full-time non-direct patient care staff (i.e. excluding medical, nursing, allied health and supporting (care-related) staff) and the estimated expenditure involved in 2019 (by job nature or grade)?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 52)

Reply:

The table below sets out the number and total salary expenditure of permanent full-time non-direct patient care staff of the Hospital Authority (i.e. excluding medical, nursing, allied health and supporting (care-related) staff) for 2019-20 with breakdown by staff group:

Non-direct patient care staff (Permanent full-time terms)	**No. of staff (as at 31 December 2019)**	**Total Salary Expenditure (Full year Projection) ($ million)**
Management / Administration	1 698	2,171
Others	11 467	3,603
Total	**13 165**	**5,774**

Note:

1. The "Management / Administration" group includes cluster executives, chief executive, cluster general managers, directors, deputy directors, hospital chief executives, chief hospital administrators, chief information officers, chief treasury accountants, legal counsels, senior supplies officers, statisticians, etc.

2. The “Others” group includes assistant laundry managers, clerical assistants, data processors, operation assistants, executive assistants, etc.

3. The total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit. The figures for 2019-20 represent full-year projection with annual pay adjustment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1132)

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

Subhead(No. & title): (514) Hospital Authority

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:

Please provide the following information concerning the supporting staff of public hospitals (including but not limited to Patient Care Assistant (in-patient service), Operating Theatre Assistant and Non-emergency Ambulance Transfer Service Worker) in all clusters under the Hospital Authority in 2017-18, 2018-19 and 2019-20 respectively:

(a). the establishment and strength of full-time, part-time, contract and temporary staff;

(b). intake (as a share of the total number of applicant) and attrition (wastage);

(c). average monthly expenditure on emolument by post;

(d). average monthly working hour by post;

(e). average total of overtime hour worked per month by post;

(f). average time-off day accumulated by post; and

(g). average monthly expenditure on overtime allowance by post.

Asked by: Hon POON Siu-ping (LegCo internal reference no.:45)

Reply:

(a)

The table below sets out the full-time equivalent (FTE) strength of "care-related support staff" of Hospital Authority (HA) in each cluster in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

Cluster	2017-18 (as at 31 March 2018)	2018-19 (as at 31 March 2019)	2019-20 (as at 31 December 2019)
HKEC	1 534	1 551	1 637
HKWC	1 421	1 388	1 377
KCC	3 042	3 214	3 394
KEC	1 606	1 658	1 793
KWC	2 201	2 269	2 352
NTEC	2 582	2 675	2 770
NTWC	2 553	2 595	2 724

Note:

1. "Care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc.

2. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(b)

The tables below set out the intake and attrition (wastage) number of "care-related support staff" of HA in each cluster in 2017-18, 2018-19 and 2019-20:

2017-18

Cluster	Intake No.	Attrition (Wastage) No.	
		Full-time	Part-time
HKEC	254	250	0
HKWC	224	239	0
KCC	456	413	0
KEC	226	232	1
KWC	312	279	0
NTEC	454	420	1
NTWC	430	341	1

2018-19

Cluster	Intake No.	Attrition (Wastage) No.	
		Full-time	Part-time
HKEC	257	235	0
HKWC	212	218	3
KCC	505	435	0
KEC	276	232	0
KWC	355	298	1
NTEC	504	397	1
NTWC	356	309	0

2019-20

Cluster	Intake No. (April-December 2019)	Attrition (Wastage) No. (April-December 2019)	
		Full-time	Part-time
HKEC	270	184	0
HKWC	117	115	1
KCC	473	318	0
KEC	278	152	0
KWC	242	182	1
NTEC	403	294	0
NTWC	385	253	0

Note:

1. Intake refers to total number of permanent and contract staff joining HA on headcount basis during the period. Transfer, promotion and staff movement within HA will not be regarded as intake.

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 (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.

(c)

The table below sets out the average monthly salary expenditure per "care-related support staff" of HA in each cluster in 2017-18, 2018-19 and 2019-20 (full year projection).

Cluster	2017-18 Average Monthly Salary Expenditure ($ thousand)	2018-19 Average Monthly Salary Expenditure ($ thousand)	2019-20 Average Monthly Salary Expenditure (Full Year Projection) ($ thousand)
HKEC	19.2	20.0	22.0
HKWC	19.5	20.7	23.1
KCC	18.1	18.7	21.1
KEC	19.5	20.2	21.9
KWC	19.0	19.6	22.1
NTEC	19.1	19.3	22.0
NTWC	17.9	19.1	22.6

Note:

1. The salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death and disability benefit.

2. The figures for 2019-20 represent full year projection with annual pay adjustment.

(d), (e) & (f)

According to HA's prevailing human resources policy, conditioned hours of work of HA employees are expressed in terms of weekly basis. The conditioned hours of work of all HA employees including "care-related support staff" are 44 hours gross per week.

Records on overtime hours worked are maintained by individual departments manually. There is no central depository of such information readily available.

(g)

The table below sets out the total expenditure on Special Honorarium Scheme (SHS) and Overtime Work of "care-related support staff" of HA in each cluster in 2017-18, 2018-19 and 2019-20 (full year projection).

Cluster	**2017-18 Total Expenditure on SHS and Overtime Allowance ($ million)**	**2018-19 Total Expenditure on SHS and Overtime Allowance ($ million)**	**2019-20 Total Expenditure on SHS and Overtime Allowance (Full Year Projection) ($ million)**
HKEC	5.5	7.8	8.6
HKWC	3.8	6.5	8.2
KCC	5.4	14.6	19.4
KEC	6.4	11.0	12.7
KWC	7.3	7.5	10.6
NTEC	9.6	12.9	14.6
NTWC	4.2	10.8	16.2

Note:

1. The number of staff receiving payment for SHS in 2017-18, 2018-19 and 2019-20 are based on headcount statistics as at 31 March 2018, 31 March 2019 and 31 January 2020 respectively.

2. Payment for SHS for 2019-20 represents full year projection with annual pay adjustment.

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. 2966)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2020-21 that the Government will 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. In this connection, will the Government inform this Committee of:

1. the existing staff establishment, estimated expenditure and work of the CMDF;
2. the number of projects financed by the CMDF, and the project names, briefs, estimates and implementation timetables; and
3. the existing number of registered CM practitioners in Hong Kong, and among them, the number and ratio of graduates of local CM degree programmes?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 46)

Reply:

(1)

For 2020-21, the Food and Health Bureau has earmarked $161.49 million for operating the Chinese Medicine Development Fund (the Fund). The estimated expenditure will cover the funding for the approved projects, necessary preparation work, publicity and promotional expenses as well as administrative costs for the Hong Kong Productivity Council (HKPC), which is the implementation partner for implementing and administering the Fund.

As the work on overseeing the implementation of the Fund is part of the overall duties undertaken by the existing manpower establishment of the Chinese Medicine Unit (CMU), separate breakdown of manpower and expenditures for the Fund is not available.

The breakdown of current staff establishment of the CMU is listed below:

Rank	No. of Post	Point	Pay Scale
Administrative Officer Staff Grade C	1	DPS Pt. D2 – D2C	$179,350 - $196,050
Senior Administrative Officer	1	MPS Pt. 45 - 49	$117,580 - $135,470
Chief Executive Officer	1	MPS Pt. 45 - 49	$117,580 - $135,470
Senior Executive Officer	3	MPS Pt. 34 - 44	$74,515 - $110,170
Executive Officer II	3	MPS Pt. 15 - 27	$31,750 - $55,995
Personal Secretary I	1	MPS Pt. 16 - 21	$33,350 - $42,545
Assistant Clerical Officer	3	MPS Pt. 3 - 15	$15,560 - $31,750
Total:	**13**		

On top of the above establishment, a Consultant Chinese Medicine Practitioner (CMP) who is a qualified CMP with salary pitched at the Chief Executive Officer rank is recruited under Non-Civil Service Contract term to provide professional support to the CMU.

(2)

There are two types of support programmes under the Fund. The Enterprise Support Programme provides matching funds for individual CMPs and clinics, members of the Chinese medicine (CM) industry and CM drug traders to enhance the professional and manufacturing standards as well as management quality of CM drug and help them with registration of proprietary Chinese medicines (pCms) in accordance with statutory requirements, such as offering technical and hardware support to manufacturers of pCms to assist them in conforming with the Good Manufacturing Practices standard. The Industry Support Programme provides funding for non-profit-making organisations, professional bodies, trade and academic associations and research institutions to support training programmes and courses to nurture talent for the future CM Hospital and facilitate development of CM, conduct applied or policy research on CM, and organise various CM promotional activities. Besides, a CM resources platform has been established under the Fund to provide practical information to the industry.

Since the launch of the Fund in June 2019, the programmes on registration of pCms, CM-related training, research and promotional activity have received an overwhelming response from the industry. The Advisory Committee on the Fund has already approved a total of about $10 million on the above programmes and will continue to vet and process more applications in 2020-21. The details of the approved applications are uploaded on the Fund's website (www.cmdevfund.hk). In short, a sum of around $10 million has been approved for applications under the pCm Registration Support Scheme, the CM Industry Training Funding Scheme & CM Promotion Funding Scheme and the CM Applied Studies and Research Funding Scheme.

(3)

As at 29 February 2020, there were a total of 10 170 CMPs in Hong Kong. Amongst these CMPs, 7 613 were registered CMPs and 2 557 were listed CMPs.

At present, there are 3 local universities offering CM undergraduate programmes accredited by the CMPs Board (PB) of the CM Council of Hong Kong, namely Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. The number of undergraduates from the 3 local universities who passed the CMPLE and got registered in 2017, 2018 and 2019 were 68, 64 and 66 respectively. In addition, there are 30 universities in the Mainland offering full-time CM degree courses recognised by the PB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising CM in Hong Kong. In 2017, 2018 and 2019, the number of non-local trained graduates who passed the CMPLE and got registered were 102, 190 and 224 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2967)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech this year that the Government will continue to increase the recurrent funding for the Hospital Authority (HA) by $3 billion and provide an additional funding of about $600 million to the HA for increasing manpower to implement new measures and enhance existing services. In this connection, what measures has the Government put in place to attract and retain staff and what are the details? In view of the current shortage of healthcare manpower, will the Government take more proactive measures to attract non-locally trained healthcare professionals?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 48)

Reply:

The Hospital Authority (HA) has formulated a series of measures to attract and retain the healthcare workforce. They include hiring full-time and part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangement, rehiring suitable retired healthcare staff, increasing the number of Resident Trainee posts to recruit local graduates, recruitment of non-locally trained doctors to work in public hospitals under Limited Registration (LR) to relieve the manpower pressure as well as enhancing career advancement opportunities of experienced nurses and provided training to registered nursing students and enrolled nursing students at HA's nursing schools.

With the additional financial provision of the Government, HA will enhance the following manpower measures to retain staff and alleviate manpower pressure:

(i) enhancement of opportunities for Associate Consultants to be promoted to Consultants;
(ii) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;
(iii) provision of allowance for registered nurses who have attained recognised specialty qualifications;

(iv) continuation of enhancement measures for Patient Care Assistants, Operation Assistants and Executive Assistants; and
(v) continuation of recruitment of additional non-locally trained doctors under LR.

As stated in the Strategic Review on Healthcare Manpower Planning and Professional Development published in June 2017, locally trained healthcare professionals should continue to be the bedrock of our healthcare workforce. Meanwhile, locally trained manpower should be supplemented as necessary by qualified, non-locally trained ones through established mechanism in the short term. The Government has been adopting a multi-pronged approach to tackle the manpower shortage problem including increasing healthcare training places; providing funding to upgrade and increase healthcare training capacities; and supporting the manpower initiatives of the HA. The Government will also continue to actively promote and publicise the registration arrangements overseas with proactive recruitment drive to facilitate practice of qualified non-locally trained healthcare professionals in Hong Kong. Some of the key measures include –

Doctors

Upon commencement of the Medical Registration (Amendment) Ordinance 2018, the validity period and renewal period of limited registration have been extended from not exceeding 1 year to not exceeding 3 years. It is expected that more eligible non-locally trained doctors, particularly those who are Hong Kong people, will be attracted to serve in the public sector in Hong Kong through limited registration, thus alleviating the manpower shortage problem.

The HA and the Department of Health will continue to proactively recruit eligible non-locally trained doctors through the limited registration arrangement to provide clinical services in the public healthcare system.

Over the past few years, the Medical Council of Hong Kong (MCHK) has taken forward various enhanced and new initiatives to help qualified non-locally trained doctors to obtain full registration in Hong Kong. For instance –

(a) The frequency of the Licensing Examination has been increased from once to twice a year starting from 2014;

(b) Since 2015, the MCHK has refined exemption requirements for the Licensing Examination. For Part III of the Licensing Examination, i.e. Clinical Examination, the minimum requirement of post-registration experience in relevant discipline(s) of an applicant applying exemption has been reduced from 10 years to 6 years;

(c) In October 2018, the MCHK officially launched the Virtual Education Resource Centre to improve the transparency of the Licensing Examination and refine the examination questions; and

(d) The MCHK has shortened the period of assessment for non-locally trained specialist doctors who have passed the Licensing Examination from 6 months to 2 days starting from August 2019 provided (i) he/she has passed the Licensing Examination; (ii)

he/she holds a specialist qualification comparable to a Fellowship of the Hong Kong Academy of Medicine; and (iii) he/she has completed a period of full-time employment for 3 years or more by any of the institutions designated under Promulgation No. 2 of MCHK on limited registration. It is expected that more qualified doctors will be attracted to practise in Hong Kong.

To provide more incentive for non-locally trained doctors to serve in the public healthcare system in Hong Kong, the Government is exploring more effective ways to provide specialist training for non-locally trained doctors without compromising specialist training opportunities for locally trained doctors. Relevant colleges under The Hong Kong Academy of Medicine and the HA are working on the implementation details with a view to attracting more non-locally trained doctors to practise in Hong Kong.

Nurses and Allied Health Professionals

For nurses, the Nursing Council of Hong Kong has increased the frequency of the Licensing Examination (for (General) Registration only) from once to twice a year starting from 2016.

For allied health professionals like occupational therapists and physiotherapists, non-locally trained professionals could gain full registration without licensing examination through recognised qualifications in general.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations of the healthcare profession, so as to explore other measures to increase the supply of healthcare professionals.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2972)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Provision for 2020–21 is $778.1 million higher than the revised estimate for the previous year, representing a significant increase of 93.6%. Please explain in detail the reasons for the significant increase in the estimate. Also, what are the details (including the respective post titles, ranks, salaries, duties and other particulars) of the 29 posts to be created?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 47)

Reply:

(1) The 2020-21 draft Estimate is $778.1 million (93.6%) higher than the 2019-20 Revised Estimate. This is mainly due to –

- increased/new cash flow requirements for non-recurrent items on Chinese Medicine Development Fund (+$89.9 million), Health and Medical Research Fund (+$60 million), Hong Kong Genome Project (HKGP) (+$80 million) and "District Health Centre Express" ("DHC Express") Scheme (+$182.6 million)
- increased recurrent cost to support primary healthcare development (+$283.3 million) and the HKGP (+$95 million)

(2) The 29 new posts (with titles to be decided on actual creation) are detailed below –

Rank	Number	Notional Annual Mid-point Salary ($'000)	Purpose
Senior Medical and Health Officer	1	1,515	To integrate the Primary Care Office of Department of Health into the Primary Healthcare Office (PHO) of Food and Health Bureau
Medical and Health Officer	2	2,346	
Nursing Officer	2	1,542	

Rank	Number	Notional Annual Mid-point Salary ($'000)	Purpose
Scientific Officer (Medical)	2	1,971	
Senior Executive Officer	1	1,125	
Clerical Officer	1	463	
Assistant Clerical Officer	1	289	
Senior Treasury Accountant	1	1,515	To strengthen the PHO in setting up new DHCs, monitoring the operation of the established DHCs and implementing the "DHC Express" Scheme
Chief Executive Officer	1	1,515	
Senior Supplies Officer	1	985	
Accounting Officer I	1	808	
Accounting Officer II	2	1,021	
Analyst/Programmer I	1	808	
Nursing Officer	1	771	
Executive Officer I	2	1,615	
Executive Officer II	2	1,069	
Clerical Officer	1	463	
Assistant Clerical Officer	2	578	
Clerical Assistant	1	226	
Executive Officer II	1	535	To strengthen secretarial support for the Advisory Committee on Mental Health.
Analyst/Programmer I	1	808	To rationalise the staff complement of IT support.
Executive Officer II	1	535	To strengthen executive support to FHB.
Total:	29		

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1104)

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:

Currently, most AIDS patients receive their treatment and care services from 3 government healthcare institutions, namely the Integrated Treatment Centre of the Department of Health, the AIDS Clinical Service of Queen Elizabeth Hospital, and the Infectious Disease Special Medical Clinic of Princess Margaret Hospital. Please set out the staff establishment and a breakdown of the expenditure of the above healthcare institutions for the past 3 years. Will the Government increase the manpower for 2019-20 to cope with the rising epidemic?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 51)

Reply:

From 2017-18 to 2018-19, there are a total of 25 healthcare staff providing treatment services for HIV infected patients at the HIV/AIDS clinic of the Department of Health. In 2019-20, the number of healthcare staff is increased to 27. The annual recurrent expenditure to cover the manpower cost for the HIV/AIDS clinic of the DH in the past three years are set out in the following table –.

Year	Annual recurrent cost
2017-18	$16.5 million
2018-19	$17 million
2019-20	$18.9 million

As the healthcare staff of the Hospital Authority (HA) providing medical treatment and nursing care for patients AIDS also provide clinical services for other patients, the manpower involved and expenditure incurred by HA specifically for AIDS patients are not separately quantifiable.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2396)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch indicates that it will continue its efforts to promote breastfeeding and organ donation and to deter smoking in 2020-21. Will the Government please inform this Committee of the details of and the estimated expenditures involved for each initiative?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 41)

Reply:

In 2020-21, the Food and Health Bureau (FHB) and the Department of Health (DH) will continue to promote, protect and support breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace" policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become "Breastfeeding Friendly Premises" so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of babycare rooms and lactation rooms in suitable new government premises; implementing the voluntary "Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infants and Young Children"; and strengthening the surveillance on local breastfeeding situation. A provision of $6.0 million has been earmarked in 2020-21 to continue the effort for promotion of breastfeeding.

FHB, together with DH and the Hospital Authority (HA), will continue to make efforts to promote organ donation on various fronts. These include: (1) promotion booths/ promotion activities in the 9 Smart Identity Card Replacement Centres; (2) institution-based networking with signatories of the Organ Donation Promotion Charter and supporters to promote organ donation and to encourage registration for the Centralised Organ Donation Register; (3) public education through exhibitions, talks and seminars; (4) publicity campaigns using various channels, e.g. television, radio,

newspapers, Internet, etc.; (5) e-engagement of the public by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK"; (6) development of promotional materials and distributing them in various occasions and events; and (7) organisation of large-scale activities. The expenditure and manpower on the publicity for organ donation cannot be separately identified as it is absorbed by DH's overall provision for health promotion.

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. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation. These include: (1) an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong; (2) smoking cessation services provided by public clinics under DH and HA; (3) collaboration with and referrals to non-governmental organisations (NGOs) in providing a range of community-based smoking cessation services; (4) collaboration with the University of Hong Kong to provide counselling service tailored for young smokers over the phone; (5) subvention to the Hong Kong Council on Smoking and Health to carry out publicity and education programmes to raise awareness on smoking hazards; (6) collaboration with NGOs in organising health promotional activities at schools to equip students with skills to resist picking up the smoking habit, etc. The provision related to health promotion activities and smoking cessation services by DH and its subvented organisations in 2020-21 is $138 million.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)176**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2397)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch states that the provision for 2020-21 under this Programme 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 the Chinese Medicine Development Fund, the Health and Medical Research Fund, the Hong Kong Genome Project (HKGP) and the "District Health Centre Express", as well as increased recurrent cost to support primary healthcare development and the HKGP. There will also be an increase of 29 posts in 2020-21. In this connection, will the Government advise this Committee on the breakdown of the estimated expenditure involved in each relevant item and the job duties of the newly created posts?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 42)

Reply:

(1) The 2020-21 draft Estimate is $778.1 million (93.6%) higher than the 2019-20 Revised Estimate. This is mainly due to –
- increased/new cash flow requirements for non-recurrent items on Chinese Medicine Development Fund (+$89.9 million), Health and Medical Research Fund (+$60 million), Hong Kong Genome Project (HKGP) (+$80 million) and "District Health Centre Express" ("DHC Express") Scheme (+$182.6 million)
- increased recurrent cost to support primary healthcare development (+$283.3 million) and the HKGP (+$95 million)

(2) The 29 new posts are detailed below –

Rank	Number	Purpose
Senior Medical and Health Officer	1	To integrate the Primary Care Office of Department of Health into the Primary Healthcare Office (PHO) of Food and Health Bureau
Medical and Health Officer	2	
Nursing Officer	2	

Rank	Number	Purpose
Scientific Officer (Medical)	2	
Senior Executive Officer	1	
Clerical Officer	1	
Assistant Clerical Officer	1	
Senior Treasury Accountant	1	To strengthen the PHO in setting up new DHCs, monitoring the operation of the established DHCs and implementing the "DHC Express" Scheme
Chief Executive Officer	1	
Senior Supplies Officer	1	
Accounting Officer I	1	
Accounting Officer II	2	
Analyst/Programmer I	1	
Nursing Officer	1	
Executive Officer I	2	
Executive Officer II	2	
Clerical Officer	1	
Assistant Clerical Officer	2	
Clerical Assistant	1	
Executive Officer II	1	To strengthen secretarial support for the Advisory Committee on Mental Health.
Analyst/Programmer I	1	To rationalise the staff complement of IT support.
Executive Officer II	1	To strengthen executive support to FHB.
Total:	29	

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2431)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the expenditure on strengthening the healthcare system, the hospice medical service needs of terminally ill patients have been ignored. Is the Financial Secretary aware of the unprecedented operational difficulties faced by institutions specialising in providing hospice care for terminally ill patients (the funding of which comes mainly from donations) in times of economic downturn?

As the economy contracts, the amount of donations received by the above institutions will drop substantially. Moreover, they have to cope with surging medical costs. Since there is quite a number of terminally ill patients in Hong Kong, what policy will the Financial Secretary adopt to help these institutions render appropriate support to these patients?

Asked by: Hon TSE Wai-chun, Paul (LegCo internal reference no.: 2)

Reply:

In Hong Kong, palliative care service is mainly provided by the Hospital Authority (HA) under a comprehensive service model for patients with life limiting diseases and their families including in-patient, consultative service, outpatient, day care and home care services and bereavement service through multi-disciplinary teams of professionals including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc.

Since 2015-16, HA has been strengthening the Community Geriatric Assessment Team (CGAT) service in phases to enhance end-of-life care and support for elderly patients living in the residential care homes for the elderly (RCHEs) facing terminal illness. CGATs are working in partnership with the palliative care teams and RCHEs to improve medical and nursing care and support service for those terminally ill patients in RCHEs, and to provide training for RCHE staff.

Starting from 2015-16, Social Welfare Department (SWD) has allocated additional resources to all new contract RCHEs commencing service for the provision of end-of-life care services, including the increase of corresponding manpower resources. In addition, SWD has progressively been adjusting the subsidy amount for existing contract RCHEs, upon contract extension or commencement of new contracts, for the provision of end-of-life care services. As at end-October 2017, there were 29 contract RCHEs in operation and 17 of them were offering end-of-life care services. SWD has reserved additional resources for the remaining 12 existing contract RCHEs to introduce end-of-life care services upon contract extension or commencement of new contracts. By the end of 2019-20, all contract RCHEs will provide end-of-life care services.

Contract RCHEs may utilise the additional resources to render professional and systematic holistic care to elderly residents suffering from life-threatening illness and approaching the end of life, and provide support for their carers. Such services aim at alleviating the pain and discomfort of elderly persons, as well as relieving the stress of elderly persons and that of carers, thereby helping them face death in a dignified and peaceful way. The scope of services includes medical and nursing care, psychological and bereavement care, social and family support, spiritual care and death preparation, etc. Contract RCHEs providing end-of-life care services are equipped with a specially designed room offering a home-like environment to support needy elderly persons. In addition, the Staff Development and Training Section of SWD will organise training programmes relating to end-of-life care services on a need basis.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)178**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2432)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

To encourage and subsidise healthcare facilities providing care for late-stage patients specifically, such as the Haven of Hope Sister Annie Skau Holistic Care Centre (the Centre), will the Financial Secretary consider allowing and encouraging citizens who do not wish to receive the cash payout of $10,000 from the Government to give their consent for donating the $10,000 to the Centre, as well as making government donations on an equal matching basis, so as to provide an alternative channel of subvention for the Centre amidst the current difficulties in fundraising?

Asked by: Hon TSE Wai-chun, Paul (LegCo internal reference no.: 3)

Reply:

The Financial Secretary announced in his Budget Speech on 26 February the Cash Payout Scheme to disburse $10,000 to Hong Kong permanent residents aged 18 or above, with a view to encouraging and boosting local consumption on the one hand, and relieving people's financial burden on the other. People who have received the sum may spend the money at their own discretion.

The centre mentioned falls under the Nursing Home Place Purchase Scheme (NHPPS) of Social Welfare Department (SWD). To take forward the initiative of increasing the provision of nursing home places, SWD has since 2010 purchased vacant nursing home places from self-financing nursing homes operated by the bona-fide non-governmental and non-profit-making organisations under NHPPS.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)179

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2437)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that a sum of $200 billion is earmarked for the implementation of the first ten-year Hospital Development Plan. Among some 6 000 additional beds and 90 operating theatres to be provided, please inform this Committee of the following:

(1) the number of beds and operating theatres that will benefit residents of Kwun Tong and Wong Tai Sin districts; and

(2) the number of beds and operating theatres expected to come into service in each of the next three financial years.

Asked by: Hon TSE Wai-chun, Paul (LegCo internal reference no.: 8)

Reply:

The ten-year Hospital Development Plan is funded under the Capital Works Reserve Fund. Details on the programme are outside the scope of Head 140 under the General Revenue Account.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2454)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As the epidemic continues to hit all walks of life and triggers a tide of layoffs and pay cuts, grassroots employees who live from hand to mouth are particularly struggling hard to make their ends meet, while their medical expenses continue to rise due to medical inflation in recent years. The fees on examination and laser treatment of macular degeneration, laser treatment of cataract or tooth implants are usually as high as several tens of thousand dollars. Those grassroots employees residing in Kwun Tong and Wong Tai Sin have repeatedly reflected their difficulties in coping with the medical inflation in recent years, and the situation is further worsened by the epidemic.

The Financial Secretary will allocate $600 million for meeting the expenditure of the interim "District Health Centre Express". In this connection, please advise on the details to help the grassroots meet the rising medical expenses as mentioned above.

Asked by: Hon TSE Wai-chun, Paul (LegCo internal reference no.: 25)

Reply:

In a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-focused, the Government is committed to enhancing district-based primary healthcare services by setting up District Health Centres (DHC) in 18 districts progressively to promote district-based services, public-private partnership and medical-social collaboration in the community.

With reference to DHC services, "DHC Express" will provide Government subsidized primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment and chronic disease management. In addition, "DHC Express" will serve as a district health resource hub that links different service providers of different aspects of primary healthcare services in the community to facilitate clients receiving necessary care and services when needed. "DHC Express" will be set up in the 11 districts where DHCs will yet to be set up in the current-term

Government, including Wan Chai, Eastern, Central & Western, Yau Tsim Mong, Kwun Tong, Kowloon City, Tai Po, Islands, North, Shatin and Sai Kung.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)181**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2524)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. The Financial Secretary mentioned that sufficient financial support would be provided for the Hospital Authority (HA) in combating the epidemic. What is the amount of provision for combating the epidemic in the coming year?

2. What are the respective estimated expenditures on various preventive measures to be taken by the HA in the coming year?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 1)

Reply:

Measures to be implemented for combating the Coronavirus Disease 2019 (COVID-19) epidemic may be funded by the Anti-epidemic Fund, which is not within the scope of the Appropriation Bill or the draft estimates of the Government General Revenue Account.

The Government would allocate $4.7 billion out of the Anti-epidemic Fund to the Hospital Authority (HA) to enhance support to HA in combating the COVID-19 epidemic. Key components of the enhanced support measures include –

(a) personnel-related expenditure for frontline staff involved in anti-epidemic efforts, for example, granting Special Emergency Response Allowance for staff engaging in high risk duties under Emergency Response Level in response to COVID-19 epidemic, extending and enhancing rates under the Special Honorarium Scheme, and recruiting more temporary and agency staff;

(b) procuring additional personal protective equipment and other necessary accessories for healthcare staff;

(c) offering special rental allowance to staff who need to rent hotel rooms or other premises for temporary stay and temporary accommodation arrangements;

(d) enhancing support for laboratory testing and procuring drug and medical equipment; and

(e) additional cleansing, security, laundry, transportation, storage, clinical waste disposal, IT support services, etc. and hospital supplies e.g. linen, curtains, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2525)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in the Budget Speech that the Hospital Authority (HA) established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff and that 3 major proposals have been put forward, including:

(a)	the HA will enhance the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in the HA after retirement until 65;
(b)	the HA will consider creating opportunities for around 200 Associate Consultants to be promoted to Consultants within the next 5 years so as to retain experienced medical personnel; and
(c)	the HA will provide registered nurses who have attained specialty qualifications with additional allowance so as to retain manpower and encourage their continuing professional development in nursing.

Please provide the respective estimated expenditures on these 3 proposals for each of the years from 2021-22 to 2025-26.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 3)

Reply:

The Hospital Authority (HA) established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Task Group has so far put forward 3 major proposals, including –

(a) enhancing the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in the HA after retirement until age 65;
(b) creating opportunities for around 200 Associate Consultants to be promoted to Consultants within the next 5 years so as to retain experienced medical personnel; and

(c) providing registered nurses who have attained recognised specialty qualifications with additional allowance so as to retain manpower and encourage their continuing professional development in nursing.

It is estimated that the additional expenditure for the above 3 initiatives would increase from around $160 million in 2021-22 to around $1.2 billion in 2025-26.

The estimated split amongst the three initiatives is being worked out by HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2526)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. The Financial Secretary mentioned in his Budget Speech that District Health Centres (DHCs) would be set up in 6 districts in the coming 2 years. Please state by year the districts concerned, locations, as well as the manpower and staff establishment required in individual centres in respect of the DHCs to be established in the coming 2 years.

2. For the first DHC set up in Kwai Tsing, please set out the operating expenses, as well as the estimates and revised estimates of salary expenditures in 2019-20 and 2020-21 respectively. How does the Government assess the effectiveness of the DHC?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 4)

Reply:

(1) Within the term of the current Government, District Health Centres (DHCs) are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. The SSP DHC would be located in the Shek Kip Mei Estate Phase 6 Redevelopment, and the WTS DHC would be located in Diamond Hill Public Housing Development Phase I. The minimum number of staff required in the core team of the WTS and SSP DHCs as set out in the tender document is listed below-

Executive Director	1
Chief Care Coordinator	1
Care Coordinators	5
Nurses	3
Physiotherapists	2
Occupational Therapists	2
Pharmacist	1

Social Workers	3
Dietitian	1
Administrative Staff	8

We plan to identify suitable rental premises for setting up DHCs in the above remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

(2) We have appointed the Kwai Tsing Safe Community and Health City Association to operate the Kwai Tsing District Health Centre (K&T DHC) at a total contract sum of about $284 million for a 3-year operation period.

To ensure accountability, efficiency and cost effectiveness in the use of public funds for the provision of healthcare services under the K&T DHC and its network, the Management Committee of the K&T DHC, chaired by the Head of Primary Healthcare Office of the Food and Health Bureau with the participation of non-officials, has been established to provide guidance and oversight to the DHC Operator. The DHC Operator is required to provide report for evaluation of performance and financial status regularly.

The Government has also engaged the Chinese University of Hong Kong to conduct the "Monitoring and Evaluation Study of Kwai Tsing District Health Centre" which aims to assess the extent to which the objectives of the DHC are met and the overall performance including the quality and effectiveness of various DHC services provided, impact of DHC services on individuals and the community, as well as the cost-effectiveness of the DHC.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2527)

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

Subhead (No. & title): (000)

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:

Please advise on:

1. the estimated number of turnover of various allied health professionals regarding the estimated staff establishment of the Hospital Authority in 2020-21;

2. whether the turnover is resulted from natural wastage or redundancy; should it be the latter, please provide the estimated number of healthcare personnel concerned who have participated in strikes.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 5)

Reply:
1 & 2

Based on rolling 12-month figures from 1 January 2019 to 31 December 2019, the overall attrition rate of full-time allied health (AH) professionals in the Hospital Authority (HA) was 4.7%, equivalent to 376 full-time AH professionals. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis. The attrition figures for 2020-21 are not yet available. For reference, HA projects that its AH workforce will be 8 890 (full time equivalent (FTE)) by the end of financial year 2020-21 (i.e. 31 March 2021), with an increase of 460 FTE as compared with the projection of 8 430 FTE as at end of financial year 2019-20 (i.e. 31 March 2020).

Note:

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.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)185**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2528)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. How many surgical masks in total did the Hospital Authority (HA) procure in the past year? What was the total expenditure involved?

2. How many surgical masks will the HA procure in the coming year? What is the estimated expenditure involved?

3. As at 29 February 2020, what is the number of Personal Protective Equipment (PPE) the HA has in stock? How many months will the stock last for use by HA staff?

4. Did the HA receive any masks from the Correctional Services Department in 2019-20? If yes, how many masks were received in each month? If no, what are the reasons?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 6)

Reply:
1. to 3.

The Government would allocate $4.7 billion from the Anti-epidemic Fund to provide additional resources for the Hospital Authority (HA) to tackle the Coronavirus Disease 2019 (COVID-19) epidemic, including the expenditure required for procurement of additional personal protective equipment (PPE) and other necessary accessories in relation to COVID-19 for healthcare staff. HA is actively expediting the procurement of PPE to ensure that the public hospital services and frontline healthcare staff are supported in a timely manner by sufficient appropriate PPE. As the procurement of PPE for combating COVID-19 is ongoing, we do not have information on the total expenditure and quantities involved.

Following the Swine Flu Pandemic in 2009, HA reviewed its emergency stockpile of PPE by making reference to the depletion of PPE during the pandemic period, as well as relevant

information available from the World Health Organization. HA's emergency stockpile of PPE has been increased from 42 days to 90 days since then with an aim to building sufficient emergency stock to cater for operational needs during emergency situations.

With the development of COVID-19 infection, HA has expedited and significantly increased the procurement of PPE since January 2020. HA has immediately taken actions with a view to increasing the stockpile to almost 6 months so as to ensure sufficient PPE supply. In light of the development of the epidemic, HA has seen a sharp increase in the amount of PPE used. Public hospitals are stepping up control of stock and at the same time promoting the effective use of PPE in order to ensure sufficient protection for staff. HA has stipulated stringent infection control guidelines and provided related training to familiarise and equip staff in different clinical positions with better understanding of the appropriate infection control measures, including the wearing of suitable PPE, when carrying out different clinical procedures.

The recent global situation in the production, supply chain and transportation of PPE have become extremely tight, coupled with the shortage in supply of the raw materials necessary for PPE production. HA has since the second half of January 2020 proceeded with global procurement through the flexible approach of direct purchase.

As at 29 February 2020, HA had in its stock 24 million pieces of surgical masks, 1.1 million pieces of N95 respirators, 2.8 million pieces of isolation gowns and 800 000 pieces of face shields. The depletion of PPE varies from day to day. Using the latest average depletion as reference, as at mid-March 2020, HA's stock of N95 respirator is anticipated to last for about 1 month, while that of other PPE items (such as surgical mask, isolation gown and face shield) would last for more than 1 month.

4.

In 2019-20, HA has not received any surgical masks from the Correctional Services Department (CSD). Individual hospital clusters have purchased 340 000 pieces of surgical masks from CSD with a total amount of $47,600.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2529)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. The number of general hospital beds (acute and convalescent) is expected to increase by 459 from 2020-21 to 2021-22. Please provide a breakdown of the beds to be increased for various hospitals.
2. What are the reasons for the reduction in the target numbers of mentally handicapped and infirmary beds in 2020-21 as compared with 2019-20?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 7)

Reply:

(1) & (2)

The Hospital Authority has been opening new hospital beds every year to meet the service demand. The table below sets out the planned number of new hospital beds in 2020-21:

Hospital / Cluster	Planned number of new hospital beds in 2020-21		
	Acute General	Convalescent / Rehabilitation	Total
PYNEH	*7*	*–*	*7*
RH	*20*	*–*	*20*
HKEC	**27**	**–**	**27**
HKBH	*–*	*12*	*12*
QEH	*68*	*–*	*68*
KCC	**68**	**12**	**80**
TKOH	*20*	*–*	*20*
UCH	*26*	*–*	*26*
KEC	**46**	**–**	**46**

Hospital / Cluster	Planned number of new hospital beds in 2020-21		
	Acute General	Convalescent / Rehabilitation	Total
CMC	*16*	*–*	*16*
NLTH	*14*	*36*	*50*
PMH	*18*	*–*	*18*
KWC	**48**	**36**	**84**
NDH	*25*	*–*	*25*
PWH	*58*	*–*	*58*
TPH	*–*	*32*	*32*
NTEC	**83**	**32**	**115**
POH	*2*	*–*	*2*
TSWH	*60*	*–*	*60*
TMH	*2*	*–*	*2*
NTWC	**64**	**–**	**64**
HA Overall	**336**	**80**	**416**

To meet the service demand from the ageing population, HHH plans to upgrade 40 infirmary beds to convalescent / rehabilitation beds in 2020-21 with enhanced clinical support. Moreover, to enhance services for paediatric patients requiring chronic ventilator assisted care, CMC plans to upgrade 3 mentally handicapped beds to convalescent / rehabilitation beds in 2020-21. As a result of the upgrade, the number of infirmary and mentally handicapped beds by the end of 2020-21 will decrease by 40 and 3 respectively, whereas the number of general beds (acute and convalescent) will increase by 43 correspondingly.

Abbreviations

Clusters
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

Hospitals
CMC – Caritas Medical Centre
HHH – Haven of Hope Hospital
HKBH – Hong Kong Buddhist Hospital
NDH – North District Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
POH – Pok Oi Hospital
PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
RH – Ruttonjee Hospital
TKOH – Tseung Kwan O Hospital

TMH – Tuen Mun Hospital
TPH – Tai Po Hospital
TSWH – Tin Shui Wai Hospital
UCH – United Christian Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2530)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. What is the number of designated nurses for community services in 2019-20?

2. Please provide the following information about community nurses and psychiatric nurses for 2019-20:
(i) the number of attendances using their services;
(ii) the average number of cases handled by each nurse;
(iii) the average length of each outreach visit; and
(iv) the average number of hours spent by each nurse on outreach service per day.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 8)

Reply:

1. The table below sets out the number of community nurses (CNs) and community psychiatric nurses (CPNs) in the Hospital Authority (HA) in 2019-20 (as at 31 December 2019).

	Number of CNs	**Number of CPNs**
2019-20 (as at 31 December 2019)	507	132

2. The table below sets out the number of CN attendances and psychiatric outreach attendances in HA in 2019-20 (up to 31 December 2019).

	Number of CN Attendances	**Number of Psychiatric Outreach Attendances**
2019-20 (up to 31 December 2019) (Provisional figures)	668 426	228 878

The number of cases handled by each CN in HA varies, and the number and duration of visits of each case also differ. Relevant factors include, among others, the complexity of the cases, the needs, risks and self-care abilities of the patients. Generally speaking, about 7 to 9 visits are conducted by CN for each case on average while the duration of each attendance ranges from 21 to 52 minutes.

As regards CPNs, patients in need of community psychiatric services are currently followed up by the multi-disciplinary community psychiatric teams in various HA clusters. The teams, which comprise healthcare professionals such as psychiatric doctors, psychiatric nurses (including CPNs), clinical psychologists, occupational therapists, medical social workers and peer support workers etc., provide necessary community support services for patients with mental health needs residing in the community, having regard to their conditions and clinical needs.

Also, HA has launched the Case Management Programme (the Programme) since 2010-11 by phases to provide intensive, continuous and personalised support for patients with severe mental illness. By 2014-15, the Programme has been extended to cover all the 18 districts. As at 31 December 2019, HA has recruited a total of 375 case managers to provide personalised and intensive community support for around 16 200 patients under the Programme.

The number of cases handled by a healthcare professional in community psychiatric services (including CPN) varies, depending on a number of factors such as patients' conditions and clinical needs as well as experience of the staff. The number and duration of visits also vary from case to case. On average, each healthcare professional takes care of about 40 to 60 patients at any one time. The requested information on average number of visits or duration in respect of community psychiatric services is not readily available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)188

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2531)

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

Subhead (No. & title): (001) Salaries

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. Please list respectively the actual expenditure, revised estimate and estimate of expenditure on salary and cash allowance for various ranks of doctors in the medical grade under the Hospital Authority (HA) for 2019-2021.
2. Please list respectively the actual expenditure, revised estimate and estimate of expenditure on salary and cash allowance for various ranks of nurses in the nursing grade under the HA for 2019-2021.
3. Please list respectively the actual expenditure, revised estimate and estimate of expenditure on salary and cash allowance for various ranks of allied health staff in the allied health grade under the HA for 2019-2021.
4. Please list respectively the actual expenditure, revised estimate and estimate of expenditure on salary and cash allowance for personnel of the executive rank (including the Chief Executive, Directors, Cluster Chief Executives, Hospital Chief Executives, Chief Managers, Executive Managers and other executives).

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 10)

Reply:

(1) – (3)

The table below sets out the total salary expenditure of "doctors", "nurses", "allied health professionals" and "management personnel" of the Hospital Authority (HA) in 2019-20 (full-year projection with annual pay adjustment):

2019-20 (Full year projection)

Staff Group	Total Salary Expenditure ($ million)
Doctors	13,286
Nursing	21,050
Allied Health Professionals	7,086

Estimate for 2020-21 is not available as the budget allocation for 2020-21 is under preparation.

Note:

1. The "Doctors" group includes consultants, senior medical officers / associate consultants, medical officers / residents, visiting medical officers, but excluding 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, etc.
3. The "Allied Health Professionals" group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.
4. The total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit. The figures for 2019-20 represent full-year projection with annual pay adjustment.

(4)

The table below sets out the remuneration (including salaries, allowances, contributions for retirement schemes and other benefits) of the Chief Executive, Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of HA in 2018-19. The actual expenditure for 2019-20 will only be available after the close of the current financial year.

Rank	Remuneration for 2018-19 ($ million)
Chief Executive	6.2
Directors / Heads / Cluster Chief Executives	67.5
Hospital Chief Executives	66.5

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2532)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of times the Liaison Office of the Central People's Government invited doctors of the Hospital Authority (HA) to attend national studies programmes; the number of doctors attended, their ranks and the number of hours involved for each programme; the respective places where each programme was held; and the expenditure of the HA on return air tickets for doctors to attend these programmes in 2019-20.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 11)

Reply:

The Hospital Authority (HA) attaches great importance to providing training and development opportunities for its staff and arranges a wide variety of clinical, non-clinical and related training programmes and exchange opportunities for staff's training exposures. Generally speaking, HA provides healthcare professionals with training opportunities not only on clinical knowledge and skills, but also training in various different areas, such as leadership, management, communication etc.

The Course on National Affairs for Hong Kong Professionals is organised by the Liaison Office of the Central Peoples' Government in the Hong Kong Special Administrative Region and provided by the Chinese Academy of Governance. The Course, which usually lasts for six days and is held in Mainland cities, is one of the non-clinical training programmes and aims at enhancing participants' understanding of the Mainland's systems and policies in various aspects, including the healthcare system and development, with visits to healthcare institutions in the Mainland where appropriate. Staff's participation in the Course is on a voluntary basis and is subject to nomination by their respective departments, Hospital Chief Executives and Cluster Chief Executives and confirmation that their work and HA's services will not be affected.

From April 2019 to March 2020, HA received two invitations and nominated 13 and 14 staff respectively, including four and three medical staff (at Associate Consultant rank and

above) among other healthcare personnel of various professions and administrative and management staff.

Under its human resources policies, HA may provide training assistance in the form of financial sponsorship and/or study leave to staff members, where appropriate, for attending training and development activities. For the said Course, the organiser is responsible for meal/accommodation, local transport and the course fee involved, whereas HA supports the nominated staff on return air passage and study leave for attending the Course. HA does not have readily available information on the flight expenses incurred for the Course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2552)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. What is the number of participants in the Voluntary Health Insurance Scheme after its implementation? Please provide a breakdown by age group.
2. What is the average premium for 2019-20 after the implementation of the scheme?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 32)

Reply:

1. As at end-September 2019, the number of Voluntary Health Insurance Scheme policies was around 301 000. The number of the insured persons involved by age is set out as follows -

Age of insured person	No. of policies (as at end September 2019)
0 - 9	Around 36 000
10 - 19	Around 27 000
20 - 29	Around 41 000
30 - 39	Around 59 000
40 - 49	Around 58 000
50 - 59	Around 51 000
60 or above	Around 31 000
Overall	**Around 301 000 (Note)**

Note: Figures may not add up to total due to rounding.

2. The average standard premium for Standard Plans currently offered in the market is about $4,000 per annum. The average standard premium for Flexi Plans is not readily available, as the product designs of Flexi Plans vary a lot and are more complicated.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2553)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. What are the details of increasing training places of local healthcare professionals in 2020-21? What are the resources to be involved?
2. How is the development of enabling Hong Kong people trained as specialist doctors overseas to return to Hong Kong for practice in 2020-21? What are the resources to be involved?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 912)

Reply:

(1)

According to the existing mechanism, University Grants Committee ("UGC") will allocate funding to UGC-funded institutions in the form of block grant based on the approved student numbers allocated to institutions. Funding for publicly-funded undergraduate places is subsumed under the block grants.

In the 2019-20 to 2021-22 UGC triennium, the number of healthcare-related publicly-funded first-degree intake places has increased by over 150 from about 1 780 to about 1 930. Details of the increased training places of local healthcare professionals in the 2019-20 to 2021-22 UGC triennium are set out in the following table –

Healthcare Professions	**No. of training places per annum in the 2016/17 to 2018/19 triennium**	**No. of training places per annum in the 2019/20 to 2021/2022 triennium**
Doctors	470	530 (+60)
Dentists	73	80 (+7)
Nurses	630	690 (+60)

Physiotherapists	130	150 (+20)
Optometrists	40	45 (+5)

Note :

Positive figures in brackets denote the respective increases of training places over the 2016/17 to 2018/19 triennium.

(2)

As stated in the Strategic Review on Healthcare Manpower Planning and Professional Development published in June 2017, locally trained healthcare professionals should continue to be the bedrock of our healthcare workforce. Meanwhile, locally trained manpower should be supplemented as necessary by qualified, non-locally trained ones through established mechanism in the short term. The Government has been adopting a multi-pronged approach to tackle the manpower shortage problem including increasing healthcare training places; providing funding to upgrade and increase healthcare training capacities; and supporting the manpower initiatives of the Hospital Authority ("HA"). The Government will also continue to actively promote and publicise the registration arrangements overseas with proactive recruitment drive to facilitate practice of qualified non-locally trained healthcare professionals in Hong Kong.

For doctors, upon commencement of the Medical Registration (Amendment) Ordinance 2018, the validity period and renewal period of limited registration have been extended from not exceeding one year to not exceeding three years. It is expected that more eligible non-locally trained doctors, particularly those who are Hong Kong people, will be attracted to serve in the public sector in Hong Kong through limited registration, thus alleviating the manpower shortage problem.

The HA and the Department of Health will continue to proactively recruit eligible non-locally trained doctors through the limited registration arrangement to provide clinical services in the public healthcare system.

Over the past few years, the Medical Council of Hong Kong ("MCHK") has taken forward various enhanced and new initiatives to facilitate qualified non-locally trained doctors to obtain full registration in Hong Kong. For instance –

(a) The frequency of the Licensing Examination has been increased from once to twice a year starting from 2014;
(b) Since 2015, the MCHK has refined exemption requirements for the Licensing Examination. For Part III of the Licensing Examination, i.e. Clinical Examination, the minimum requirement of post-registration experience in relevant discipline(s) of an applicant applying exemption has been reduced from ten years to six years;
(c) In October 2018, the MCHK officially launched the Virtual Education Resource Centre to improve the transparency of the Licensing Examination and refine the examination questions; and

(d) The MCHK has shortened the period of assessment for non-locally trained specialist doctors who have passed the Licensing Examination from six months to two days starting from August 2019 provided (i) he/she has passed the Licensing Examination; (ii) he/she holds a specialist qualification comparable to a Fellowship of the Hong Kong Academy of Medicine; and (iii) he/she has completed a period of full-time employment for three years or more by any of the institutions designated under Promulgation No. 2 of MCHK on limited registration. It is expected that more qualified doctors will be attracted to practise in Hong Kong.

The manpower and expenditure involved in the above measures were absorbed by the existing provisions.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations, so as to explore other measures to increase the supply of doctors.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2931)

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. Please set out the actual, revised estimated and estimated numbers of patients attending dental services each year from 2019 to 2021.

2. What is the average waiting time for referral to the dental hospital by dental clinics? Is there any plan to allocate more resources so as to shorten the waiting time? If yes, what are the resources involved?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 9)

Reply:

1. The Department of Health (DH) provides public dental services through its Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners. The actual, revised estimate and estimate of attendances for hospital dental service are listed as follow:

	2019 (Actual)	**2020 (Revised Estimate)**	**2021 (Estimate)**
Hospital patients	66 100	66 100	66 100
Special needs group (number of patients)	11 400	11 400	11 400

Dental services provided by the Hospital Authority involve hospital dental services and specialist dental services, covering mainly specialist oral-maxillofacial surgery for hospital patients, and patients with special oral health care needs and dental emergency, such as trauma, tumor and cleft deformities. They are internal referrals

mainly from specialists of different clinical departments such as Ear, Nose & Throat, Surgery, Medicine, Paediatrics and Oncology for the provision of multi-specialty care, of which the number of referrals is not readily available.

2. All consultation appointments in the OMS&DCs in the 7 public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DCs would offer same day appointments for those cases warranting immediate attention, and appointments within 2 weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within 1 working day. The DH will absorb any additional workload by flexible redeployment of resources.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)193

CONTROLLING OFFICER'S REPLY

(Question Serial No.2999)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Since the outbreak of the novel coronavirus pneumonia epidemic, how many Non-eligible Persons, who were suspected or confirmed to be infected, have received services from the Hospital Authority (HA) in total? What were the fees involved?

2. Among the abovementioned persons, how many defaulted on payment of fees after receiving their treatment? What was the amount of fees involved? What measures will be taken by the HA to recover these fees?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 12)

Reply:

1.

The number of Non-Eligible Persons (NEPs) who fulfilled the reporting criteria for Coronavirus disease 2019 (COVID-19) and were treated in public hospitals with admission date up to 29 February 2020 was 108.

Previously, the Hospital Authority (HA) waived the charges for NEPs as a public health strategy to avoid a situation where patients suffering from infectious disease evade tests due to the high cost and hence spread the disease in the community. However, as Hong Kong has entered a key stage in its efforts in preventing the disease, in order not to make the fee waiver an incentive for NEPs infected by COVID-19 to come to Hong Kong for medical care, the Government has requested HA to adjust its fee-charging policy with effect from 29 January 2020 to charge all NEPs the relevant fees. Up to 29 February 2020, 38 NEPs were charged for around $1.1 million of medical fees in total.

2.
Among the 108 patients mentioned in part 1 of the reply, 104 of them have been discharged and one patient was reported death. Out of these discharged and death patients, 22 NEPs (as of 8 March 2020) have outstanding medical fees of around $0.2 million in total.

HA has an established debt recovery mechanism. The measures include issuing interim bills to patients regularly during their hospitalisation and reminding patients or their families to settle the bills; issuing final bills to patients upon their discharge; and mailing the bills to their Hong Kong or overseas addresses provided at the registration. If the bills remain outstanding after the patients' discharge, patients or their families will be reminded through telephone calls for settlement of bills and monthly statements will be mailed to their Hong Kong or overseas addresses. HA will impose administrative charges on patients who have failed to settle the bills within a specified period. If the bills remain outstanding, HA will institute legal actions where appropriate, including filing claims with the Small Claims Tribunal or issuing demand letters to the patients concerned through lawyers to recover the arrears from the patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3000)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Why did the median waiting time for first appointment of priority 2 cases at specialist outpatient clinics rise from 5 weeks in 2018-19 to 8 weeks in 2019-20?

2. Are there any measures to maintain the waiting time for priority 2 cases at 5 weeks? If yes, what are the details? Will additional manpower be involved? If yes, what are the details of the increase?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.:33)

Reply:

(1)

It is 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 (urgent cases) and Priority 2 cases (semi-urgent cases) to within 2 weeks and 8 weeks respectively. The corresponding figures indicated in the Estimates for 2019-20 and 2020-21 reflect the aforementioned targets, whereas the corresponding figures for 2018-19 reflect HA's actual performance achieved (median waiting time less than 1 week for Priority 1 patients and 5 weeks for Priority 2 patients), reflecting that HA's actual performance was better than the target.

(2)

HA has implemented the triage system for new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable) categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within 2 weeks and 8 weeks

respectively. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will receive timely treatment.

In addition, HA has implemented a series of measures to manage SOPC waiting time, for example, enhancing public primary care service and public-private partnership; strengthening manpower; implementing SOPC annual plan programmes; reducing the disparity in waiting time at SOPCs in different clusters; optimising appointment scheduling practices of SOPCs; etc.

In 2020-21, HA will continue to implement annual plan programmes to increase SOPC service capacity in all hospital clusters covering the major specialties. For instance, Kowloon Central Cluster (KCC) and Kowloon East Cluster (KEC) will build up SOPC service capacity of Internal Medicine. KCC and Kowloon West Cluster will augment SOPC service capacity of Orthopaedics & Traumatology while enhancing their Family Medicine Specialist Clinic services to help alleviate pressure on SOPC demand. KEC will also enhance SOPC service capacity of Ophthalmology and Psychiatry.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3001)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. What were the rates of return for the $10 billion Public-Private Partnership (PPP) Endowment Fund in 2018-19 and 2019-20?

2. Regarding the programmes launched under the PPP Fund, what was the revised and estimated expenditure of each programme in 2018-19 and 2019-20?

3. Under the PPP programme, what were the numbers of participants in each programme in 2018-19 and 2019-20?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 34)

Reply:

1.
On 31 March 2016, the Hospital Authority (HA) was allocated $10 billion as endowment fund to generate investment returns by placing with the Exchange Fund for regularising and enhancing ongoing clinical Public-Private Partnership (PPP) programmes, as well as developing new clinical PPP initiatives. The HA PPP Fund was accordingly established, comprising the $10 billion endowment fund and $442 million from the remaining balance of the one-off designated funding provided previously by the Government for PPP programmes. The investment yields of the HA PPP Fund in 2018-19 and 2019-20 are as follows:

	2018-19 Actual	**2019-20 Projected**
Investment Yield	4.1%	3.1%

2.
HA has implemented nine PPP programmes since 2008, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP)[1], Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP),

Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP)[2].

Expenditures by PPP programme from 2018-19 to 2019-20 are listed in the table below.

Programme	**2018-19 Actual Expenditure[3] ($ million)**	**2019-20 Projected Expenditure[3] ($ million)**
CSP	2.9	3.4
HD PPP	56.9	62.3
PEP	23.6	25.4
Radi Collaboration	36.7	41.2
GOPC PPP	72.2	90.7
Infirmary Service PPP	24.1	25.0
Colon PPP	18.5	21.2
Glaucoma PPP[2]	-	1.5

3.
Service provisions by PPP programme from 2018-19 to 2019-20 are listed in the table below.

Programme	**2018-19 Actual Provisions**	**2019-20 Planned Provisions**
CSP (surgeries)	514	550
HD PPP (places)	246[4]	267
PEP (patients)	16 826	14 000
Radi Collaboration (scans)	18 264	20 200
GOPC PPP (participating patients)	31 239	33 597
Infirmary Service PPP (beds)	64[5]	64
Colon PPP (colonoscopies)	1 332	1 300
Glaucoma PPP[2] (participating patients)	N/A	600

Note:
1. The TSW PPP ended on 31 March 2018 and was migrated to the GOPC PPP on 1 April 2018.

2. Glaucoma PPP is a new clinical PPP launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by HA's ophthalmology specialist outpatient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community.
3. Excluding expenditure on information technology and administration support.
4. Benefited 463 patients since programme launch in March 2010 and 278 patients in 2018-19 as at end of March 2019.
5. 106 applicants were offered placement since programme launch in September 2016 and 64 applicants stayed at the Service Unit of the Programme as at end of March 2019.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)196**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0637)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In view of the long-standing manpower shortage problem in the public healthcare system, additional funding will be allocated in the 2020-21 Budget for retaining healthcare staff. However, the relevant proposals still revolve around the concepts of rehiring retired staff and enhancing promotion prospect and remuneration, thus failing to get to the root of the problem and have it resolved in the long run. Has the Government considered recruiting staff from places outside Hong Kong? If yes, what is the specific plan? If not, what are the reasons?

Asked by: Hon YIU Si-wing (LegCo internal reference no.: 7)

Reply:

As stated in the Strategic Review on Healthcare Manpower Planning and Professional Development published in June 2017, locally trained healthcare professionals should continue to be the bedrock of our healthcare workforce. Meanwhile, locally trained manpower should be supplemented as necessary by qualified, non-locally trained ones through established mechanism in the short term. The Government has been adopting a multi-pronged approach to tackle the manpower shortage problem including increasing healthcare training places; providing funding to upgrade and increase healthcare training capacities; and supporting the manpower initiatives of the Hospital Authority ("HA"). The Government will also continue to actively promote and publicise the registration arrangements overseas with proactive recruitment drive to facilitate practice of qualified non-locally trained healthcare professionals in Hong Kong. Some of the key measures include –

Doctors

Upon commencement of the Medical Registration (Amendment) Ordinance 2018, the validity period and renewal period of limited registration have been extended from not exceeding one year to not exceeding three years. It is expected that more eligible non-locally trained doctors, particularly those who are Hong Kong people, will be attracted to serve in the public sector in Hong Kong through limited registration, thus alleviating the manpower shortage problem.

The HA and the Department of Health will continue to proactively recruit eligible non-locally trained doctors through the limited registration arrangement to provide clinical services in the public healthcare system.

Over the past few years, the Medical Council of Hong Kong ("MCHK") has taken forward various enhanced and new initiatives to help qualified non-locally trained doctors to obtain full registration in Hong Kong. For instance –

(a) The frequency of the Licensing Examination has been increased from once to twice a year starting from 2014;
(b) Since 2015, the MCHK has refined exemption requirements for the Licensing Examination. For Part III of the Licensing Examination, i.e. Clinical Examination, the minimum requirement of post-registration experience in relevant discipline(s) of an applicant applying exemption has been reduced from ten years to six years;
(c) In October 2018, the MCHK officially launched the Virtual Education Resource Centre to improve the transparency of the Licensing Examination and refine the examination questions; and
(d) The MCHK has shortened the period of assessment for non-locally trained specialist doctors who have passed the Licensing Examination from six months to two days starting from August 2019 provided (i) he/she has passed the Licensing Examination; (ii) he/she holds a specialist qualification comparable to a Fellowship of the Hong Kong Academy of Medicine; and (iii) he/she has completed a period of full-time employment for three years or more by any of the institutions designated under Promulgation No. 2 of MCHK on limited registration. It is expected that more qualified doctors will be attracted to practise in Hong Kong.

To provide more incentive for non-locally trained doctors to serve in the public healthcare system in Hong Kong, the Government is exploring more effective ways to provide specialist training for non-locally trained doctors without compromising specialist training opportunities for locally trained doctors. Relevant colleges under The Hong Kong Academy of Medicine and the HA are working on the implementation details with a view to attracting more non-locally trained doctors to practise in Hong Kong.

Nurses and Allied Health Professionals

For nurses, the Nursing Council of Hong Kong has increased the frequency of the Licensing Examination (for (General) Registration only) from once to twice a year starting from 2016.

For allied health professionals like occupational therapists and physiotherapists, non-locally trained professionals could gain full registration without licensing examination through recognised qualifications in general.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations of the healthcare profession, so as to explore other measures to increase the supply of healthcare professionals.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1472)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

It is mentioned in the Budget that the Government will enhance the capability of our healthcare system in preventing and treating infectious diseases, such as building additional medical and quarantine facilities, increasing our stock of medical supplies as well as strengthening scientific research on infectious disease prevention and control, pathology and medication. Specifically, how will the Government implement measures in the above-mentioned areas, including resource allocation, manpower arrangement, additional manpower involved and implementation details?

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 1)

Reply:

In view of the development of the Coronavirus Disease 2019 (COVID-19), the Government and the Hospital Authority (HA) have taken various measures to strengthen the capability of the healthcare system in combating the disease.

Isolation facilities at public hospitals

As of noon 22 March 2020, HA has activated 954 isolation beds in public hospitals for use with an occupancy rate of 51.3%. In addition to isolation beds, HA has set up "surveillance wards" in public hospitals to tie in with the extended coverage of the "Enhanced Laboratory Surveillance" scheme to all pneumonia inpatients since 31 January 2020.

In light of the latest development, HA plans to retrofit 1 to 2 general wards in each cluster into standard negative pressure wards, with a view to providing about 400 additional standard negative pressure beds for patients who are recovering but not yet ready for discharge.

The Government would keep monitoring the demand and usage of isolation facilities at public hospitals with a view to reviewing the allocation of resources for enhancing the capacity of public hospitals in combatting epidemic.

Quarantine facilities

In view of the development of the outbreak of COVID-19, the Government has endeavoured to look for more suitable sites and set up quarantine facilities in full steam. Apart from converting existing facilities at sites such as Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan etc., constructing additional units through application of the modular integrated construction method is considered the most desirable by our works agent. Expenditure of the works concerned is funded under the Capital Works Reserve Fund and the Lotteries Fund, and hence details on the works are outside the scope of Head 140 under the General Revenue Account.

Stock of personal protective equipment (PPE)

With the development of COVID-19 infection, HA has expedited and significantly increased the procurement of PPE since January 2020. HA has immediately taken actions with a view to increasing the stockpile to almost 6 months so as to ensure sufficient PPE supply. In view of the recent global situation where the production, supply chain and transportation of PPE has become extremely tight, coupled with the shortage in supply of the raw materials necessary for PPE production, HA has since the second half of January 2020 proceeded with global procurement through the flexible approach of direct purchase.

For infection prevention and control, Department of Health (DH) regularly maintains stockpile of PPE for use by healthcare and front-line personnel. To combat COVID-19, DH has been liaising closely with the Government Logistics Department to increase and speed up purchases for replenishment of PPE with a view to ensuring sufficient provision for healthcare and front-line personnel.

The Government has proceeded with global procurement with an aim to procuring appropriate PPE soonest possible. The Government will continue to closely liaise with HA and will accord priority to allocate PPE items purchased to cater for the needs of frontline clinical staff of DH and HA.

Scientific research

The Health and Medical Research Fund administered by the Food and Health Bureau (the Bureau) invites applications each year for investigator-initiated projects, covering the broad theme of infectious diseases. In response to the health threats from the spread of COVID-19 in Hong Kong, the Bureau has invited the 2 medical schools to submit preliminary proposals to address knowledge gaps in the transmissibility and infectability of the virus, effective detection and surveillance, effective clinical management, and enhanced infection control and prevention strategies. The proposals are under review and will be considered by the Research Council.

Anti-epidemic Fund to enhance support to HA

To strengthen the capability of public hospitals in combating the epidemic, the Government would allocate $4.7 billion from the Anti-epidemic Fund to provide additional resources for HA in tackling the disease. HA would flexibly deploy the additional resources on various fronts including for personnel-related expenditure for frontline staff, procuring additional PPE, enhancing support for laboratory testing and procuring drug and medical equipment, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1473)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that an additional funding of about $600 million will be provided to the Hospital Authority for increasing manpower to implement new measures and enhance existing services. How many doctors, nurses and healthcare personnel will be recruited for these purposes? What new measures will the additional manpower be deployed to implement? What are the details and costs of these measures and the manpower required? Which existing services will be enhanced, and what are the details, including costs, manpower and timetable, of the implementation?

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 2)

Reply:

Recurrent subvention to the Hospital Authority (HA) in 2020-21 amounts to $75.0 billion, representing an increase of 5.0% over the 2019-20 revised estimate ($71.4 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures:

(a) increasing 416 public hospital beds;

(b) enhancing the following manpower measures to retain staff and alleviate manpower pressure:
    (i) enhancement of opportunities for Associate Consultants to be promoted to Consultants;
    (ii) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;
    (iii) provision of allowance for registered nurses who have attained recognised specialty qualifications;
    (iv) continuation of enhancement measures for Patient Care Assistants, Operation Assistants and Executive Assistants; and

(v) continuation of recruitment of additional non-locally trained doctors under Limited Registration; and

(c) enhancing radiological imaging services; increasing the quotas for general outpatient clinics; providing additional specialist outpatient clinic attendances, etc.

The number of medical, nursing and allied health staff in 2020-21 is expected to increase by, on a full-time equivalent basis, 183, 1 140 and 460 respectively when compared with 2019-20. HA will deploy existing staff and recruit additional staff for implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1474)

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

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As indicated in the Budget, the Financial Secretary will allocate sufficient resources to the Food and Health Bureau, the Labour and Welfare Bureau and the Education Bureau for providing appropriate support for people suffering from mental distress. In this connection, what will be the resources earmarked for the Food and Health Bureau? What initiatives will be involved? What will be the expense and manpower involved, implementation timetable and estimated number of beneficiaries for each initiative?

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 3)

Reply:

The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has been working closely with the Department of Health (DH) and the Hospital Authority (HA) to roll out initiatives to address the mental health issues.

DH has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress, as well as links to related websites for those in need of assistance. HA is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1494)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 149 of the Budget Speech by the Financial Secretary that the dedicated fund for Chinese medicine (CM) has approved a total of about $10 million to provide funding for the CM sector to nurture talent, conduct research and studies, and promote CM. Will the Government inform this Committee of the following:

1. As the dedicated fund mentioned in the Budget started to operate in the first half of 2019, what are the detailed expenditure and the projects funded in 2019;
2. What are the estimated expenditure of the dedicated fund in 2020-21?

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 23)

Reply:

(1) and (2)

There are two types of support programmes under the Chinese Medicine Development Fund (the Fund). The Enterprise Support Programme provides matching funds for individual CMPs and clinics, members of the Chinese medicine (CM) industry and CM drug traders to enhance the professional and manufacturing standards as well as management quality of CM drug and help them with registration of proprietary Chinese medicines (pCms) in accordance with statutory requirements, such as offering technical and hardware support to manufacturers of pCms to assist them in conforming with the Good Manufacturing Practices standard. The Industry Support Programme provides funding for non-profit-making organisations, professional bodies, trade and academic associations and research institutions to support training programmes and courses to nurture talent for the future CM Hospital and facilitate development of CM, conduct applied or policy research on CM, and organise various CM promotional activities. Besides, a CM resources platform has been established under the Fund to provide practical information to the industry.

Since the launch of the Fund in June 2019, the programmes on registration of pCms, CM-related training, research and promotional activity have been well received by the industry. The Advisory Committee on the Fund has already approved a total of about $10 million on the above programmes and will continue to vet and process more applications in 2020-21. The details of the approved applications are uploaded on the Fund's website (www.cmdevfund.hk). In short, a sum of around $10 million has been approved for applications under the pCm Registration Support Scheme, the CM Industry Training Funding Scheme & CM Promotion Funding Scheme and the CM Applied Studies and Research Funding Scheme.

The annual funding allocation and expenditure under different programmes will depend on the actual number of applications and amounts of grants approved, subject to recommendations by the Advisory Committee taking into account prevailing market conditions and stakeholders/industry needs. For 2020-21, the Food and Health Bureau has earmarked $161.49 million for operating the Fund.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1495)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

According to paragraph 47 of the Budget Speech, the Government plans to set up district health centres (DHCs) in 6 other districts in the coming 2 years, and for the remaining 11 districts where DHCs are yet to be set up, the Government will allocate about $600 million to subsidise the setting up of smaller interim "DHC Express" by non-governmental organisations. In this connection, will the Government advise on the following:

1. It is stated in the Budget Speech that the DHC network will be expanded. What are the locations of these DHCs and their expected commissioning dates? What are the details of their operating expenditure and staff cost?
2. What are the potential sites for setting up interim "DHC express", the types of services to be provided and the estimated expenditure involved?

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 24)

Reply:

(1) Within the term of the current Government, District Health Centres (DHCs) are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. The SSP DHC would be located in the Shek Kip Mei Estate Phase 6 Redevelopment, and the WTS DHC would be located in Diamond Hill Public Housing Development Phase I. Following SSP and WTS, DHCs in four more districts, namely Tsuen Wan, Yuen Long, Tuen Mun and Southern District, are expected to be set up within the term of the current Government. We plan to identify suitable rental premises for setting up DHCs in these four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

(2) With reference to DHC services, "DHC Express" will provide various primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment and chronic disease management. In addition, "DHC Express" will serve as a district health resource hub that links different service providers of different aspects of primary healthcare services in the community to facilitate clients receiving the necessary care and services when needed.

Non-governmental organisations (NGOs) will be identified to operate "DHC Express" by way of invitation of proposals. The NGOs will propose the premises for "DHC Express" and the relevant costs would be accounted for within the approved funding. The Food and Health Bureau plans to invite proposals for "DHC Express" in the third quarter of 2020.

It will involve a recurrent expenditure of $654 million in a full year for operation and related expenses of the 6 DHCs and about $596 million non-recurrent expenditure for implementation of "DHC Express" over 3 years. 11 permanent civil service posts and 5 time-limited civil service posts with total annual staff cost of about $11 million will be created to support the development and the launching of the above mentioned 6 DHCs and 11 "DHC Express".

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0113)

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

Question:

Regarding dermatology specialised outpatient services,

I. please list the total numbers of new cases treated (including both serious and non-serious ones), their average waiting time (in weeks) and longest waiting time (in weeks) in the past 3 years.

II. please list the staff establishment of dermatology specialised outpatient services (including the estimated and actual staff establishment), the additional manpower and the numbers of personnel departed in the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 11)

Reply:

I. The number of new attendances, the average waiting time, and the longest waiting time at specialised outpatient clinics providing dermatological services under the Social Hygiene Service (SHS) of the Department of Health (DH) in the past 3 years are appended in the following tables –

(i) Number of new attendances

2017	**2018**	**2019**
25 219	24 884	21 890

(ii) Average waiting time and the longest waiting time

	2017	**2018**	**2019**
Average waiting time (weeks)	104	114	123
The longest waiting time (weeks)	156	195	199

II. The approved establishment and additional manpower of specialised outpatient clinics providing dermatological services in the past 3 years are –

Rank	**Approved establishment**		
	2017-18	**2018-19**	**2019-20**
Senior Medical and Health Officer	5	5	5
Medical and Health Officer	17	19	19
Nursing Officer	12	14	14
Registered Nurse	65	74	74
Enrolled Nurse	7	4	4
Senior Dispenser	1	1	1
Dispenser	2	2	2
Assistant Clerical Officer	8	8	8
Clerical Assistant	15	15	15
Office Assistant	3	3	3
Workman II	12	12	12
Total	**147**	**157**	**157**

In the past 3 years, there was a net increase of 10 posts in the approved establishment.

The manpower of specialised outpatient clinics providing dermatological services is an integral part of the SHS. The SHS does not separately keep records on wastage of staff for specific services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0114)

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

Question:

Regarding dermatology specialised outpatient services,

I. please list the average numbers of new cases waiting for appointment at the dermatological clinics broken down by month in the past 3 years.

II. what are the main reasons for the decrease in the annual actual and estimated numbers of attendances at dermatological clinics over the past few years in a row as indicated in the records? How will the Government improve the situation this year? What is the expenditure involved?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 12)

Reply:

I. The number of new cases booked for the first consultation (position as at end of each month) in the past 3 years is appended in the table -

	2017	**2018**	**2019**
January	51 022	53 452	56 240
February	51 258	55 635	56 551
March	51 478	52 743	57 391
April	51 539	52 922	58 027
May	51 238	53 054	59 273
June	51 857	53 756	60 031
July	52 857	54 856	60 527
August	53 223	55 078	62 205
September	53 673	55 748	61 504
October	53 394	55 512	61 867
November	53 040	56 223	62 624
December	52 549	56 010	61 095

II. The decrease in attendance at the dermatological clinics was attributed to high shortage of Medical and Health Officer grade staff. In 2019, the Social Hygiene Service (SHS) had an average shortfall of 5 Medical and Health Officers in strength. The ability to clear the back log was undermined with insufficient manpower. The Department of Health has all along endeavoured to fill the vacancies arising from staff wastage. As an interim measure, the SHS considers internal re-deployment of manpower. As such involves only internal redeployment of resources, no additional expenditures are required.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1814)

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

Question:

Regarding the enforcement of tobacco control legislation, please advise on:

the numbers of enforcement actions taken in restaurants, shops, indoor workplaces, public transport facilities, public outdoor places and bus interchanges over the past 3 years (broken down by type of statutory no smoking area);

the numbers of warnings, fixed penalty notices and/or summonses issued to minors under 18 by law enforcement officers concerned over the past 3 years; and

whether the Government has any plans to review the prevailing tobacco control measures to, among other things, extend no smoking areas or impose a prohibition on smoking while walking; if yes, the details and the timetable; if not, the reasons.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 30)

Reply:

The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Department of Health's Tobacco and Alcohol Control Office (TACO) for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) at food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no-smoking areas (NSAs) are as follows:

	2017	**2018**	**2019**
Inspections conducted	33 159	32 255	34 680
- Food premises	(3 838)	(3 088)	(3 429)
- Shops and shopping malls	(5 816)	(7 492)	(9 211)
- Public transport facilities	(2 380)	(2 303)	(2 534)
- Bus interchanges	(1 088)	(965)	(1 126)
- Other statutory NSAs	(20 037)	(18 407)	(18 380)

FPNs issued (for smoking offences) - Food premises - Shops and shopping malls - Public transport facilities - Bus interchanges - Other statutory NSAs		9 711 (656) (2 024) (929) (1 000) (5 102)	8 684 (537) (2 013) (1 181) (495) (4 458)	8 068 (342) (1 821) (1 229) (903) (3 773)
Summonses issued	for smoking offences - Food premises - Shops and shopping malls - Public transport facilities - Bus interchanges - Other statutory NSAs	149 (16) (19) (20) (20) (74)	140 (5) (22) (13) (12) (88)	67 (3) (12) (8) (1) (43)
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

TACO does not have separate figures on enforcement at indoor workplace or the different outdoor public places. TACO also does not maintain the breakdown of summonses issued for other related offences by premises types.

The numbers FPNs/summonses issued by TACO to persons under the age of 18 for the period from 2017 to 2019 are as follows:

		2017	**2018**	**2019**
FPNs issued (for smoking offences)		112	90	90
Warning letters issued		9	3	10
Summonses issued	for smoking offences	0	4	2
	for other offences (such as wilful obstruction and failure to produce identity document)	0	0	0

In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if smoking offenders are found to be persons under 15 years old.

Since the amendment of Cap. 371 in 2006, the statutory smoking ban has been gradually extended and now covers all indoor working places and public places as well as many outdoor public places. Around 240 public transport facilities have been designated as NSAs progressively. Since 2016, the Government has also extended the smoking ban to 11 bus interchanges leading to expressways or tunnels by phases.

The main purpose of designating NSAs or introducing tobacco control measures is to minimise the effect of secondhand smoke on the public. There is also a need to balance

the interests of all parties, including both smokers and non-smokers. Before putting any smoking ban or other tobacco control measures in place, it is imperative to ensure that they can be effectively enforced and can be easily complied with by the public, such as whether there are clear and conspicuous demarcations between NSAs and non-NSAs. The Government has received both supporting and opposing views when extending the smoking ban in the past. We must therefore carefully consider and take into account different views when further extending the smoking ban.

Under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong", the Government has already laid down the target of further reducing smoking prevalence to 7.8% by 2025. We will review our tobacco control measures regularly with reference to international experience. We will also reference international experience in exploring the way forward in achieving our goal.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1828)

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

Question:

Regarding the Elderly Health Care Voucher (EHV) Scheme, please give a breakdown of the following by type of service provider:

I. the number of voucher claims, the total amount claimed and the average amount claimed per transaction by type of service in each of the past 5 years;

II. the highest amount spent in a single transaction of all voucher claims by type of service in each of the past 5 years;

III. the number of transactions in which an amount of $500 or below was spent on a single occasion, and the percentage of such claims in the total number of voucher claims in each of the past 5 years; and

IV. among those eligible for the EHVs, the respective numbers of persons who have never made any voucher claims and those who have not made any voucher claims in a year in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 44)

Reply:

I.

The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the average amount of vouchers claimed per transaction under the Elderly Health Care Voucher (EHV) Scheme by types of healthcare service providers in the past 5 years:

Amount of Vouchers Claimed (in HK$'000)

	2015	2016	2017 Note 1	2018 Note 2	2019 Note 3
Medical Practitioners	611,860	638,006	774,088	1,154,745	1,246,024
Chinese Medicine Practitioners	142,265	171,599	256,563	533,136	599,170
Dentists	98,563	105,455	144,331	287,044	313,111
Occupational Therapists	230	271	2,506	5,681	4,432
Physiotherapists	6,381	7,007	8,344	16,452	17,210
Medical Laboratory Technologists	3,820	9,905	11,256	17,808	18,654
Radiographers	2,365	3,197	5,447	13,400	15,749
Nurses	1,389	3,335	5,122	7,447	10,214
Chiropractors	1,825	1,913	2,303	5,225	5,675
Optometrists	37,092	128,399	288,582	759,750	431,680
Sub-total (Hong Kong):	**905,790**	**1,069,087**	**1,498,542**	**2,800,688**	**2,661,919**
University of Hong Kong - Shenzhen Hospital (HKU-SZH) Note 4	537	1,471	1,855	3,492	3,997
Total :	**906,327**	**1,070,558**	**1,500,397**	**2,804,180**	**2,665,916**

Number of Voucher Claim Transactions

	2015	2016	2017 Note 1	2018 Note2	2019 Note3
Medical Practitioners	2 006 263	1 955 048	2 218 938	2 917 895	2 952 153
Chinese Medicine Practitioners	533 700	607 531	860 927	1 502 140	1 633 532
Dentists	109 840	119 305	168 738	294 950	310 306
Occupational Therapists	478	620	2 217	3 515	3 233
Physiotherapists	19 947	21 835	25 076	40 874	43 946
Medical Laboratory Technologists	5 646	9 748	12 044	18 662	20 770
Radiographers	4 971	5 886	8 935	16 785	16 779
Nurses	1 457	3 079	5 079	6 523	9 936
Chiropractors	3 125	5 003	5 346	10 743	10 820
Optometrists	21 326	72 572	173 279	359 343	242 424
Sub-total (Hong Kong):	**2 706 753**	**2 800 627**	**3 480 579**	**5 171 430**	**5 243 899**
HKU-SZH Note 4	2 287	5 667	6 755	11 418	13 562
Total :	**2 709 040**	**2 806 294**	**3 487 334**	**5 182 848**	**5 257 461**

Average Amount of Vouchers Claimed Per Transaction (HK$)

	2015	2016	2017 Note 1	2018 Note 2	2019 Note 3
Medical Practitioners	305	326	349	396	422
Chinese Medicine Practitioners	267	282	298	355	367
Dentists	897	884	855	973	1,009
Occupational Therapists	481	437	1,130	1,616	1,371
Physiotherapists	320	321	333	403	392
Medical Laboratory Technologists	677	1,016	935	954	898
Radiographers	476	543	610	798	939
Nurses	953	1,083	1,008	1,142	1,028
Chiropractors	584	382	431	486	524
Optometrists	1,739	1,769	1,665	2,114	1,781
HKU-SZH Note 4	235	260	275	306	295

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 4: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

II.

In each of the past 5 years from 2015 to 2019, the range of the maximum voucher amount claimed per transaction under the EHV Scheme by types of healthcare service providers are provided below:

	Range of Maximum Voucher Amount Claimed Per Transaction (HK$)				
	2015	**2016**	**2017** Note 5	**2018** Note 6	**2019** Note 7
Medical Practitioners	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Chinese Medicine Practitioners	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Dentists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Occupational Therapists	3,001 – 3,250	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Physiotherapists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Medical Laboratory Technologists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Radiographers	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Nurses	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Chiropractors	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	4,751 – 5,000
Optometrists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	4,751 – 5,000
HKU-SZH Note 8	3,251 – 3,500	3,751 – 4,000	3,251 – 3,500	4,501 – 4,750	5,501 – 5,750

Note 5: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 6: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 7: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 8: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

III.

The table below shows the number of voucher claim transactions with amount of "$500 or below" made by participating healthcare service providers in Hong Kong in the past 5 years, and their respective percentage of the total number of voucher claim transactions in Hong Kong in the relevant year:

Amount of vouchers claimed per transaction	**Number of voucher claim transactions (Percentage of the total number of voucher claim transactions in the year)**				
	2015	**2016**	**2017**	**2018**	**2019**
$500 or below	2 423 493 (90%)	2 422 122 (86%)	2 884 279 (83%)	4 001 849 (77%)	4 066 170 (78%)

IV.

Based on the estimated number of eligible elders provided in the Hong Kong Population Projections 2017-2066 by the Census and Statistics Department, about 31 000 (2%) eligible elders had never made use of vouchers as at end-2019. The Department of Health does not maintain statistics on the number of elders who had not made use of vouchers in a year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1829)

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

Question:

Regarding the Elderly Health Care Voucher (EHV) Scheme, please advise on:

I. the number of persons eligible for voucher claims whose voucher account balance fell below $100 in each of the past 3 years;

II. the number of voucher claims exceeding $2,000 in a single transaction in each of the past 3 years; and

III. the number of complaints about the EHV Scheme received by the Department of Health, and the respective numbers of cases with investigation completed, found to be substantiated, and that were related to fraud or improper voucher claims, broken down by type of service, in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 45)

Reply:

I. The table below shows the number of elders with voucher balance of $100 or less as at end of 2017, 2018 and 2019:

	2017 Note 1	**2018** Note 2	**2019** Note 3
Number of elders with voucher balance of $100 or less as at end of the year	250 000	230 000	178 000

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

II. The number of voucher claim transactions made by participating healthcare service providers in Hong Kong with voucher amount exceeding $2,000 in a single transaction were 67 773, 254 107 and 154 469 in 2017, 2018 and 2019 respectively.

III. The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the DH in the past 5 years:

	2015	**2016**	**2017**	**2018**	**2019**	**Total**
Number of complaints against participating healthcare service providers	15	33	67	120	103	338

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. Among the 173 cases with investigation completed, 55 cases were found to be substantiated or partially substantiated.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1830)

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

Question:

Regarding the services of the Child Assessment Centres (CACs) of the Department of Health (DH), please set out:

1. the number of cases diagnosed with developmental disability by type of developmental condition in the past 3 years; and

2. in the table below, the attendances, the number of children who have completed the assessment and the rate for completion of assessment of new cases within 6 months at the 7 CACs under the DH in the past 3 years:

Year:			
	Attendances	Number of children who have completed assessment	Rate for completion of assessment of new cases within 6 months
Central Kowloon Child Assessment Centre			
Ha Kwai Chung Child Assessment Centre			
Pamela Youde Child Assessment Centre (Kwun Tong)			
Pamela Youde Child Assessment Centre (Sha Tin)			
Fanling Child Assessment Centre			
Tuen Mun Child Assessment Centre			
Ngau Tau Kok Child Assessment Centre			
Total			

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 46)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) of the Department of Health (DH) from 2017 to 2019 are as follows –

Developmental conditions	**Number of newly diagnosed cases**		
	2017	**2018**	**2019 (Provisional figures)**
Attention/Hyperactive Problems/Disorders	2 855	3 284	3 579
Autism Spectrum Disorder	1 716	1 861	1 891
Borderline Developmental Delay	2 371	2 637	2 926
Developmental Motor Coordination Problems/Disorders	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	507	534	510
Hearing Loss (Moderate to profound grade)	71	85	65
Language Delay/Disorders and Speech Problems	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

2. The attendance at the 7 Child Assessment Centres (CACs) under the CAS in the past 3 years is as follows –

Child Assessment Centre (CAC)	**2017**	**2018**	**2019 (Provisional figures)**
Central Kowloon CAC	5 489	5 632	5 492
Ha Kwai Chung CAC	7 209	6 413	5 827
Pamela Youde CAC (Kwun Tong)	7 187	7 315	6 577
Pamela Youde CAC (Sha Tin)	8 262	8 493	7 535
Fanling CAC	3 892	4 182	4 875
Tuen Mun CAC	5 384	5 610	5 186
Ngau Tau Kok CAC*	0*	1 682*	2 513*
Total:	**37 423**	**39 327**	**38 005**

* Ngau Tau Kok CAC commenced operation in January 2018.

The number of new referred cases received and the number of children assessed by the CAS in the past 3 years are as follows. The statistics for individual centres are not readily available.

	2017	2018	2019 (Provisional figures)
Number of new cases referred to CAS	10 438	10 466	9 799
Number of children assessed by CAS	15 589	17 020	16 946

In the past 3 years, all new cases of CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services of the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2017, 2018 and 2019 (provisional figure) are 55%, 49% and 53% respectively. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1832)

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

Question:

Regarding the general public sessions (GP sessions) of dental clinics, please advise on:

I. the number of attendances by age group and the age distribution (in percentage terms) in each of the past 5 years;

II. the total numbers of discs available, service sessions and attendances in GP sessions at government dental clinics across Hong Kong in each of the past 5 years;

III. the actual number of patients attending (as against attendances in) GP sessions at government dental clinics across Hong Kong and the number of patients who consulted more than once in GP sessions in each of the past 5 years by age group; and

IV. the staff establishment, the number of additional staff, the number of staff departed, the median salary and the total payroll cost involved in the operation of GP sessions at government dental clinics across Hong Kong in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 48)

Reply:

I. 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.

The number of attendance and the breakdowns by age group in GP sessions in the financial years 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Year	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
No. of attendance	34 580	36 783	35 957	37 027	31 093

	% Distribution of attendances by age group				
Age group	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20 (up to 31 January 2020)**
0-18	2.09%	1.80%	1.76%	1.82%	3.92 %
19-42	14.20%	14.45%	15.39%	15.22%	20.42 %
43-60	27.46%	27.66%	26.38%	24.05 %	20.02 %
61 or above	56.25%	56.09%	56.47%	58.91%	55.64 %

II. In 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the total number of discs available and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session	No. of attendances (No. of discs available)				
			2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	Monday (AM)	84	5 177 (6 090)	5 329 (6 006)	5 234 (6 006)	5 419 (6 132)	4 457 (5 082)
	Thursday (AM)	42					
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 028 (4 200)	4 295 (4 368)	3 990 (4 200)	4 023 (4 116)	3 360 (3 444)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905 (7 896)	6 903 (8 064)	6 599 (7 980)	7 191 (8 400)	6 071 (6 678)
	Friday (AM)	84					
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218 (2 500)	2 356 (2 450)	2 262 (2 450)	2 227 (2 300)	1 862 (2 100)
Mona Fong Dental Clinic	Thursday (PM)	42	1 952 (2 142)	1 909 (2 142)	1 898 (2 142)	1 899 (2 100)	1 574 (1 806)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978 (2 142)	2 026 (2 142)	2 011 (2 142)	1 970 (2 100)	1 710 (1 806)

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session	No. of attendances (No. of discs available)				
			2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 193 (8 148)	7 567 (8 316)	7 808 (8 232)	7 994 (8 232)	6 730 (6 930)
	Friday (AM)	84					
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071 (2 100)	2 152 (2 184)	2 015 (2 100)	2 016 (2 058)	1 686 (1 722)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769 (4 074)	3 999 (4 158)	3 851 (4 116)	3 910 (4 116)	3 325 (3 465)
	Friday (AM)	42					
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97 (384)	95 (384)	90 (384)	95 (384)	95 (320)
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192 (384)	152 (384)	199 (384)	283 (384)	223 (320)

In 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the number of service sessions for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	No. of sessions				
	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	98	97	97	98	81
Kwun Tong Dental Clinic	50	52	50	49	41
Kennedy Town Community Complex Dental Clinic	94	96	95	100	80
Fanling Health Centre Dental Clinic	50	49	49	46	42
Mona Fong Dental Clinic	51	51	51	50	43
Tai Po Wong Siu Ching Dental Clinic	51	51	51	50	43

Dental clinic with GP sessions	No. of sessions				
	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
Tsuen Wan Dental Clinic	97	99	98	98	83
Yan Oi Dental Clinic	50	52	50	49	42
Yuen Long Jockey Club Dental Clinic	97	99	98	98	83
Tai O Dental Clinic	12	12	12	12	10
Cheung Chau Dental Clinic	12	12	12	12	10

III. DH does not maintain the number of patients attended the GP sessions. The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020
Kowloon City Dental Clinic	0-18	158	96	92	99	175
	19-42	719	770	805	825	910
	43-60	1 336	1 474	1 381	1 303	892
	61 or above	2 964	2 989	2 956	3 192	2 480
Kwun Tong Dental Clinic	0-18	88	77	70	73	132
	19-42	398	621	614	612	686
	43-60	942	1 188	1 053	968	673
	61 or above	2 600	2 409	2 253	2 370	1 869
Kennedy Town Community Complex Dental Clinic	0-18	112	124	116	131	238
	19-42	1 190	998	1 016	1 095	1 240
	43-60	1 578	1 909	1 741	1 729	1 215
	61 or above	3 025	3 872	3 726	4 236	3 378
Fanling Health Centre	0-18	45	42	40	41	73
	19-42	287	340	348	339	380
	43-60	698	652	597	535	373

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020
Dental Clinic	61 or above	1 188	1 322	1 277	1 312	1 036
Mona Fong Dental Clinic	0-18	57	34	33	34	62
	19-42	249	276	292	289	321
	43-60	605	528	501	457	315
	61 or above	1 041	1 071	1 072	1 119	876
Tai Po Wong Siu Ching Dental Clinic	0-18	34	37	35	36	67
	19-42	261	293	309	300	349
	43-60	608	560	531	474	342
	61 or above	1 075	1 136	1 136	1 160	952
Tsuen Wan Dental Clinic	0-18	123	136	137	145	264
	19-42	896	1 094	1 202	1 217	1 374
	43-60	1 916	2 093	2 060	1 923	1 347
	61 or above	4 258	4 244	4 409	4 709	3 745
Yan Oi Dental Clinic	0-18	24	39	35	37	66
	19-42	287	311	310	307	344
	43-60	519	595	532	485	338
	61 or above	1 241	1 207	1 138	1 187	938
Yuen Long Jockey Club Dental Clinic	0-18	77	72	68	71	130
	19-42	566	578	592	595	679
	43-60	1 221	1 106	1 016	940	666
	61 or above	1 905	2 243	2 175	2 304	1 850
Tai O Dental Clinic	0-18	1	2	2	2	4
	19-42	22	14	14	14	19
	43-60	23	26	23	23	19
	61 or above	51	53	51	56	53
Cheung Chau Dental Clinic	0-18	7	3	4	5	9
	19-42	35	22	31	43	45
	43-60	44	42	52	68	45
	61 or above	106	85	112	167	124

DH does not maintain information on the number of cases of repeated visits in the past 5 years.

IV. The establishment and staff remuneration for the operation of the GP sessions are not available as they have been absorbed within the provision for dental services under Programme (4).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2351)

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

Question:

Regarding the services of the Child Assessment Centres (CACs) of the Department of Health, the completion rate for assessment of new cases within 6 months failed to meet the target, which has been adjusted from 90% to 70% in 2020, for several consecutive years. In this connection, please advise on:

1. the detailed process of completing the assessment (including the number of healthcare professionals and procedures involved);

2. the staff establishment and wastage rate in the past 3 years (broken down by grade); and

3. the number of referred cases received, the number of children assessed by the CACs and the number and percentage of children with urgent and more serious conditions accorded with higher priority in assessment after their first appointment in the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 53)

Reply:

1. The Child Assessment Service (CAS) provides comprehensive assessments, diagnosis, formulates rehabilitation plan, and provides interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age who are 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. While children await assessment and rehabilitation services, the CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

The multi-disciplinary group of healthcare and professional staff in the CAS comprises paediatricians, 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 assessment is not available.

2. The approved establishment in the CAS by grade from 2017-18 to 2019-20 are as follows-

Grade	**Approved establishment**		
	2017-18	**2018-19**	**2019-20**
Medical and Health Officer	24	25	25
Registered Nurse	30	30	40
Scientific Officer (Medical)	5	5	5
Clinical Psychologist	22	22	22
Speech Therapist	13	13	16
Optometrist	2	2	2
Occupational Therapist	8	8	9
Physiotherapist	6	6	7
Hospital Administrator	1	1	1
Electrical Technician	1	1	1
Executive Officer	2	2	2
Clerical Officer	12	12	16
Clerical Assistant	20	20	23
Office Assistant	1	1	1
Personal Secretary	1	1	1
Workman II	12	12	12
Total:	**160**	**161**	**183**

Records on wastage rate of staff for individual offices are not separately kept.

3. The number of newly referrals cases received and number of children assessed by the CAS in the past 3 years are as follows-

	2017	**2018**	**2019 (provisional figures)**
Number of new cases referred to CAS	10 438	10 466	9 799
Number of children assessed by CAS	15 589	17 020	16 946

DH does not maintain statistics on the number and percentage of children with urgent and more serious conditions accorded with higher priority in assessment after their first appointment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1510)

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

Question:

Regarding the Government's work on the Elderly Health Care Voucher (EHV) Scheme, please advise this Committee on:

1. the amount of EHVs claimed, the number of claim transactions and the range of maximum amount claimed per transaction by types of healthcare professionals in table form over the past 3 years;

2. the number of complaints related to EHVs received by the Department of Health (DH); the number of follow-up actions taken as appropriate in respect of the complaints, related media coverage or intelligence reports; the number of cases in which voucher claims were not reimbursed by the Government; the number of cases in which the Government took actions to recover the claimed amount from healthcare service providers and the amount so recovered; the number of cases referred by the DH to the Police and/or relevant law enforcement agencies; and the number of cases of successful prosecutions by the Police and/or relevant law enforcement agencies in table form over the past 3 years;

3. the measures, the expenditure and the manpower for the prevention of abuse of the EHV Scheme in the past 3 years and in the coming year;

4. the numbers of inspections conducted (broken down by routine inspection, investigation into aberrant patterns of transaction and inspection upon complaint); the numbers of EHV claims checked and their percentages in all the claim transactions made and in all the enrolled healthcare service providers involved over the past 3 years; and

5. the number of EHV claims exceeding $4,000 per claim by types of healthcare services.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 3)

Reply:

1. The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the range of maximum voucher amount claimed per transaction under the Elderly Health Care Voucher (EHV) Scheme by types of healthcare service providers in the past 3 years:

Amount of vouchers claimed and number of voucher claim transactions in 2017 Note 1			
	Amount of vouchers claimed (HK$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK$)
Medical Practitioners	774,088	2 218 938	3,751 – 4,000
Chinese Medicine Practitioners	256,563	860 927	3,751 – 4,000
Dentists	144,331	168 738	3,751 – 4,000
Occupational Therapists	2,506	2 217	3,751 – 4,000
Physiotherapists	8,344	25 076	3,751 – 4,000
Medical Laboratory Technologists	11,256	12 044	3,751 – 4,000
Radiographers	5,447	8 935	3,751 – 4,000
Nurses	5,122	5 079	3,751 – 4,000
Chiropractors	2,303	5 346	3,751 – 4,000
Optometrists	288,582	173 279	3,751 – 4,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) Note 2	1,855	6 755	3,251 – 3,500

Amount of vouchers claimed and number of voucher claim transactions in 2018 Note 3			
	Amount of vouchers claimed (HK$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK$)
Medical Practitioners	1,154,745	2 917 895	4,751 – 5,000
Chinese Medicine Practitioners	533,136	1 502 140	4,751 – 5,000
Dentists	287,044	294 950	4,751 – 5,000
Occupational Therapists	5,681	3 515	4,751 – 5,000
Physiotherapists	16,452	40 874	4,751 – 5,000
Medical Laboratory Technologists	17,808	18 662	4,751 – 5,000
Radiographers	13,400	16 785	4,751 – 5,000
Nurses	7,447	6 523	4,751 – 5,000
Chiropractors	5,225	10 743	4,751 – 5,000
Optometrists	759,750	359 343	4,751 – 5,000
HKU-SZH Note 2	3,492	11 418	4,501 – 4,750

Amount of vouchers claimed and number of voucher claim transactions in 2019 Note 4			
	Amount of vouchers claimed (HK$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK$)
Medical Practitioners	1,246,024	2 952 153	5,751 – 6,000
Chinese Medicine Practitioners	599,170	1 633 532	5,751 – 6,000
Dentists	313,111	310 306	5,751 – 6,000
Occupational Therapists	4,432	3 233	5,751 – 6,000
Physiotherapists	17,210	43 946	5,751 – 6,000
Medical Laboratory Technologists	18,654	20 770	5,751 – 6,000
Radiographers	15,749	16 779	5,751 – 6,000
Nurses	10,214	9 936	5,751 – 6,000
Chiropractors	5,675	10 820	4,751 – 5,000
Optometrists	431,680	242 424	4,751 – 5,000
HKU-SZH Note 2	3,997	13 562	5,501 – 5,750

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 3: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 4: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

2. From 2017 to 2019, the Department of Health (DH) received a total of 290 complaints (including media reports and relevant reports) against participating healthcare service providers under the EHV Scheme. The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation. The relevant statistics of complaints received from 2017 to 2019 are provided in the table below.

	2017	**2018**	**2019**	**Total**
Number of complaints (including media reports and relevant reports) received by DH against participating healthcare service providers under the EHV Scheme	67	120	103	290
Number of complaint cases requiring withholding of reimbursements or recovering paid reimbursements and the amount of vouchers (HK$) involved Note 5	5 $15,454	7 $33,650	1 $350	13 $49,454
Number of complaint cases referred to the Police by the DH Note 5 and 6	6	9	1	16
Number of cases successfully prosecuted by the Police Note 5	0	0	0	0

Note 5: Provisional figures as at end-December 2019. Some of the cases are still under investigation.

Note 6: Among the 16 complaint cases received in 2017 to 2019 and referred to the Police for follow-up action, investigation of 9 cases by the Police was completed with no prosecution made, and 7 cases were still under investigation as at end-December 2019.

3. The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with terms and conditions of the EHV Scheme Agreement and those who displayed unusual patterns of voucher claims. Appropriate actions/ measures would be taken when violation of terms and conditions

of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate.

Apart from stepping up monitoring efforts against suspected abuse/ misuse of vouchers, the DH regularly issues guidelines to participating healthcare service providers to remind them of the requirements of the EHV Scheme. Besides, the DH has strengthened its efforts in empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance. The DH will also continue to provide updated key statistics on the EHV Scheme and voucher usage on its website and the website of the EHV Scheme to help both elders and the general public better understand the EHV Scheme.

The EHV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. The approved establishment of the HCVD for the administration and monitoring of the EHV Scheme in 2017-18, 2018-19 and 2019-20 was 48, 48 and 52 respectively, while that in 2020-21 will be 55.

Below are the actual/ estimated administrative expenses for administering the EHV Scheme:

2017-18 (Actual) $ million	2018-19 (Actual) $ million	2019-20 (Revised Estimate) $ million	2020-21 (Estimate) $ million
19.7	26.3	36.7	47.9

The manpower and expenditure on monitoring of the EHV Scheme cannot be separately quantified.

4. Details of inspections conducted under the EHV Scheme as at end of 2017, 2018 and 2019 are as follows:

Cumulative figures as at		Routine checking	Investigation of aberrant patterns of claim transactions	Investigation of complaints Note 7	**Total**	Coverage of total number of voucher claims made under the EHV Scheme	Coverage of total number of enrolled healthcare service providers who have ever made claims
31.12.2017	Number of inspections conducted	13 309	3 058	123	**16 490**	2.0%	92.9%
	Number of claims checked	235 811	56 019	17 435	**309 265**		
31.12.2018	Number of inspections conducted	15 327	3 571	230	**19 128**	1.8%	95.5%

	Number of claims checked	272 224	64 650	21 231	**358 105**		
31.12.2019	Number of inspections conducted	18 473	4 212	318	**23 003**	1.7%	95.5%
	Number of claims checked	329 840	76 040	23 926	**429 806**		

Note 7: Including complaints/ media reports and other reports about the EHV Scheme.

5. The table below shows the number of voucher claims with amount more than $4,000 per transaction in 2019, broken down by types of healthcare service providers:

	Number of voucher claims in 2019 with amount more than $4,000 per transaction
Medical Practitioners	3 507
Chinese Medicine Practitioners	3 521
Dentists	6 488
Occupational Therapists	78
Physiotherapists	78
Medical Laboratory Technologists	68
Radiographers	390
Nurses	319
Chiropractors	3
Optometrists [Note 8]	13 776
HKU-SZH	5

Note 8: A cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on 26 June 2019.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)211

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1511)

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

Question:

The Department of Health plans to create 75 non-directorate posts and 1 directorate post in 2020-21. Please advise on the respective ranks, salaries and duties of these posts.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 4)

Reply:

Details of the net increase of 76 posts in the Department of Health are at **Annex**.

Annex

Creation and Deletion of Posts in Department of Health in 2020-21

Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions		
Senior Medical and Health Officer	3	4,543,920
Medical and Health Officer	4	4,691,760
Registered Nurse	4	1,944,720
Senior Dental Officer	1	1,514,640
Dental Officer	1	1,030,440
Dental Surgery Assistant	1	325,740
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	2	2,249,040
Hospital Administrator I	6	4,845,240
Hospital Administrator II	3	1,531,620
Foreman	4	1,090,800
Clerical Officer	7	3,241,980
Assistant Clerical Officer	12	3,466,080
Clerical Assistant	9	2,029,860
Workman II	1	179,340
Total (Programme 1) :	***60***	***34,655,700***
Programme 2 – Disease Prevention		
Senior Medical and Health Officer	-1	-1,514,640
Medical and Health Officer	-1	-1,172,940
Nursing Officer	-1	-771,240
Registered Nurse	3	1,458,540
Dispenser/Student Dispenser	1	292,170
Scientific Officer (Medical)	-2	-1,970,520
Senior Executive Officer	-1	-1,124,520
Executive Officer II	3	1,603,980
Clerical Officer	-1	-463,140
Systems Manager	4	4,498,080
Analyst/Programmer II	2	1,069,320
Total (Programme 2) :	***6***	***1,905,090***
Programme 4 – Curative Care		
Dental Consultant #	1	2,500,473
Personal Secretary I	1	463,140

Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Total (Programme 4) :	***2***	***2,963,613***
Programme 7 – Medical and Dental Treatment for Civil Servants		
Senior Dental Officer	3	4,543,920
Dental Officer	-3	-3,091,320
Dental Hygienist	5	1,726,800
Dental Surgery Assistant	3	977,220
Total (Programme 7) :	***8***	***4,156,620***
Total (Overall):	***76***	***43,681,023***

[#] Directorate post

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1512)

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

Question:

Regarding the provision of laboratory and other screening services, will the Government inform this Committee of:

1. the number of participants of the Colorectal Cancer Screening Programme (the Programme) in 2018-19, broken down by age group and gender, and the respective numbers of participants found to have polyp(s) and diagnosed with cancer through its pilot programme;

2. the expenditure and staff establishment in 2019-20 for running the Programme;

3. the number of eligible persons and the estimated number of participants of the Programme, broken down by age group and gender; and

4. whether a review has been conducted to see if the number of participants was as expected following the regularisation of the Programme?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 5)

Reply:

1. Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has commenced since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. As at end February 2020, more than 172 400 eligible persons have participated in the CRCSP. Among those participants who underwent colonoscopy examination services, about 13 200 persons were found to have colorectal adenomas and about 1 300 persons colorectal cancers. Breakdown of

the number of participants (as at end February 2020) since the introduction of the Pilot Programme, by year of birth and gender, is appended below -

Phase (Launch date) (A)	**Year of birth of new eligible participants covered in respective phase**	**Number of participants since the launch date (column (A)) up to end February 2020**	
		Male	**Female**
Pilot phase			
Phase 1 *(28 September 2016)*	1946-1948	15 200	17 200
Phase 2 *(27 February 2017)*	1949-1951	17 000	20 200
Phase 3 *(27 November 2017)*	1952-1955	19 800	26 400
Regularised phase			
Phase 1 *(6 August 2018)*	1942-1945 1956-1957	13 300	16 200
Phase 2 *(1 January 2019)*	1958-1963	9 700	15 800
Phase 3 *(1 January 2020)*	1964-1970	800	1 000

2. The revised estimate for the CRCSP in 2019-20 is $147.1 million and the number of civil service establishment involved in the CRCSP in the Department of Health (DH) is 25.

3 & 4.

At the time of planning the regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. Its breakdown by age group and gender is appended below -

Age group	**Estimated population size**	
	Male	**Female**
50-59	636 600	701 000
60-69	461 400	470 000
70-75	143 000	142 500

Based on the experience in the Pilot Programme, it is expected that 30% of eligible population who are users of the Electronic Health Record Sharing System will enroll in the CRCSP. The DH will keep in view the participation rate of the CRCSP.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)213

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1514)

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

Question:

Regarding the manpower of doctors in the Department of Health's establishment from 2015-16 to 2019-20, please set out:

(a) by specialty and rank the numbers of doctors in the establishment;

(b) by specialty and rank the numbers of full-time and part-time doctors employed;

(c) by post and department upon departure of doctors the number of wastage, wastage rate and length of service upon departure of the doctors, whether all the resulting vacancies have been filled, as well as the time required for and the expenditure on filling the vacancies; and

(d) by specialty and rank the number of doctors newly recruited each year.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 8)

Reply:

Manpower of doctors in the Department of Health (DH) from 2015-16 to 2019-20:

(a) The approved establishment of doctors by stream and rank is at **Annex A**.

(b) The number of full-time and part-time contract doctors by stream and rank is at **Annex B**.

(c) The wastage rate (from retirement, resignation and completion of agreement) of doctors and their length of service before leaving the service by stream and rank are at **Annex C**. In view of the shortage of doctors, DH is arranging year-round recruitment to identify suitable candidates to fill all the vacancies.

(d) The number of doctors recruited by stream and rank is at **Annex D**.

Annex A

Approved Establishment of Doctors in the Department of Health

2015-16

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	2	3	24	5	2	1	2	**42**
Senior Medical and Health Officer	8	2	3	13	18	5	58	8	5	2	7	**129**
Medical and Health Officer	12	3	16	84	53	9	116	7	23	2	23	**348**
Total	**21**	**6**	**19**	**98**	**73**	**17**	**198**	**20**	**30**	**5**	**32**	**519**

2016-17

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	2	3	26	5	2	1	2	**44**
Senior Medical and Health Officer	9	2	3	13	18	5	61	8	5	2	7	**133**
Medical and Health Officer	14	3	16	84	53	9	120	7	23	2	23	**354**
Total	**24**	**6**	**19**	**98**	**73**	**17**	**207**	**20**	**30**	**5**	**32**	**531**

2017-18

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	2	3	26	5	2	1	2	**44**
Senior Medical and Health Officer	9	2	3	13	18	5	61	8	5	2	7	**133**
Medical and Health Officer	14	3	16	84	56	9	124	7	23	2	23	**361**
Total	**24**	**6**	**19**	**98**	**76**	**17**	**211**	**20**	**30**	**5**	**32**	**538**

2018-19

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	3	3	26	5	2	1	2	**45**
Senior Medical and Health Officer	10	3	3	13	18	5	63	8	5	2	7	**137**
Medical and Health Officer	14	4	16	84	57	9	125	7	25	2	23	**366**
Total	**25**	**8**	**19**	**98**	**78**	**17**	**214**	**20**	**32**	**5**	**32**	**548**

2019-20

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	3	3	27	5	2	1	2	**46**
Senior Medical and Health Officer	10	3	3	13	18	5	71	8	5	2	7	**145**
Medical and Health Officer	14	5	16	84	57	9	141	7	25	2	23	**383**
Total	**25**	**9**	**19**	**98**	**78**	**17**	**239**	**20**	**32**	**5**	**32**	**574**

Annex B

Number of Full-time and Part-time Contract Doctors in the Department of Health

2015-16

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	**3**
Correctional Institutions	3	-	-	-	**3**
Family Health	-	5	-	-	**5**
Health	2	28	-	-	**30**
Tuberculosis and Chest	-	1	-	-	**1**
Total	**5**	**34**	**-**	**3**	**42**

2016-17

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	**3**
Correctional Institutions	3	-	-	-	**3**
Family Health	-	7	-	-	**7**
Family Medicine	-	1	-	-	**1**
Health	2	29	-	-	**31**
Social Hygiene	1	-	-	-	**1**
Tuberculosis and Chest	-	1	-	-	**1**
Total	**6**	**38**	**-**	**3**	**47**

2017-18

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	**3**
Correctional Institutions	3	-	-	-	**3**
Family Health	-	8	-	-	**8**
Family Medicine	-	1	-	-	**1**
Health	4	25	-	-	**29**
Social Hygiene	1	-	-	-	**1**
Tuberculosis and Chest	-	1	-	-	**1**
Total	**8**	**35**	**-**	**3**	**46**

2018-19

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	**3**
Clinical Genetics	1	-	-	-	**1**
Correctional Institutions	3	-	-	-	**3**
Family Health	-	8	-	-	**8**
Family Medicine	1	-	-	-	**1**
Health	8	22	-	-	**30**
Social Hygiene	1	1	-	-	**2**
Tuberculosis and Chest	-	1	-	-	**1**
Total	**14**	**32**	**-**	**3**	**49**

2019-20 (as at 1 February 2020)

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	**3**
Correctional Institutions	2	-	-	-	**2**
Family Health	1	9	-	-	**10**
Family Medicine	1	-	1	-	**2**
Health	9	22	-	1	**32**
Tuberculosis and Chest	1	1	-	-	**2**
Total	**14**	**32**	**1**	**4**	**51**

Annex C

Wastage of Doctors (Note) and Years of Service of Doctors before Leaving the Service

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total	Wastage rate %
2015-16													
Directorate	-	1	-	-	-	-	-	-	-	-	-	**1**	5.9
Senior Medical and Health Officer	-	1	-	-	1	-	6	-	1	-	-	**9**	8.7
Medical and Health Officer	3	-	1	6	-	-	3	-	3	-	-	**16**	4.9
Total	**3**	**2**	**1**	**6**	**1**	**-**	**9**	**-**	**4**	**-**	**-**	**26**	**5.6**
2016-17													
Directorate	-	-	-	-	-	-	-	2	-	-	-	**2**	12.5
Senior Medical and Health Officer	-	-	-	-	1	-	2	-	-	-	-	**3**	2.8
Medical and Health Officer	2	-	2	5	-	-	4	2	3	-	2	**20**	6.3
Total	**2**	**-**	**2**	**5**	**1**	**-**	**6**	**4**	**3**	**-**	**2**	**25**	**5.4**
2017-18													
Directorate	-	-	-	-	-	-	2	-	-	-	1	**3**	12.0
Senior Medical and Health Officer	-	-	-	-	-	1	-	-	-	-	-	**1**	1.0
Medical and Health Officer	-	-	-	6	3	-	4	-	4	-	-	**17**	5.2
Total	**-**	**-**	**-**	**6**	**3**	**1**	**6**	**-**	**4**	**-**	**1**	**21**	**4.5**

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total	Wastage rate %
2018-19													
Directorate	-	-	-	-	-	1	1	-	-	-	-	**2**	11.1
Senior Medical and Health Officer	-	-	-	-	1	-	2	-	1	1	-	**5**	4.7
Medical and Health Officer	-	-	-	1	4	-	4	-	6	-	1	**16**	5.0
Total	**-**	**-**	**-**	**1**	**5**	**1**	**7**	**-**	**7**	**1**	**1**	**23**	**5.0**
2019-20 (as at 1 February 2020)													
Directorate	-	-	-	-	-	-	1	-	-	-	1	**2**	12.5
Senior Medical and Health Officer	-	-	-	-	-	-	1	-	-	-	-	**1**	0.9
Medical and Health Officer	1	-	1	4	2	-	4	1	2	-	1	**16**	4.9
Total	**1**	**-**	**1**	**4**	**2**	**-**	**6**	**1**	**2**	**-**	**2**	**19**	**4.0**

Note : Wastage includes retirement, resignation, completion of agreement.

Rank / Years of service of doctors before leaving the service	**0 to less than 10**	**10 to less than 20**	**20 to less than 30**	**30 to less than 40**	**Total**
2015-16					
Directorate	-	-	-	1	**1**
Senior Medical and Health Officer	-	4	4	1	**9**
Medical and Health Officer	13	1	2	-	**16**
Total	**13**	**5**	**6**	**2**	**26**
2016-17					
Directorate	-	-	2	-	**2**
Senior Medical and Health Officer	-	1	2	-	**3**
Medical and Health Officer	11	2	4	3	**20**
Total	**11**	**3**	**8**	**3**	**25**
2017-18					
Directorate	-	-	-	3	**3**
Senior Medical and Health Officer	-	-	-	1	**1**
Medical and Health Officer	14	1	2	-	**17**
Total	**14**	**1**	**2**	**4**	**21**
2018-19					
Directorate	-	-	-	2	**2**
Senior Medical and Health Officer	1	1	3	-	**5**
Medical and Health Officer	11	3	2	-	**16**
Total	**12**	**4**	**5**	**2**	**23**
2019-20 (as at 1 February 2020)					
Directorate	-	-	-	2	**2**
Senior Medical and Health Officer	-	-	1	-	**1**
Medical and Health Officer	9	4	3	-	**16**
Total	**9**	**4**	**4**	**2**	**19**

Annex D

Number of Doctors Recruited

Year / Rank	Senior Medical and Health Officer	Medical and Health Officer	Total
2015-16	1	26	**27**
2016-17	-	23	**23**
2017-18	-	29	**29**
2018-19	-	18	**18**
2019-20 (as at 1 February 2020)	-	32	**32**
Total	**1**	**128**	**129**

Stream / Year	2015-16	2016-17	2017-18	2018-19	2019-20 (as at 1 February 2020)	Total
Child Assessment	-	1	1	-	1	**3**
Clinical Genetics	1	1	-	-	2	**4**
Correctional Institutions	2	-	-	-	-	**2**
Family Health	9	2	6	5	1	**23**
Family Medicine	1	5	4	1	5	**16**
Forensic Pathology	1	-	-	1	-	**2**
Health	8	11	14	7	14	**54**
Pathology	3	-	2	1	1	**7**
Social Hygiene	-	-	-	-	8	**8**
Special Preventive Programme	-	1	1	2	-	**4**
Tuberculosis and Chest	2	2	1	1	-	**6**
Total	**27**	**23**	**29**	**18**	**32**	**129**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1515)

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

Question:

With regard to undertaking statutory enforcement work of the Private Healthcare Facilities Ordinance (Cap. 633), one of the Matters Requiring Special Attention in 2020-21 under this Programme, will the Government please inform this Committee of:

(1) the expenditure and manpower involved in the regulation of private healthcare facilities; and

(2) the expenditure and manpower involved in the enforcement work?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 10)

Reply:

The Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) is being implemented in phases to regulate the private healthcare facilities. In 2020-21, the number of posts and financial provision earmarked to undertake the relevant registration and enforcement work under the Ordinance are 142 and $162 million respectively.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)215

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1526)

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

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please provide details of the following in 2017, 2018 and 2019:

(a) the amount of EHVs claimed by various healthcare disciplines and the total amount of claims;

(b) the number of persons who have used the EHVs, the number of eligible persons and the percentage of eligible persons who have used the EHVs;

(c) the percentage and number of eligible persons who have used the EHVs 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 EHVs 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 EHV Scheme by discipline.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 25)

Reply:

(a) The table below shows the amount of vouchers claimed by types of healthcare service providers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years from 2017 to 2019:

Amount of Vouchers Claimed (in HK$'000)

	2017 Note 1	**2018** Note 2	**2019** Note 3
Medical Practitioners	774,088	1,154,745	1,246,024
Chinese Medicine Practitioners	256,563	533,136	599,170
Dentists	144,331	287,044	313,111
Occupational Therapists	2,506	5,681	4,432
Physiotherapists	8,344	16,452	17,210
Medical Laboratory Technologists	11,256	17,808	18,654
Radiographers	5,447	13,400	15,749
Nurses	5,122	7,447	10,214
Chiropractors	2,303	5,225	5,675
Optometrists	288,582	759,750	431,680
Sub-total (Hong Kong):	**1,498,542**	**2,800,688**	**2,661,919**
University of Hong Kong - Shenzhen Hospital (HKU-SZH) Note 4	1,855	3,492	3,997
Total :	**1,500,397**	**2,804,180**	**2,665,916**

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 4: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

(b) & (c)
The table below shows the number of eligible elders and the number of elders who had made use of vouchers up to end of 2017, 2018 and 2019, broken down by gender and age group:

	2017		2018		2019	
	Number of elders	**% of eligible elders**	**Number of elders**	**% of eligible elders**	**Number of elders**	**% of eligible elders**
(1) Number of eligible elders (i.e. elders aged 65 [Note 5] or above)*	1 221 000	-	1 266 000	-	1 325 000	-
(2) Cumulative number of elders who had made use of vouchers up to end of the year	953 000	78%	1 191 000	94%	1 294 000	98%
(i) By gender						
-Male	430 000	75%	552 000	93%	602 000	97%
-Female	523 000	80%	639 000	95%	692 000	98%
(ii) By age group						
-65 - 69	239 000	58%	394 000	92%	427 000	96%
-70 - 75	259 000	91%	323 000	100%	375 000	100%
-76 - 80	176 000	87%	176 000	91%	178 000	95%
-Above 80	279 000	87%	298 000	92%	314 000	93%

Note 5: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.
*Source: Hong Kong Population Projections 2017-2066, Census and Statistics Department

The Department of Health (DH) does not maintain statistics on the residence of elders using the vouchers.

(d) The table below shows the average cumulative amount of vouchers in monetary value used per person up to end of 2017, 2018 and 2019 since the EHV Scheme was launched in 2009, broken down by gender and age group:

	Average cumulative amount of vouchers (HK$) used per person since the EHV Scheme was launched in 2009		
	Up to 31.12.2017 Note 6	**Up to 31.12.2018** Note 7	**Up to 31.12.2019** Note 8
(i) By gender			
- Male	4,431	5,605	6,912
- Female	4,696	6,059	7,516
(ii) By age Group			
- 65 - 69	1,167	3,164	4,357
- 70 - 75	4,228	5,283	6,466
- 76 - 80	6,789	8,752	10,506
- Above 80	6,424	8,294	10,212

Note 6: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 7: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 8: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

The DH does not maintain statistics on the residence of elders using the vouchers.

(e) The table below shows the number of healthcare service providers by types enrolled in the EHV Scheme as at end of 2017, 2018 and 2019:

	As at 31.12.2017	**As at 31.12.2018**	**As at 31.12.2019**
Medical Practitioners	2 387	2 591	2 893
Chinese Medicine Practitioners	2 424	2 720	3 159
Dentists	895	1 047	1 171
Occupational Therapists	69	74	97
Physiotherapists	396	441	520
Medical Laboratory Technologists	48	54	64
Radiographers	40	44	56
Nurses	182	182	244
Chiropractors	71	91	111
Optometrists	641	697	780
Sub-total (Hong Kong):	**7 153**	**7 941**	**9 095**
HKU-SZH Note 9	1	1	1
Total :	**7 154**	**7 942**	**9 096**

Note 9: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1535)

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

Question:

Regarding the implementation of the Outreach Dental Care Programme for the Elderly, will the Government inform this Committee of:

1. the annual expenditure, manpower needs and attendances after regularisation of the Programme as well as the estimated expenditure, staff establishment and attendances in 2020-21;

2. the amount of subsidies received by the organisations subvented under the Programme in the past 3 years and to be received by them in the coming year as well as the attendances in the past 3 years and the coming year;

3. the non-governmental organisations (NGOs) participating in the Programme and the number of outreach dental teams of each NGO (broken down by administrative district of the Social Welfare Department (SWD)); and

4. the percentage of residential care homes and day care centres for the elderly in different districts participating in the Programme (broken down by administrative district of the SWD)?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 38)

Reply:

1. & 2. A breakdown of the financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) is as follows:

Breakdown	Financial Provision ($ million)			
	2017-18	2018-19	2019-20	2020-21
(a) Subvention to non-governmental organisations for operating outreach dental teams	39.9	39.9	46.5	52.5
(b) Administrative costs	5.0	5.0	5.2	5.5
Total:	44.9	44.9	51.7	58.0

Six civil service posts have been provided for implementing the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2020, the number of attendances under ODCP was about 233 700.

3. Starting from October 2017, a total of 23 outreach dental teams from 10 non-governmental organisations (NGOs) have been set up under the ODCP. Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex A**.

4. The distribution of the participating residential care homes for the elderly (RCHEs) and day care centres (DEs) by administrative districts of the SWD under the ODCP is at **Annex B**.

Annex A

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	明愛牙科診所 Caritas Dental Clinics	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	博愛醫院 Pok Oi Hospital	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	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	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	基督教靈實協會 Haven of Hope Christian Service	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2

*Note: Some outreach dental teams under ODCP have been assigned to serve more than 1 administrative district.

Annex B

Distribution of the participating RCHEs and DEs

by Administrative District of the Social Welfare Department

	2019-20 Service Year of ODCP [Note 1] **(position as at 31 January 2020)**		
	(a)	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	79	104	76%
Eastern and Wan Chai	78	111	70%
Kwun Tong	56	69	81%
Wong Tai Sin and Sai Kung	56	67	84%
Kowloon City and Yau Tsim Mong	115	141	82%
Sham Shui Po	65	97	67%
Tsuen Wan and Kwai Tsing	101	116	87%
Tuen Mun	50	58	86%
Yuen Long	55	61	90%
Sha Tin	53	63	84%
Tai Po and North	84	90	93%
Total:	**792**	**977**	**81%** [Note 2]

Note 1: 2019-20 Service Year refers to the period from 1 April 2019 to 31 March 2020.

Note 2: This figure represents the participation rate of the first 10 months of 2019-20 Service Year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1536)

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

Question:

Regarding the 11 government dental clinics with general public sessions under the Department of Health, will the Government inform this Committee of:

1. the service sessions and the maximum numbers of discs available in each session of each dental clinic in the past 3 years and the coming year; and

2. the numbers of attendances, broken down by age group, and the overall utilisation rates of service sessions at each dental clinic in the past 3 years?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 40)

Reply:

1. The service sessions and the maximum numbers of disc allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and the next year are as follows –

Dental clinics with GP sessions	**Service session**	**Max. no. of discs allocated per session**
Kowloon City Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Dental Clinic	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32

2. The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	0-18	92	99	175
	19-42	805	825	910
	43-60	1 381	1 303	892
	61 or above	2 956	3 192	2 480
Kwun Tong Dental Clinic	0-18	70	73	132
	19-42	614	612	686
	43-60	1 053	968	673
	61 or above	2 253	2 370	1 869
Kennedy Town Community Complex Dental Clinic	0-18	116	131	238
	19-42	1 016	1 095	1 240
	43-60	1 741	1 729	1 215
	61 or above	3 726	4 236	3 378
Fanling Health Centre Dental Clinic	0-18	40	41	73
	19-42	348	339	380
	43-60	597	535	373
	61 or above	1 277	1 312	1 036
Mona Fong Dental Clinic	0-18	33	34	62
	19-42	292	289	321
	43-60	501	457	315
	61 or above	1 072	1 119	876
Tai Po Wong Siu Ching Dental Clinic	0-18	35	36	67
	19-42	309	300	349
	43-60	531	474	342
	61 or above	1 136	1 160	952
Tsuen Wan Dental Clinic	0-18	137	145	264
	19-42	1 202	1 217	1 374
	43-60	2 060	1 923	1 347
	61 or above	4 409	4 709	3 745

Dental clinic with GP sessions	Age group	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Yan Oi Dental Clinic	0-18	35	37	66
	19-42	310	307	344
	43-60	532	485	338
	61 or above	1 138	1 187	938
Yuen Long Jockey Club Dental Clinic	0-18	68	71	130
	19-42	592	595	679
	43-60	1 016	940	666
	61 or above	2 175	2 304	1 850
Tai O Dental Clinic	0-18	2	2	4
	19-42	14	14	19
	43-60	23	23	19
	61 or above	51	56	53
Cheung Chau Dental Clinic	0-18	4	5	9
	19-42	31	43	45
	43-60	52	68	45
	61 or above	112	167	124

The overall utilisation rate for each dental clinic in the financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	86.5	88.4	87.8
Kwun Tong Dental Clinic	95.2	97.9	97.5
Kennedy Town Community Complex Dental Clinic	82.3	85.6	91.0
Fanling Health Centre Dental Clinic	92.5	96.5	88.7
Mona Fong Dental Clinic	88.2	90.6	87.5
Tai Po Wong Siu Ching Dental Clinic	93.7	94.0	94.9
Tsuen Wan Dental Clinic	94.6	96.9	97.0
Yan Oi Dental Clinic	96.2	98.1	97.9
Yuen Long Jockey Club Dental Clinic	93.3	94.6	96.0
Tai O Dental Clinic	23.4	24.7	29.7
Cheung Chau Dental Clinic	51.8	73.7	69.7

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1542)

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

Question:

Regarding the use of the Elderly Health Care Voucher (EHV) Scheme, please provide in table form, information on the following over the past 3 years:

1. the number of claim transactions and the amount of vouchers claimed by healthcare service provider;

2. the largest amount of voucher claim in a single transaction by healthcare service provider; and

3. the number of complaints related to EHVs received by the Department of Health (DH); the number of follow-up actions taken as appropriate in respect of the complaints, related media coverage or intelligence reports; the number of cases in which voucher claims were not reimbursed by the Government; the number of cases in which the Government took actions to recover the claimed amount from healthcare service providers and the amount so recovered; the number of cases referred by the DH to the Police and/or relevant law enforcement agencies; and the number of cases of successful prosecutions by the Police and/or relevant law enforcement agencies.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 48)

Reply:

1. & 2.

The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the range of maximum voucher amount claimed in a transaction under the Elderly Health Care Voucher (EHV) Scheme by types of healthcare service providers in the past 3 years:

Amount of vouchers claimed and number of voucher claim transactions in 2017 [Note 1]			
	Amount of vouchers claimed (HK$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK$)
Medical Practitioners	774,088	2 218 938	3,751 – 4,000
Chinese Medicine Practitioners	256,563	860 927	3,751 – 4,000
Dentists	144,331	168 738	3,751 – 4,000
Occupational Therapists	2,506	2 217	3,751 – 4,000
Physiotherapists	8,344	25 076	3,751 – 4,000
Medical Laboratory Technologists	11,256	12 044	3,751 – 4,000
Radiographers	5,447	8 935	3,751 – 4,000
Nurses	5,122	5 079	3,751 – 4,000
Chiropractors	2,303	5 346	3,751 – 4,000
Optometrists	288,582	173 279	3,751 – 4,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) [Note 2]	1,855	6 755	3,251 – 3,500

Amount of vouchers claimed and number of voucher claim transactions in 2018 [Note 3]			
	Amount of vouchers claimed (HK$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK$)
Medical Practitioners	1,154,745	2 917 895	4,751 – 5,000
Chinese Medicine Practitioners	533,136	1 502 140	4,751 – 5,000
Dentists	287,044	294 950	4,751 – 5,000
Occupational Therapists	5,681	3 515	4,751 – 5,000
Physiotherapists	16,452	40 874	4,751 – 5,000
Medical Laboratory Technologists	17,808	18 662	4,751 – 5,000
Radiographers	13,400	16 785	4,751 – 5,000
Nurses	7,447	6 523	4,751 – 5,000
Chiropractors	5,225	10 743	4,751 – 5,000
Optometrists	759,750	359 343	4,751 – 5,000

HKU-SZH [Note 2]	3,492	11 418	4,501 – 4,750

Amount of vouchers claimed and number of voucher claim transactions in 2019 [Note 4]			
	Amount of vouchers claimed (HK$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK$)
Medical Practitioners	1,246,024	2 952 153	5,751 – 6,000
Chinese Medicine Practitioners	599,170	1 633 532	5,751 – 6,000
Dentists	313,111	310 306	5,751 – 6,000
Occupational Therapists	4,432	3 233	5,751 – 6,000
Physiotherapists	17,210	43 946	5,751 – 6,000
Medical Laboratory Technologists	18,654	20 770	5,751 – 6,000
Radiographers	15,749	16 779	5,751 – 6,000
Nurses	10,214	9 936	5,751 – 6,000
Chiropractors	5,675	10 820	4,751 – 5,000
Optometrists	431,680	242 424	4,751 – 5,000
HKU-SZH [Note 2]	3,997	13 562	5,501 – 5,750

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 3: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 4: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

3.

From 2017 to 2019, the Department of Health (DH) received a total of 290 complaints (including media reports and relevant reports) against participating healthcare service providers under the EHV Scheme. The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation. The relevant statistics of complaints received from 2017 to 2019 are provided in the table below.

	2017	2018	2019	Total
Number of complaints (including media reports and relevant reports) received by DH against participating healthcare service providers under the EHV Scheme	67	120	103	290
Number of complaint cases requiring withholding of reimbursements or recovering paid reimbursements and the amount of vouchers (HK$) involved [Note 5]	5 $15,454	7 $33,650	1 $350	13 $49,454
Number of complaint cases referred to the Police by the DH [Note 5 and 6]	6	9	1	16
Number of cases successfully prosecuted by the Police [Note 5]	0	0	0	0

Note 5: Provisional figures as at end-December 2019. Some of the cases are still under investigation.

Note 6: Among the 16 complaint cases received in 2017 to 2019 and referred to the Police for follow-up action, investigation of 9 cases by the Police was completed with no prosecution made, and 7 cases were still under investigation as at end-December 2019.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1549)

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

Question:

Regarding the promotion of breastfeeding, will the Government inform this Committee of the amount of funding provided for the Family Health Service of the Department of Health in the past 3 years to continue strengthening promotional efforts for breastfeeding and give a detailed breakdown of the estimated expenditure for 2020-21?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 56)

Reply:

In 2017-18, 2018-19 and 2019-20, a provision of $6.0 million was allocated to Family Health Service (FHS) of the Department of Health (DH) each year for continuing the effort for promotion of breastfeeding.

Breakdown of the expenditure for 2017-18, 2018-19 and 2019-20 are as follows:

Items	**Expenditure ($ million)**		
	2017-18	**2018-19**	**2019-20**
Publicity campaigns (e.g. publicity events, exhibitions)	2.4	2.0	2.0
Production of promotional videos	1.8	1.4	1.0
Production and dissemination of health education resources and guidelines	1.0	0.9	1.2
Research, studies and service improvement on breastfeeding and child nutrition	0.3	0.4	0.4
Implementation of peer support programme for lactating mothers	0.5	1.3	1.4

The DH will continue to promote, protect and support breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace" policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become "Breastfeeding Friendly Premises" so that the breastfeeding mothers can breastfeed

their children or express milk anytime; imposing mandatory requirement for the provision of babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of babycare rooms and lactation rooms in suitable new government premises; implementing the voluntary Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infant and Young Children; and strengthening the surveillance on local breastfeeding situation. In 2020-21, $6.0 million has been earmarked to implement the above.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2082)

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

Question:

Regarding the dermatology specialised outpatient services from the Department of Health,

I. what were the numbers of new attendances and revisit cases of serious psoriasis patients, the numbers of those receiving conventional treatment including medicine for external use or oral administration or phototherapy and the numbers of referred cases to the Hospital Authority for follow-up actions in 2017-18, 2018-19 and 2019-20 respectively?

II. what were the numbers of attendances, the numbers of cases waiting for appointment, the median waiting time and the unit costs in respect of the biologic therapy specialised outpatient service in 2017-18, 2018-19 and 2019-20 respectively?

III. has the Government reviewed if the current services are sufficient to meet the demand?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 6)

Reply:

I. The number of new attendances of psoriasis patients* in 2017, 2018 and 2019 are appended in the following table –

Year	2017	2018	2019
New attendances	312	401	285

*Most of these cases are pertaining to mild or moderately severe psoriasis.

The Department of Health (DH) does not keep the statistics of revisiting attendances of psoriasis patients, and the number of those receiving conventional treatment, including medicine for external use, oral administration or phototherapy.

The Social Hygiene Service (SHS) of the DH introduced the biologic service for people with severe psoriasis in Chai Wan Social Hygiene Clinic (CWSHC) located in

Pamela Youde Nethersole Eastern Hospital of the Hospital Authority since June 2018. As at end February 2020, all clinics under the SHS have identified a total of 74 severe psoriasis patients who may be suitable for biologic therapy. All of them were referred to the biologic service in CWSHC.

II. Among the above mentioned 74 patients, 32 have already started biologic therapy. 9 patients are waiting for their first appointment, and they will have medical appointment before early May 2020. The others are still undertaking further preparation for treatment or have declined the first-time appointment or treatment. The DH does not keep the statistics of the median waiting time for new appointments for the biologic service and the unit costs of the biologic drugs involved.

III. The SHS will closely monitor the service demands and, if necessary, provide additional sessions in the CWSHC.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2086)

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

Question:

Please provide the following information regarding the vaccination programmes / schemes for pneumococcal and seasonal influenza for the elderly and young children:

(a) What are the costs per dose of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV)?

(b) Please provide in detail the numbers of private medical practitioners participating in the Elderly Vaccination Subsidy Scheme (EVSS) as well as the quantities of seasonal influenza and 23vPPV vaccinations given / to be given in 2018, 2019 and 2020.

(c) Please provide in detail the amount of subsidies provided / to be provided for each dose of seasonal influenza vaccine and 23vPPV in 2018, 2019 and 2020.

(d) Please provide in detail the numbers of hospital admissions caused by infections with seasonal influenza and pneumonia, broken down by age group, in 2018, 2019 and the first 2 months of 2020.

(e) Will PCV13 be included in the EVSS in the future? If yes, what is the estimated annual expenditure; if not, why?

(f) Please provide in detail the quantities of seasonal influenza vaccines procured / to be procured in 2018, 2019 and 2020 as well as the quantities and costs for expired influenza vaccines arranged for disposal in the past 3 years.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 19)

Reply:

(a) The quantities and contract amount of seasonal influenza (SI) vaccines, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government, under the Government Vaccination

Programme (GVP) and Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme, for 2019/20 are as follows –

Vaccine	Number of Doses	Amount ($ million)
SI vaccine	837 700	42.3
PCV13	256 500	99.8
23vPPV	32 360	5.1

(b) There have been about 1 700 private doctors enrolled under the Vaccination Subsidy Scheme (VSS) for providing subsidised SI vaccination (SIV) to elderly in the past 3 seasons. The number of elderly receiving subsidised SIV and 23vPPV under the VSS in the past 3 seasons are appended below –

	2017/18	2018/19	2019/20 (as at 1 March 2020)
Number of elderly receiving SIV	144 700	166 700	163 000
Number of elderly receiving 23vPPV	16 600	19 100	14 300

(c) The subsidy of SIV under the VSS was $190 per dose in 2017/18, and has been raised to $210 per dose starting from 2018/19.

The subsidy for 23vPPV is $190 per dose in 2017/18, and has been raised to $250 per dose starting from 2018/19.

(d) According to the data provided by the Hospital Authority (HA), the total number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487) and pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0) in 2018, 2019 and the first 2 months of 2020 are as follows –

Year	Number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487)	Number of hospital admissions for pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0)
2018	11 932	78 289
2019	12 415	86 622
2020 (for the first 2 months)*	2 999	13 991

* Provisional figures

Breakdown of the above figures by age groups, as provided by HA, is set out in the tables below –

Number of hospital admissions for influenza in public hospitals

Year	Age group			
	0-4 years	**5-64 years**	**≥ 65 years**	**Total**
2018	2 818	4 726	4 388	11 932
2019	2 987	5 291	4 137	12 415
2020 (for the first two months)*	516	1 343	1 140	2 999

* Provisional figures

Number of hospital admissions for pneumonia (including pneumonia caused by influenza) in public hospitals

Year	Age group			
	0-4 years	**5-64 years**	**≥ 65 years**	**Total**
2018	3 592	13 274	61 423	78 289
2019	4 127	16 374	66 121	86 622
2020 (for the first two months)*	403	2 663	10 925	13 991

* Provisional figures

According to the data provided by private hospitals, there were 5 433 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2018. The total number of inpatient discharges and deaths for pneumonia (including ICD10 diagnosis codes J12-J18) was 4 319 in 2018. Breakdown for the above figures by age groups is provided in the table below. Relevant figures for 2019 and 2020 are not yet available.

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4 years	2 234	1 358
5-64 years	2 925	1 856
≥65 years	274	1 105
Total	5 433	4 319

(e) The Government has been providing free/subsidised PCV13 to eligible elderly with high-risk conditions through the GVP and the VSS since October 2017. There has been a total of 327 100 recipients so far (as at 1 March 2020).

(f) The quantities of SI vaccines procured by the Government, the contract amount, and the number of vaccines expired, unused, and/or damaged in the past 3 seasons are set out below –

Season	Number of doses	Amount ($ million)	Number of unused but expired or damaged doses
2017/18 (Actual)	527 000	28.0	45 000
2018/19 (Actual)	654 000	30.1	41 000
2019/20 (Estimate)	837 700	42.3	No available information yet

As the Government's vaccination programmes/schemes launched in 2019/20 have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2087)

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

Question:

Regarding the tobacco control work of the Department of Health, will the Government please inform this Committee of:

1. the numbers, in table form, of smoking complaints received, inspections conducted and warning letters/fixed penalty notices/summonses issued in the past 3 years;

2. the expenditure and staff establishment of the Tobacco and Alcohol Control Office in the past 3 years and in the coming year; and

3. the expenditure on the implementation of smoking cessation programmes and the details of work in the past 3 years and in the coming year?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 42)

Reply:

(1)

The numbers of complaints received, inspections conducted, warning letters issued and fixed penalty notices (FPNs) / summonses issued by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

	2017	**2018**	**2019**
Complaints received	18 354	18 100	15 573
Inspections conducted	33 159	32 255	34 680
Warning letters issued	9	3	10
FPNs issued (for smoking offences)	9 711	8 684	8 068

Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if smoking offenders are found to be persons under 15 years old.

(2)

The expenditures/provisions and approved establishment of TACO from 2017-18 to 2020-21 are at **Annexes 1 and 2** respectively.

(3)

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiry and provide counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by non-governmental organisations (NGOs). There are a total of 5 smoking cessation clinics for civil servants operated by DH, and 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities, new immigrants and the workplace, as well as a hotline to provide counselling service tailored for young smokers over the phone. DH has launched a two-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017, to engage family doctors in helping smoker patients quit smoking.

The expenditures/provisions related to health promotion activities and smoking cessation services by TACO and its subvented organisations from 2017-18 to 2020-21 are at **Annex 1**. For HA, smoking cessation services form an integral part of HA's overall services provision; and therefore such expenditure is not separately accounted for.

- End -

Annex 1

Expenditures/Provision of the Department of Health's Tobacco and Alcohol Control Office

	2017-18 ($ million)	2018-19 ($ million)	2019-20 Revised Estimate ($ million)	2020-21 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	61.5	78.6	97.7	118.7
Health Education and Smoking Cessation				
Programme 3: Health Promotion	124.4	125.4	131.2	138.0
(a) General health education and promotion of smoking cessation				
TACO	*49.8*	*50.4*	*55.5*	*63.7*
Subvention to Hong Kong Council on Smoking and Health	*23.9*	*24.0*	*27.8*	*26.1*
Sub-total	***73.7***	***74.4***	***83.3***	***89.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations				
Subvention to Tung Wah Group of Hospitals	*34.0*	*34.0*	*30.6*	*30.6*
Subvention to Pok Oi Hospital	*7.2*	*7.3*	*7.3*	*7.4*
Subvention to Po Leung Kuk	*1.5*	*1.7*	*1.6*	*1.7*
Subvention to Lok Sin Tong	*2.7*	*2.7*	*2.9*	*2.9*
Subvention to United Christian Nethersole Community Health Service	*2.9*	*2.9*	*2.9*	*2.9*
Subvention to Life Education Activity Programme	*2.4*	*2.4*	*2.6*	*2.7*
Sub-total	***50.7***	***51.0***	***47.9***	***48.2***
Total	**185.9**	**204.0**	**228.9**	**256.7**

Annex 2

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2017-18	2018-19	2019-20	2020-21
Head, TACO				
Consultant	-	1	1	1
Principal Medical & Health Officer	1	-	-	-
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	-	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	105	121	125
Senior Executive Officer/ Executive Officer	9	13	13	13
Sub-total	***106***	***127***	***143***	***147***
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	2	2	2	2
Nursing Officer/ Registered Nurse	3	3	3	3
Hospital Administrator II	4	4	4	4
Sub-total	***11***	***11***	***11***	***11***
Administrative and General Support				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	17	19	19	19
Motor Driver	1	1	1	1
Sub-total	***22***	***24***	***24***	***24***
Total no. of staff:	**140**	**163**	**179**	**183**

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3206)

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

Question:

Please inform this Committee of the waiting situation, including the waiting queue and waiting time (the shortest, longest and median) in each child assessment centre in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 439)

Reply:

In the past 5 years, nearly all new cases at the Child Assessment Service (CAS) were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 49% in 2018 and slightly increased to 53% in 2019. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health does not maintain statistics on the median, the longest or the shortest waiting time for assessment of new cases.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)224

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0441)

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

Question:

Regarding tobacco control work, please provide:

1. in table form, the numbers of complaints received about illegal smoking, verbal and written warnings issued and prosecutions by summonses in 2019-20;

2. in table form, the numbers of patrols and call-outs for duties outside by tobacco control personnel during daytime (06:00-17:59) and during evening and night hours (18:00-05:59) in 2019-20; and

3. the number of initiatives with details for the promotion of smoke-free culture in 2019-20 and the manpower and expenditure involved.

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 17)

Reply:

(1)
The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The number of complaints received, inspections conducted, warning letters and fixed penalty notices (FPNs) / summonses issued by TACO in 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2019
Complaints received		15 573
Inspections conducted		34 680
Warning letters issued		10
FPNs issued (for smoking offences)		8 068
Summonses issued	for smoking offences	67
	for other offences (such as wilful obstruction and failure to produce identity document)	42

In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

(2)

The number of day and night operations for inspecting statutory no smoking areas conducted by TACO during 2019 are 1 617 and 1 078 respectively. "Day operations" covers the "morning and afternoon shift" for the period 6:30 am – 6:30 pm, while "Night operations" covers the "afternoon and evening shift" and "evening shift" for the period 10 am - 11 pm and the "overnight shift" for the period 8 pm – 6 am.

(3)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH has collaborated with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling and information on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under the Hospital Authority (HA), as well as DH subvented community-based cessation programmes operated by NGOs. There are 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms. The initiatives in promoting a smoke-free culture vary in nature and scale.

The expenditures and approved establishment of TACO in 2019-20 are at **Annexes 1 and 2** respectively. For HA, the smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure could not be separately identified.

Annex 1

Expenditures of the Department of Health's Tobacco and Alcohol Control Office

	2019-20 Revised Estimate ($ million)
Enforcement	
Programme 1: Statutory Functions	97.7
Health Education and Smoking Cessation	
Programme 3: Health Promotion	131.2
(a) General health education and promotion of smoking cessation	
TACO	*55.5*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*27.8*
Sub-total	***83.3***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations	
Subvention to Tung Wah Group of Hospitals	*30.6*
Subvention to Pok Oi Hospital	*7.3*
Subvention to Po Leung Kuk	*1.6*
Subvention to Lok Sin Tong	*2.9*
Subvention to United Christian Nethersole Community Health Service	*2.9*
Subvention to Life Education Activity Programme	*2.6*
Sub-total	***47.9***
Total	**228.9**

Annex 2

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2019-20
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	121
Senior Executive Officer/ Executive Officer	13
Sub-total	***143***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total no. of staff:	**179**

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)225**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0624)

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

Question:

Under Programme (2) of this Head, the estimate for 2020-21 is 2.2% less than that for 2019-20. In this connection, please advise on the following:

1. In view of the severe outbreak of the novel coronavirus disease, people in Hong Kong are very concerned about disease prevention. Have sufficient resources been earmarked to ensure the supply of anti-epidemic materials?

2. Will manpower be increased in this respect? If so, what are the details and what is the estimated expenditure?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 23)

Reply:

1. The Department of Health (DH) has been closely monitoring the development of the Coronavirus disease 2019 in Hong Kong. The DH will absorb any additional funding requirement through redeployment of resources (both financial resources and manpower) to meet the needs for anti-epidemic work. The DH would seek additional resources through the established procedures, if necessary.

2. Relevant manpower and resources are subsumed under the DH's overall provision and cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)226

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0625)

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

Question:

It is mentioned under Programme (2) of this Head that the Department of Health (DH) provides laboratory services for the diagnosis and surveillance of various diseases including infections, and for other screening activities. In this connection, please advise on whether the DH will use resources to proactively introduce the world's fastest portable detection device for testing the novel coronavirus, which is invented by a research team from the Hong Kong University of Science and Technology, and make the device available at government clinics for enhanced effectiveness of community quarantine.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 24)

Reply:

In vitro tests used for examination of human specimens to provide information for diagnostic, monitoring or compatibility purposes are medical devices. The safety, performance and quality of these tests have to be assessed before they can be used for the aforementioned purposes.

The Department of Health (DH) is liaising with The Hong Kong University of Science and Technology for an evaluation of the detection device. The DH will determine how to make the best use of the device and whether to introduce it in public service delivery after careful assessment of the evaluation results, including sensitivity and specificity and other factors such as throughput, ease of performance, cost and support services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3262)

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

Question:

It is mentioned under Programme (1) of the Department of Health (DH) that one of its tasks is to enforce laws on tobacco control. In this regard, will the Government inform this Committee of:

1. the total numbers of smoking complaints received by Tobacco and Alcohol Control Office (TACO) in the past 3 years;

2. the numbers of inspections conducted by TACO in the past 3 years, broken down by administrative district of Hong Kong;

3. the numbers of warning letters, fixed penalty notices and summonses issued by TACO in the past 3 years;

4. the estimated expenditure and staff establishment of TACO in the coming financial year; and

5. whether the Government has any plans to increase tobacco duty, which will result in a price hike for cigarettes, to address the youth smoking problem?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 55)

Reply:

(1), (2) & (3)

The numbers of complaints received, inspections conducted, warning letters and fixed penalty notices (FPNs) / summonses issued by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2017	2018	2019
Complaints received		18 354	18 100	15 573
Inspections conducted		33 159	32 255	34 680
Warning letters issued		9	3	10
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

TACO does not maintain the numbers of inspections conducted by TACO broken down by administrative district of Hong Kong.

(4)

The provision of TACO in 2020-21 is $256.7 million. The approved establishment of TACO in 2020-21 is at **Annex**.

(5)

To safeguard the health of the public, the Government has been adopting a multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation, to discourage smoking, contain the proliferation of tobacco use and minimise the impact of passive smoking on the public.

Under the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong", the Government has already laid down the target of further reducing smoking prevalence to 7.8% by 2025. We will review our tobacco control measures including tobacco taxation regularly with reference to international experience, public expectations and the recommendations of World Health Organization in exploring the way forward in achieving our goal.

Annex

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2020-21
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total no. of staff:	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2804)

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

Question:

Under *Subhead 000 Operational expenses*, the establishment of the Department of Health as at 31 March 2020 will be 6 969 posts. In this connection, please give a breakdown of manpower distribution in the following work units:

Dental Services
- Civil Servants Dental Service
- Community Special Dental Service
- Hospital Dental Service
- School Dental Care Service
- Dental Regulatory and Law Enforcement Office
- Dental Service Administration Office

Health Protection
- Communicable Disease Branch
- Emergency Response and Programme Management Branch
- Health Promotion Branch
- Infection Control Branch
- Public Health Laboratory Services Branch
- Public Health Services Branch

Regulatory Affairs
- Boards
- Chinese Medicine Regulatory Office
- Drug Office
- Health Sciences and Technology Office
- Tobacco and Alcohol Control Office
- Forensic Pathology Service

Health Services and Administration
- Elderly Health Branch
- Family and Student Health Branch

- Specialised Services Branch
- Administration and Policy Office
- Finance and Supplies Office
- Health Administration and Planning Office
- Health Informatics and Technology Office

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 5007)

Reply:

To better address the community's public health challenges, we have realigned 3 existing main functions of the Department of Health, namely, Dental Services, Health Protection as well as Health Services and Administration and established a new Regulatory Affairs function under the reorganisation took place on 1 October 2019. The manpower distribution among the functions is provided below.

Function	**No. of posts**
Dental Services	1 532
Health Protection	1 797
Health Services and Administration	2 763
Regulatory Affairs	877
Total:	**6 969**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2805)

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

Question:

The Department of Health (DH) will continue the work in prevention and control of Coronavirus disease 2019 (COVID-19). In this connection, please provide the following information as of January 2020:

i. a breakdown of the cleansing operations conducted or supervised by the DH for units of confirmed or suspected cases of COVID-19 upon receipt of reports; and

ii. whether the Centre for Health Protection has invited tenders from professional cleansing service providers for the cleansing of units of confirmed or suspected cases of COVID-19. If so, please provide details; if not, please explain why and advise on whether the DH has provided clear guidelines and training on disease prevention for all outsourced and non-outsourced frontline cleansing workers of the Food and Environmental Hygiene Department, the Housing Department and the Leisure and Cultural Services Department.

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 5008)

Reply:

i. Upon receiving notification of a confirmed case of Coronavirus Disease 2019 (COVID-19), the Centre for Health Protection (CHP) of the Department of Health (DH) would immediately launch epidemiological investigation, including tracing of contacts. The CHP would inform the Food and Environmental Hygiene Department for arranging disinfection of the patient's residence, and also contact its property management office and advise the property management office to perform environmental disinfection of the common areas of the building.

   The DH does not maintain the figures of disinfection operations as the work is not performed by the DH.

ii. The proper ways to clean and disinfect the environment of a suspected/confirmed case of COVID-19 are set out in the "Health Advice on Prevention of Coronavirus disease (COVID-19) for Properties Management", which has been uploaded onto the CHP's website (https://www.chp.gov.hk/en/features/102742.html).

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)230**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3115)

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

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in New Territories West from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 11)

Reply:

Details of the clinics/health centres in New Territories West are at **Annex**. There are no Special Assessment Centres for students, Clinical Genetic Service Centres, Travel Health Centres and Integrated Treatment Centres in New Territories West.

Other than those set out in the Annex, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1]	11	11	11	329 646	312 424	303 235
(2)	Woman Health Centres	1	1	1	6 757	6 790	5 943
(3)	Dental Clinics with general public sessions[2,3,4]	5	5	5	13 963	14 298	12 059
(4)	Elderly Health Centres[1,3,5]	5	5	5	41 555	43 202	44 022
(5)	Student Health Service Centres[6]	3	3	3	109 500	112 000	118 600
(6)	School Dental Clinics[3,6]	2	2	2	122 579	124 576	126 646
(7)	Methadone Day Clinics	2	2	2	179 600	176 200	163 900
(8)	Methadone Evening Clinics	2	2	2	173 000	178 500	159 200
(9)	Female Social Hygiene Clinics	1	1	1	9 411	8 627	8 299
(10)	Male Social Hygiene Clinics						
(11)	Dermatological Clinics[1,4]	1	1	1	27 589	26 323	24 220
(12)	Chest Clinics[1,4]	5	5	5	50 149	46 114	44 024
(13)	Child Assessment Centres	2	2	2	12 593	12 023	11 013
(14)	Families Clinics[3]	1	1	1	53 000	53 000	52 000

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centres, Dermatological Clinics and Chest Clinics varies ranging from 1 working day to 25 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. The Elderly Health Centres and School Dental Clinics are fully utilised. The utilisation rates rates of the Dental Clinics with general public sessions range from 23% to 98% from 2017-18 to 2019-20 (up to January 2020), and the overall utilisation rate of Families Clinic is above 98%.
4. The daily consultation quotas for Dental Clinics with general public sessions and Dermatological Clinics are 32-84 and 134 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8.
5. The number of elders waiting for enrolment for Elderly Health Centres is 5 763, 6 150 and 5 158 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)231

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0819)

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

Question:

It is stated in Programme 2 (Disease Prevention) that the Department of Health will continue to support the steering committee for viral hepatitis control in 2020-21. What is the estimated expenditure earmarked for this purpose? Are there any action plans for such work at present?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 9)

Reply:

In 2020-21, a provision of $11 million has been provided for Special Preventive Programme to carry out the work related to the hepatitis control, including the annual recurrent cost of 11 civil service posts.

With reference to the World Health Organization's recommendations, international practices and actual local situations, the Steering Committee on Prevention and Control of Viral Hepatitis will formulate an action plan in 2020 with an aim to reducing the public health burden posed by viral hepatitis.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0936)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding tobacco control work, will the Government please inform this Committee of the following:

1. the numbers of complaints received, inspections conducted, summonses and fixed penalty notices issued by the Tobacco and Alcohol Control Office (TACO) in the past 5 years and the numbers of cases resulting from enforcement action which were related to the illegal sale of cigarettes to minors, as well as the staff establishment and estimated expenditure involved in the enforcement actions;

2. the numbers of enforcement actions taken relating to electronic cigarettes and heat-not-burn tobacco products in the past 5 years and among them, whether any vendors were found to have sold electronic cigarettes or heat-not-burn tobacco products to minors; and

3. the Government's initiatives in 2020-21 to prevent youngsters from exposure to any kind of smoking products and the staff establishment and estimated expenditure involved?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 12)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2015 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	2016	2017	2018	2019
Complaints received		17 875	22 939	18 354	18 100	15 573
Inspections conducted		29 324	30 395	33 159	32 255	34 680
FPNs issued (for smoking offences)		7 693	8 650	9 711	8 684	8 068
Summonses issued	for smoking offences	163	207	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78	68	42

During the above period, there was one summons issued against sales of tobacco products to minors in 2019.

The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The expenditures and approved establishment of TACO in the past 5 years are at **Annexes 1 and 2** respectively.

(2)

Cap. 371 stipulates that any person who smokes in a no smoking area (NSA) commits an offence and is subject to a fixed penalty of $1,500. The numbers of FPNs and summonses issued by TACO for the period from 2015 to 2019 for smoking of electronic cigarette (e-cigarettes) and heated tobacco products (HTPs) in NSAs are as follows:

FPN issued

	2015	2016	2017	2018	2019
e-cigarettes	1	4	11	15	59
HTPs	0	0	22	70	72

Summonses issued

	2015	2016	2017	2018	2019
e-cigarettes	0	0	1	0	0
HTPs	0	0	2	1	0

The sale of e-cigarettes is not regulated under Cap. 371. However, e-cigarettes containing nicotine are considered pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap. 138) and must be registered with the Pharmacy and Poisons Board of Hong Kong before they can be sold or distributed in Hong Kong. From 2015 to 2019, there were 6 convicted cases involving illegal sale or possession of unregistered pharmaceutical products or Part 1 poisons related to nicotine-containing e-cigarettes.

TACO has not received any complaint related to the sale of HTPs to minors during the above period.

(3)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH has collaborated with the Hong Kong Council on Smoking and Health (COSH) and non-governmental organisations (NGOs) to carry out publicity programmes on smoking prevention among students.

The DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The provision and approved establishment of TACO in 2020-21 are at **Annexes 1 and 2** respectively.

Annex 1

Expenditures / Provision of the Department of Health's Tobacco and Alcohol Control Office (TACO) (in $ million)

	2015-16	2016-17	2017-18	2018-19	2019-20 Revised Estimate	2020-21 Estimate
Enforcement						
Programme 1: Statutory Functions	51.5	54.5	61.5	78.6	97.7	118.7
Health Education and Smoking Cessation						
Programme 3: Health Promotion	127.2	130.0	124.4	125.4	131.2	138.0
(a) General health education and promotion of smoking cessation						
TACO	*46.7*	*46.8*	*49.8*	*50.4*	*55.5*	*63.7*
Subvention to Council on Smoking and Health (COSH)	*22.4*	*22.9*	*23.9*	*24.0*	*27.8*	*26.1*
Sub-total	***69.1***	***69.7***	***73.7***	***74.4***	***83.3***	***89.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations						
Subvention to Tung Wah Group of Hospitals	*39.1*	*41.5*	*34.0*	*34.0*	*30.6*	*30.6*
Subvention to Pok Oi Hospital	*7.3*	*7.6*	*7.2*	*7.3*	*7.3*	*7.4*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*1.5*	*1.7*	*1.6*	*1.7*
Subvention to Lok Sin Tong	*2.3*	*2.4*	*2.7*	*2.7*	*2.9*	*2.9*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.9*	*2.9*	*2.9*	*2.9*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.4*	*2.4*	*2.6*	*2.7*
Subvention to The University of Hong Kong [1]	*2.3*	*1.9*	-	-	-	-
Sub-total	***58.1***	***60.3***	***50.7***	***51.0***	***47.9***	***48.2***
Total	**178.7**	**184.5**	**185.9**	**204.0**	**228.9**	**256.7**

[1] Designated as World Health Organization Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, TACO has collaborated with the University of Hong Kong to develop the evaluation tool on smoking cessation service.

Annex 2

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Head, TACO						
Consultant	-	-	-	1	1	1
Principal Medical & Health Officer	1	1	1	-	-	-
Enforcement						
Senior Medical & Health Officer	1	1	1	1	1	1
Medical & Health Officer	1	1	1	1	1	1
Scientific Officer (Medical)	-	-	-	1	1	1
Land Surveyor	1	1	1	1	1	1
Police Officer	5	5	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89	105	121	125
Senior Executive Officer/ Executive Officer	9	9	9	13	13	13
Sub-total	***106***	***106***	***106***	***127***	***143***	***147***
Health Education and Smoking Cessation						
Senior Medical & Health Officer	1	1	1	1	1	1
Medical & Health Officer	1	1	1	1	1	1
Scientific Officer (Medical)	2	2	2	2	2	2
Nursing Officer/ Registered Nurse	3	3	3	3	3	3
Hospital Administrator II	4	4	4	4	4	4
Sub-total	***11***	***11***	***11***	***11***	***11***	***11***
Administrative and General Support						
Senior Executive Officer/ Executive Officer	4	4	4	4	4	4
Clerical and support staff	17	17	17	19	19	19
Motor Driver	1	1	1	1	1	1

Rank	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Sub-total	***22***	***22***	***22***	***24***	***24***	***24***
Total no. of staff:	**140**	**140**	**140**	**163**	**179**	**183**

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)233

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2091)

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

Question:

As supporting children with special needs is one of the key policy areas of the current-term Government, with early assessment at its heart, would the Government please advise this Committee on:

1. the number of children referred by doctors or schools or through other channels to queue for assessment at the child assessment centres (CACs) under the Department of Health in each of the past 5 years;

2. the number of children assessed at CACs by type of condition in each of the past 5 years; and

3. the average waiting time of children for the first nurse consultation at CACs and for the completion of assessment in each of the past 5 years?

Asked by: Hon KWONG Chun-yu (LegCo internal reference no.: 115)

Reply:

1. The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment of children under the age of 12 years with suspected symptoms of developmental problems. The number of newly referred cases received by the CAS in the past 5 years are as follows -

	2015	**2016**	**2017**	**2018**	**2019 (provisional figure)**
Number of new cases referred to CAS	9 872	10 188	10 438	10 466	9 799

2. The number of newly diagnosed cases of developmental conditions in the CAS from 2015 to 2019 are as follows -

Developmental conditions	**Number of newly diagnosed cases**				
	2015	**2016**	**2017**	**2018**	**2019 (Provisional figures)**
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

3. In the past 5 years, nearly all new cases of the CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 49% in 2018 and slightly increased to 53% in 2019. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. DH does not maintain statistics on the average waiting time for assessment of new cases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2097)

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

Question:

Regarding the services in forensic medicine, please provide information on:

a) the establishment, the actual staffing and the expenditure of the Forensic Pathology Service in the past 3 years;

b) the number of cases requiring an autopsy in the past 3 financial years; and

c) the number of autopsies performed in person by doctors working in the Forensic Pathology Service in the past 3 years.

Asked by: Hon KWONG Chun-yu (LegCo internal reference no.: 111)

Reply:

a) The approved staff establishment and strength of the Forensic Pathology Service (FPS) in the past 3 financial years are as follows:

Financial Year	Approved Establishment	Strength
2017-18	73	68
2018-19	73	68
2019-20	73	68 (as at 1 February 2020)

The financial provisions of the FPS in the past 3 financial years are as follows:

Financial Year	Amount ($ million)
2017-18 (Actual)	68.2
2018-19 (Actual)	66.1
2019-20 (Revised Estimate)	69.4

b) The numbers of cases requiring an autopsy handled by the FPS in the past 3 calendar years are as follows:

Calendar Year	**No. of autopsies**
2017	2 537
2018	2 485
2019	2 397

c) All autopsies carried out by the FPS are performed in person by doctors working in the FPS.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1129)

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

Question:

In relation to the prevention of the spread of communicable diseases and the prevention and control of Coronavirus Disease 2019 (COVID-19), please advise this Committee on:

1. the arrangements and response plans put in place by the Department of Health (DH) as well as the clinics and health centres under the DH;

2. the respective expenditure and staff establishment of the DH as well as the clinics and health centres under the DH involved in preventing the spread of communicable diseases and in preventing and controlling COVID-19 in the past year and in the coming year; and

3. the types of outpatient services and the number of attendances estimated to be affected by the temporary closure of 5 maternal and child health centres and by the re-arrangements of service starting from 17 February 2020 following the activation of the Emergency Response Level for COVID-19.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 35)

Reply:

1. The Centre for Health Protection (CHP) of the Department of Health (DH) has issued infection control guidelines on healthcare setting for the prevention of Coronavirus Disease 2019 (COVID-19). Clinics and health centres of the DH would closely follow relevant guidelines issued by the CHP. In order to minimise flows of people and social contacts, some of the non-urgent services of the DH have been temporarily adjusted or suspended since late January 2020.

2. Since the outbreak of COVID-19, the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the

Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the DH has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The CHP has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients' residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020,

the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the "COVID-19 Thematic Website" (http://www.coronavirus.gov.hk/eng/index.html). The Government has also launched an Interactive Map Dashboard and a Telegram channel named "Hong Kong Anti-epidemic Information Channel" to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

3. In view of the development of COVID-19, 5 Maternal and Child Health Centres (MCHCs) have been temporarily closed, with adjustment of services in the remaining MCHCs since 17 February 2020. Clients from the closed MCHCs can continue to receive services at the designated MCHCs.

Services that have been scaled down or suspended include some child health services, routine postnatal check-up, cervical cancer screening and family planning services. It is expected that there will be a drop of about 30% in attendance arising from the service adjustment.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)236**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1130)

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

Question:

Please advise on the reasons why the provision for Programme (2) Disease Prevention for 2020-21 is $111.8 million lower than the revised estimate for 2019-20; how the Government will reallocate its resources and manpower; whether it has assessed if the estimate will be sufficient to cope with additional needs arising from the severe outbreak of the Coronavirus Disease 2019 (COVID-19) at present; if not, whether additional funding will be sought apart from the estimate.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 36)

Reply:

Since the outbreak of the Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. The Department of Health(DH) has earmarked sufficient resources in 2019-20 for prevention and control of the disease, including procurement of personal protective equipment (PPE) to ensure there is stable supply of materials required for all relevant work. The estimated provision for procurement of PPE for 2020-21 will fall after adequate contingency stockpile of PPE has been maintained for use by healthcare and front-line personnel.

Relevant manpower and resources are subsumed under DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the latest local and global development of the COVID-19 and would act swiftly in view of the actual circumstances through redeployment of resources and re-prioritisation of work. The DH would seek additional resources through the established procedures, if necessary.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)237

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0066)

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

Question:

Regarding the number of registration applications from healthcare professionals processed, please advise on the following:

a. the operating expenditure, the manpower, the number of registration applications and the average time required for approval for each application processed by statutory boards/councils in 2019;

b. the number of complaints processed and disciplinary inquiries conducted by statutory boards/councils last year, and the expenditure and manpower involved;

c. whether the Department of Health has earmarked sufficient resources and manpower to meet the demand of this year in view of the rising number of registration applications from healthcare professionals; if so, the manpower and resources involved as well as the details; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 23)

Reply:

In 2019, the relevant statutory boards/councils of healthcare professionals subject to statutory registration ("boards and councils") processed 6 497 registration applications. The types and numbers of applications, and the average time taken for approval are as follows –

Healthcare Profession	**No. of registration applications processed in 2019**	**Average time taken for approval #**
Chiropractors	26	2 - 3 months
Dental Hygienists (Enrolled)	23	1 - 2 months
Dentists	94	
- *Full registration*	*(86*)*	2 - 3 weeks
- *Specialist registration*	*(8)*	2 - 3 months

Healthcare Profession	No. of registration applications processed in 2019	Average time taken for approval #
Doctors	1 499	
- *Full registration*	*(476)*	1 day
- *Provisional registration*	*(469)*	2 - 3 weeks
- *Limited registration*	*(175)*	2 weeks
- *Temporary registration*	*(102)*	2 weeks
- *Specialist registration*	*(277)*	2 - 3 months
Midwives	50	1 week
Nurses (Registered and Enrolled)	2 810	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	130	1 week
Chinese Medicine Practitioners	381	4 weeks
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists - Optometrists - Physiotherapists - Radiographers	1 484	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	6 497	

Notes:

 # The registration applications are processed according to the legislations governing the respective healthcare professions, and are approved by the relevant statutory boards/councils or registrars. The approval time taken for different healthcare professions varies due to different procedures involved.

** including 17 cases of deemed-to-be registered dentists.*

In 2019, the relevant boards and councils received 6 041 complaints and conducted 82 inquiries against healthcare professionals. The breakdown figures are as follows –

Healthcare Profession	No. of complaints received in 2019	No. of inquiries conducted in 2019
Chiropractors	4	0
Dental Hygienists (Enrolled)	1	0
Dentists	165	8
Doctors	3 286	41
Midwives	0	0
Nurses (Registered and Enrolled)	1 556	9

Healthcare Profession	No. of complaints received in 2019	No. of inquiries conducted in 2019
Pharmacists	1	1
Chinese Medicine Practitioners	100	12
Supplementary Medical Profession Practitioners	928	11
- Medical Laboratory Technologists	(5)	(1)
- Occupational Therapists	(7)	(2)
- Optometrists	(11)	(3)
- Physiotherapists	(904)	(5)
- Radiographers	(1)	(0)
Total:	6 041	82

In 2019, the Department of Health ("DH") assigned 20 staff to provide secretariat support to the statutory boards and councils in processing registration and other related applications from 13 healthcare professions. DH will review from time to time the manpower requirement for handling the increasing registration-related applications, and deploy manpower flexibly to ensure efficient delivery of service.

DH also assigned 47 staff to handle complaints and inquiries related to the 13 healthcare professions. The operating expenditures involved in processing registration applications and complaints/inquiries in 2019-20 are around $13.7 million and $22.6 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0067)

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

Question:

Regarding the Outreach Dental Care Programme for the Elderly, please advise on:

a. the expenditure involved, the number of attendances and the manpower required since its implementation;

b. the number of attendances by scope of service (including fillings, extractions and dentures); and

c. whether the Programme will be extended to all 18 districts for the elderly not in residential care homes/day care centres and similar facilities to receive dental services and if so, the details.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 24)

Reply:

a. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was $25.1 million in 2014-15, $44.5 million in 2015-16, $44.8 million in 2016-17, $44.9 million each in 2017-18 and 2018-19, $51.7 million in 2019-20, and $58.0 million in 2020-21, and 6 civil service posts have been provided for implementing the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2020, the number of attendances under ODCP was about 233 700.

b. Eligible elders received annual oral check and dental treatments under the ODCP. Dental treatments provided include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures, etc).

c. We do not have plan to extend the ODCP to cover elders other than those in residential care homes/day care centres and similar facilities. Currently, the Government also provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly

Health Care Voucher to obtain dental services provided by the private sector.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0068)

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

Question:

The number of primary school students participating in the School Dental Care Service (SDCS) has been surging. In this regard, please advise on the following:

a. the expenditures required for providing such service in the past 3 years, broken down by year;

b. the numbers of personnel involved in providing such service in the past 3 years, broken down by grade;

c. whether the Department of Health (DH) has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower, resources and details involved; if not, the reasons for that; and

d. whether the DH will consider extending the SDCS to cover secondary school students; if so, the manpower, resources and details involved; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 25)

Reply:

a. The School Dental Care Service (SDCS) of the Department of Health (DH) promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong. The increase in the participating students in SDCS over the past 3 years is mainly due to the increase in the total number of primary school students in recent years.

The DH has earmarked sufficient resources for SDCS to cope with the increase in demand of dental services due to the increased number of students. The annual expenditure of the SDCS in financial years 2017-18, 2018-19 and the revised estimate for 2019-20 are as follows:-

Financial Year	Annual Expenditure ($ million)
2017-18 (Actual)	260.1
2018-19 (Actual)	269.8
2019-20 (Revised estimate)	273.9

b. In the service years of 2017-18, 2018-19 and 2019-20 the breakdown of the number of personnel involved (dentists, dental therapists and dental surgery assistants) in providing the service by grade in establishment are as follows:-

Number of personnel involved	Service Year [Note1]		
	2017-18 (As at 1 February 2018)	2018-19 (As at 1 February 2019)	2019-20 (As at 1 February 2020)
Dentists	31	31	32
Dental Therapists	271	271	269
Dental Surgery Assistants	42	42	42

Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.

c. Despite the increase in the number of participating students, DH will absorb the additional workload by flexible redeployment of resources. In 2020, DH will continue to recruit dental therapists for filling up the vacancies due to natural wastage.

d. The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits.

DH has been allocating resources primarily to promotion and preventive efforts. The SDCS encourages primary six students to continue to receive regular dental check-up from private dentists for oral health maintenance after ending of the SDCS. The Oral Health Education Division (OHED) under DH has launched various educational and promotional programmes specifically for different age groups having regard to their dental care needs. To help secondary school students pay constant attention to oral health, OHED launched a school-based oral health promotion programme named "Teens Teeth" since 2005 which adopts a peer-led approach in promoting oral health to secondary students. In addition, an annual "Love Teeth Campaign" has been implemented since 2003 to promote oral health to the Hong Kong population including secondary school students.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)240

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0069)

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

Question:

The number of attendances for health assessment and medical consultation at the Elderly Health Centres (EHCs) has been increasing. In this connection, please provide information on:

a. the average waiting time and the numbers of elderly people waiting for enrolment in respect of the 18 EHCs in the past 3 years;

b. the expenditures required for providing the related services in the past 3 years, broken down by year;

c. the numbers of staff involved in providing the related services in the past 3 years, broken down by grade; and

d. the number, broken down by year, of additional enrolments provided by the 2 new clinical teams established by the Department of Health (DH) in 2017-18 and 2018-19 respectively to enhance the service capacity of EHCs, as well as the manpower and resources involved; whether the DH will further increase the number of new clinical teams to enhance the services of the EHCs; if yes, the details; if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 26)

Reply:

a. The median waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres (EHCs) in the past 3 years are as follows:

	Median waiting time (months)			Number of elders on the waiting list (as at end of year)		
EHC	**2017**	**2018**	**2019***	**2017**	**2018**	**2019***
Sai Ying Pun	7.5	10.3	8.9	1 262	948	917
Shau Kei Wan	6.9	15.0	14.1	1 317	1 236	397
Wan Chai	5.4	9.1	12.6	2 143	2 933	2 285
Aberdeen	7.0	12.1	13.2	847	935	768
Nam Shan	5.8	10.7	12.3	829	771	584
Lam Tin	7.5	12.4	14.6	866	947	913
Yau Ma Tei	6.9	13.8	16.8	1 144	1 270	1 049
San Po Kong	6.3	11.5	9.3	754	688	848
Kowloon City	5.7	10.9	13.9	887	1 081	426
Lek Yuen	7.7	14.7	17.4	2 727	3 269	2 786
Shek Wu Hui	6.7	12.3	15.3	807	1 060	926
Tseung Kwan O	6.8	14.5	9.2	1 224	1 371	559
Tai Po	6.9	14.8	20.2	1 245	1 468	1 570
Tung Chung	3.9	8.4	9.0	629	549	471
Tsuen Wan	5.9	13.3	7.8	1 350	1 070	847
Tuen Mun Wu Hong	10.2	17.3	22.8	1 688	2 056	2 098
Kwai Shing	4.8	9.3	11.3	569	635	376
Yuen Long	6.7	14.3	19.1	1 527	1 840	1 366
Overall	**6.8**	**12.3**	**13.5**	**21 815**	**24 127**	**19 186**

*Provisional figures

b. The expenditures for the EHCs in 2017-18, 2018-19 and 2019-20 are $154.5 million (actual), $170.2 million (actual) and $178.5 million (revised estimate) respectively.

c. The total numbers of posts deployed for the 18 EHCs in the past 3 years are as follows:

Grade	**As at 31 March 2018***	**As at 31 March 2019**	**As at 31 March 2020**
Medical and Health Officer	28	29	29
Registered Nurse	63	66	66
Dispenser	5	5	5
Clinical Psychologist	4.5#	4.5#	4.5#
Dietitian	4.5#	4.5#	4.5#
Occupational Therapist	4.5#	4.5#	4.5#
Physiotherapist	4.5#	4.5#	4.5#
Clerical Officer	21	22	22
Clerical Assistant	20	20	20
Workman II	20	21	21
Total	**175**	**181**	**181**

* Approved establishment

A total of 9 Clinical Psychologists, 9 Dietitians, 9 Occupational Therapists and 9 Physiotherapists provide support to both EHCs and Visiting Health Teams.

d. The 2 new clinical teams approved for establishment in 2017-18 and 2018-19 have commenced operation in the second half of 2018. On average, each clinical team contributed about 2 300 enrolments and 8 700 attendances for health assessment and medical consultations respectively in 2019. The Department of Health will continue to flexibly deploy 22 clinical teams and closely monitor the waiting time for health assessments in 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0070)

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

Question:

Regarding the continuous implementation of the Elderly Health Care Voucher (EHV) Scheme, please advise on:

a. the utilisation of EHVs, the expenditure involved and the percentage of beneficiaries in the total number of eligible persons in the past 3 years;

b. whether the Government will further extend the scope of the EHV Scheme; if yes, the details and if not, the reasons; and

c. whether the voucher amount will be increased or whether dental-specific vouchers will be introduced to subsidise and encourage elders to use dental services to improve their dental health; if yes, the details and if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 27)

Reply:

a. The table below shows the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and its percentage as compared to the eligible elderly population:

	2017	**2018**	**2019**
Cumulative number of elders who had made use of vouchers by end of the year	953 000	1 191 000	1 294 000
Number of eligible elders (i.e. elders aged 65[Note 1] or above)*	1 221 000	1 266 000	1 325 000
Percentage of eligible elders who had made use of vouchers	78%	94%	98%

*Source: Hong Kong Population Projections 2017–2066, Census and Statistics Department

Regarding the utilisation of vouchers, the number of voucher claim transactions and the amount of vouchers claimed in the past 3 years from 2017 to 2019 are as follow:

Number of Voucher Claim Transactions

	2017 Note 1	**2018** Note 2	**2019** Note 3
Medical Practitioners	2 218 938	2 917 895	2 952 153
Chinese Medicine Practitioners	860 927	1 502 140	1 633 532
Dentists	168 738	294 950	310 306
Occupational Therapists	2 217	3 515	3 233
Physiotherapists	25 076	40 874	43 946
Medical Laboratory Technologists	12 044	18 662	20 770
Radiographers	8 935	16 785	16 779
Nurses	5 079	6 523	9 936
Chiropractors	5 346	10 743	10 820
Optometrists	173 279	359 343	242 424
Sub-total (Hong Kong):	**3 480 579**	**5 171 430**	**5 243 899**
University of Hong Kong - Shenzhen Hospital (HKU-SZH) Note 4	6 755	11 418	13 562
Total :	**3 487 334**	**5 182 848**	**5 257 461**

Amount of Vouchers Claimed (in HK$'000)

	2017 Note 1	**2018** Note 2	**2019** Note 3
Medical Practitioners	774,088	1,154,745	1,246,024
Chinese Medicine Practitioners	256,563	533,136	599,170
Dentists	144,331	287,044	313,111
Occupational Therapists	2,506	5,681	4,432
Physiotherapists	8,344	16,452	17,210
Medical Laboratory Technologists	11,256	17,808	18,654
Radiographers	5,447	13,400	15,749
Nurses	5,122	7,447	10,214
Chiropractors	2,303	5,225	5,675
Optometrists	288,582	759,750	431,680
Sub-total (Hong Kong):	**1,498,542**	**2,800,688**	**2,661,919**
HKU-SZH Note 4	1,855	3,492	3,997
Total :	**1,500,397**	**2,804,180**	**2,665,916**

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 4: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

b. Currently, the EHV Scheme subsidises eligible Hong Kong elders aged 65 or above to use private primary healthcare services provided by 10 types of healthcare professionals, viz. medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359). Vouchers can be used for preventive, curative and rehabilitative services, including the treatment or services prescribed and provided by participating healthcare service providers in their professional capacity to meet the healthcare needs of elders after consultation, as well as the medication and healthcare products provided to elders during the course of treatment.

The Department of Health (DH) completed a review of the EHV Scheme and proposed a number of enhancement measures which were reported to the Panel on Health Services of the Legislative Council in March 2019. Members had no objection to these measures, which DH has progressively implemented since mid-2019. They included allowing the use of vouchers at Kwai Tsing District Health Centre (DHC); empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance; stepping up monitoring efforts against suspected abuse/ misuse of vouchers; tackling over-concentration of voucher use on optometry services by introducing a cap of $2,000 every 2 years on the amount of vouchers that can be spent by each elder on such services; and regularisation of the Pilot Scheme at the HKU-SZH.

c. We currently have no plans to increase the annual voucher amount. With the lowering of the eligibility age of the EHV Scheme from 70 to 65 in 2017 and an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount, we need to assess in detail the long-term financial implications on the Government.

We currently do not see the need for separately introducing a dental voucher under the EHV Scheme. Currently, eligible elders can use vouchers to pay for private primary healthcare services provided by the 10 types of healthcare professionals who have

enrolled under the EHV Scheme, including dental services. The present arrangement provides elders with the flexibility for using the vouchers for healthcare services that best suit their health needs. In 2019, the Government further raised the accumulation limit of the vouchers under the EHV Scheme from $5,000 to $8,000 which should provide more flexibility for elders to use the suitable services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0071)

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

Question:

Regarding the implementation of seasonal influenza vaccination programmes/schemes under the disease prevention programme, please provide the following information for the past 3 years:

(a) the quantity of vaccines procured each year and the resources involved;

(b) the number of vaccine recipients and their age distribution;

(c) whether there were any vaccines left unused each year; if so, the quantity and expenditure involved, as well as the way of disposal;

(d) how the Government assessed the quantity of vaccines required each year;

(e) the measures taken by the Government to encourage those in need to receive vaccination;

(f) among the deaths from influenza during the winter surge recorded to date, the respective numbers of those vaccinated and unvaccinated, broken down by age group; and

(g) the respective numbers, broken down by year, of the service quotas, applying schools and student recipients in respect of the 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge) (the Programme) following the launching of the School Outreach Vaccination Pilot Programme in October 2018 and the regularisation of the Seasonal Influenza Vaccination School Outreach in the 2019/20 school year to cover more primary schools and to extend the Programme to kindergartens, kindergarten-cum-child care centres, and child care centres on a pilot basis; whether the number of service quotas provided under the Programme is sufficient; if not, whether it will be increased and the details in case of increase; if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 28)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

(a) The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured in the past 3 seasons and the contract amount:

Season	Number of doses	Amount ($ million)
2017/18 (Actual)	527 000	28.0
2018/19 (Actual)	654 000	30.1
2019/20 (Estimate)	837 700	42.3

(b) The number of recipients for the past 3 seasons under the aforesaid SIV programmes/ schemes are as follows –

Target groups	**Number of SIV recipients**		
	2017/18	**2018/19**	**2019/20 (as at 1 March 2020)**
Elderly aged 65 or above	531 400	555 000	601 300

Target groups	Number of SIV recipients		
	2017/18	**2018/19**	**2019/20 (as at 1 March 2020)**
Persons aged between 50 and 64 *	7 400	156 800	188 500
Children aged between 6 months and under 12	151 400	308 200	393 900
Others #	91 700	102 200	110 100
Total:	**781 900**	**1 122 200**	**1 293 800**

* For 2017/18 season, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19 season, the VSS has been expanded to cover all persons aged between 50 and 64.

\# Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, and pregnant women, etc.

As some target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

(c) The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. Unused and expired vaccines are arranged for disposal in accordance with the statutory requirements. The SI vaccines procured by the DH represented the "best estimate", which has to be made at least 5 months prior, of the total number of SIVs that would be required in the coming winter influenza season. Among the SI vaccines procured by the DH for 2017/18 and 2018/19 seasons, about 45 000 doses and 41 000 doses expired respectively. As the Government's vaccination programmes/schemes launched in 2019/20 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

(d) The Government will assess the quantity of SI vaccines required under the GVP and SIVSOP each year by making reference to the epidemiology of SI, scope of eligibility, number of doses administered in the previous season, current vaccination situation, expected increase of vaccination rate and unavoidable wastage of vaccines, etc.

The Government will strive to ensure sufficient vaccine provision by closely monitoring vaccine use and by collaborating with different service units.

(e) The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

We have also been providing guidelines on outreach vaccination, assistance and support to schools, community groups, elderly centres and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2019/20 season, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through the SIVSOP and outreach vaccination under the VSS.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to school students.

(f) In the 2019/20 winter influenza season, the DH recorded 103 cases of influenza-associated deaths (in the week ending 8 February 2020). The breakdown of the number of cases by age group and status of receiving SIV is shown in the following table:

Age group	**Total number of cases of influenza-associated deaths**	**Received SIV for 2019/20 season**	**Not known to have received SIV**
0-5	0	0	0
6-11	0	0	0
12-17	0	0	0
18-49	3	1	2
50-64	17	1	16
≥65	83	29	54
Total	**103**	**31**	**72**

(g) In 2019/20 season, the DH has regularised the Pilot Programme and launched the SIVSOP to cover more primary schools and extend the coverage to KG/CCCs as a pilot programme. Under the SIVSOP, there is no service quota on the number of

schools. As at 1 March 2020, a total of 430 primary schools and 701 KG/CCCs joined the SIVSOP. The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0072)

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

Question:

In respect of continuing the work in prevention and control of Coronavirus disease 2019 (COVID-19), what are the specific work plan, timetable as well as the estimated manpower and resources required for 2020?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 29)

Reply:

Since the outbreak of Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the Department of Health (DH) has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The Centre for Health Protection (CHP) of the DH has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all

along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients' residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the "COVID-19 Thematic Website" (http://www.coronavirus.gov.hk/eng/index.html). The Government has also launched an Interactive Map Dashboard and a Telegram channel named "Hong Kong Anti-epidemic Information Channel" to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)244

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0073)

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

Question:

In respect of implementing a pertussis vaccination programme for pregnant women attending antenatal service in Maternal and Child Health Centres, please provide details of the programme, as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 30)

Reply:

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection recommended pregnant women to receive 1 dose of acellular pertussis-containing vaccine during each pregnancy as part of routine antenatal care regardless of previous vaccination and natural infection history against pertussis, as a measure to provide direct protection for infants against pertussis. Maternal and Child Health Centres under the Department of Health and the Obstetric Department of hospitals under the Hospital Authority are planning to provide pregnant women who reached 26-34 week gestation 1 dose of diphtheria (reduced dose), tetanus and acellular pertussis (reduced dose) (dTap) vaccine starting from mid-2020.

In 2020-21, the total provision for pregnant women pertussis vaccination programme is $14.1 million. A total of 2 new civil servant posts will be created in 2020-21 to support the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0074)

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

Question:

Under this Programme, in relation to continuing the three-year programme (known as Healthy Teeth Collaboration) launched on 16 July 2018 in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disabilities, please advise on:

a. the expenditure involved, the number of attendances and the manpower required since the implementation of the programme;

b. the number of attendances by scope of services (including oral check-ups, dental treatments and oral health education); and

c. whether the Government has considered regularising the programme; if yes, the details; if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 31)

Reply:

a. The Government launched a three-year programme named "Healthy Teeth Collaboration (HTC)" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC. As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

Financial Year	Annual Expenditure ($ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

b. Dental treatments provided to eligible users include scaling and polishing, fluoride, X-ray and other curative treatments (such as fillings, extractions, etc). We do not have the attendance breakdown for each treatment item.

c. The Government will work out the best way forward in meeting the dental care needs of the eligible users under HTC after completion of the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0075)

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

Question:

Regarding the Child Assessment Service,

a. given that the completion time for assessment of new cases in Child Assessment Centres (CACs) within 6 months fell short of the target of 90% for the past 2 years and further dropped to 53% in 2019, please advise on the reasons for failing to meet the target;

b. please advise on the number of children who received the child assessment service and the number of these children who were assessed as having developmental disabilities, broken down by developmental problem, for each of the past 3 years;

c. please advise on the average waiting time for new cases, the staff establishment and the number of children assessed each year in the CACs for the past 3 years;

d. please advise on the number of additional service quotas and the reduction in waiting time for new cases since the setting up of an additional temporary CAC by the Department of Health in January 2018; and

e. please advise if the Government, in view of the continuous increase in attendances in the CACs, as well as the persistently low rate for completion of assessment of new cases within 6 months, plans to allocate additional resources and manpower to expand the CACs or open more so as to enhance the service and meet the demand.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 32)

Reply:

(a), (b) and (c)

In the past 3 years, all new cases of the Child Assessment Service (CAS) were seen within 3 weeks after registration. Due to continuous increase in the demand for services of the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2017, 2018 and 2019 are 55%,

49% and 53% respectively. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health (DH) does not maintain statistics on the average waiting time for assessment of new cases.

The number of newly referred cases received and the number of children assessed by the CAS in the past 3 years are as follows –

	2017	**2018**	**2019 (provisional figures)**
Number of new cases referred to CAS	10 438	10 466	9 799
Number of children assessed by CAS	15 589	17 020	16 946

The number of newly diagnosed cases of developmental conditions in the CAS from 2017 to 2019 are as follows –

Developmental conditions	**Number of newly diagnosed cases**		
	2017	**2018**	**2019 (Provisional figures)**
Attention/Hyperactive Problems/Disorders	2 855	3 284	3 579
Autism Spectrum Disorder	1 716	1 861	1 891
Borderline Developmental Delay	2 371	2 637	2 926
Developmental Motor Coordination Problems/Disorders	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	507	534	510
Hearing Loss (Moderate to profound grade)	71	85	65
Language Delay/Disorders and Speech Problems	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

The approved establishment in CAS by grade from 2017-18 to 2019-20 are as follows –

Grade	**Approved establishment**		
	2017-18	**2018-19**	**2019-20**
Medical and Health Officer	24	25	25
Registered Nurse	30	30	40
Scientific Officer (Medical)	5	5	5
Clinical Psychologist	22	22	22
Speech Therapist	13	13	16
Optometrist	2	2	2

Grade	Approved establishment		
	2017-18	2018-19	2019-20
Occupational Therapist	8	8	9
Physiotherapist	6	6	7
Hospital Administrator	1	1	1
Electrical Technician	1	1	1
Executive Officer	2	2	2
Clerical Officer	12	12	16
Clerical Assistant	20	20	23
Office Assistant	1	1	1
Personal Secretary	1	1	1
Workman II	12	12	12
Total:	**160**	**161**	**183**

(d) and (e)

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to monitor closely the capacity of the CAS in managing the service demand after strengthening of manpower. The financial provision for enhancing the service in 2020-21 is $16.9 million.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)247

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0262)

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

Question:

The Government states that the Department of Health will renovate its clinic facilities in phases. What are the specific plans, the expenditure involved and the timetable in this regard?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 50)

Reply:

In consultation with relevant departments, the Department of Health is working out the works schedule and resources required for the proposed scope of improvement works, and planning for a consultancy study to develop design guidelines with a view to upgrading existing clinic facilities and delivering quality service. The list of clinics to be renovated will be determined upon completion of the consultancy study.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)248

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1192)

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

Question:

Government dental clinics under the Department of Health provide free emergency dental treatments for the public. Dental services at general public sessions cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction.

(1) What were the numbers of service hours, the maximum service capacity, the actual numbers of attendances of each dental clinic in the past 3 years?

(2) Will the Government review the actual public demand for dental services, and consider, in the light of the results, extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics? If yes, what are the details? If not, why?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 20)

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 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of attendances		
			2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	Monday (AM)	84	5 234	5 419	4 457
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	3 990	4 023	3 360
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 599	7 191	6 071
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 262	2 227	1 862
Mona Fong Dental Clinic	Thursday (PM)	42	1 898	1 899	1 574
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 011	1 970	1 710
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 808	7 994	6 730
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 015	2 016	1 686
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851	3 910	3 325
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	90	95	95
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	199	283	223

[@] The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

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.

(2) The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government shall allocate resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low-income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1193)

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

Question:

Under the current Elderly Health Care Voucher (EHV) Scheme, the Government provides EHVs with a total value of $2,000 per person annually to eligible elderly persons aged 70 or above. Please advise on the annual number of the elderly benefiting from the EHV Scheme, its percentage in the total number of eligible persons and the expenditure involved over the past 3 years, the number of elderly people included and the expenditure involved if the eligibility age for the EHV Scheme is lowered to 65 and 60 respectively, as well as the additional expenditure involved in 2020-21.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 21)

Reply:

The table below shows the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and its percentage out of the eligible elderly population:

	2017	**2018**	**2019**
Cumulative number of elders who had made use of vouchers by end of the year	953 000	1 191 000	1 294 000
Number of eligible elders (i.e. elders aged 65[Note] or above)*	1 221 000	1 266 000	1 325 000
Percentage of eligible elders who had made use of vouchers	78%	94%	98%

Note: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.
*Source: Hong Kong Population Projections 2017-2066, Census and Statistics Department

The amount of vouchers claimed was $1,500.4 million in 2017, $2,804.2 million in 2018 and $2,665.9 million in 2019.

With the lowering of the eligibility age for the EHV Scheme from 70 to 65 in 2017 and an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to further lower the eligibility age for the EHV Scheme in the future, we will need to assess in detail the long-term financial implications on the Government. The Government currently has no plans to further lower the eligibility age for the EHV Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1320)

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

Question:

1. With regard to paragraph 10 of Matters Requiring Special Attention in 2020-21 under Programme (2), please advise on (i) the respective numbers of primary schools, kindergartens, kindergartens-cum-child care centres and child care centres participating in the Seasonal Influenza Vaccination School Outreach (Free of Charge)(the Programme) and the Vaccination Subsidy Scheme (VSS) in 2019, and (ii) the expenditure involved.

2. Please advise on (i) the numbers of primary schools, kindergartens, kindergartens-cum-child care centres and child care centres anticipated to participate in the Programme and the VSS in 2020-21, and (ii) the estimated expenditure involved.

3. Given that the Department of Health will continue to enhance the seasonal influenza vaccination arrangements, please advise on (i) whether there will be plans to regularise the School Outreach Vaccination Pilot Programme being implemented in primary schools, kindergartens, kindergartens-cum-child care centres and child care centres to extend its coverage to secondary schools; if so, the details and (ii) if not, the reasons.

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 16)

Reply:

(1) The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS) (including VSS School Outreach (Extra Charge Allowed) Programme), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private

doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

As at 1 March 2020, a total of 430 primary schools and 701 kindergartens and child care centres (KG/CCCs) joined the SIVSOP. Moreover, there were 114 primary schools and 55 KG/CCCs joined the VSS School Outreach (Extra Charge Allowed) Programme.

The amount of expenditure relating to children aged between 6 months and under 12 receiving SIV under the aforesaid SIV programmes/schemes in 2019/20 season are as follows –

Vaccination programme/scheme	**Subsidy Claimed ($ million) (as at 1 March 2020)**
GVP	Not applicable
VSS	30.4
SIVSOP	47.3

(2) The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the estimated expenditure involved, in providing outreach vaccination service in the next season. The DH will announce the details in due course.

(3) The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection frequently examines local epidemiological data, latest scientific evidence and overseas experiences and reviews the recommendations on priority groups for SIV. Every year, the Government takes into consideration the expert opinions from the SCVPD, practices of overseas health authorities, other public health factors and the affordability of persons receiving vaccination to determine the eligible groups under various vaccination programmes, and consider whether there is a need for expansion of target groups.

Currently, the SCVPD recommends children aged between 6 months and 11 as one of the priority groups for receiving SIV in Hong Kong. The Government has already

included this priority group under the GVP, the VSS and the SIVSOP in 2019/20 season.

The Government will review from time to time the scope of eligible groups under the free-of-charge/subsidised vaccination programmes in order to help the public cope with the flu seasons.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2519)

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

Question:

1. Despite the overwhelming need of some children for assessment services and early treatment at present, the planned completion time in 2020 for assessment of new cases in child assessment centres (CACs) within 6 months is only 70%. Please explain why a higher rate has not been set.

2. What were the attendances at the existing 7 CACs in the past 2 years?

3. What were: (i) the respective numbers of children confirmed to have learning and training needs upon assessment by the CACs in the past 2 years and (ii) their age distribution;

4. What were: (i) the respective numbers of children referred to government and non-government organisations for services upon confirmation of having learning and training needs in the past 2 years and (ii) the average waiting time for services upon referral; and

5. The estimated financial provision under Programme (5) represents an increase of 11.6%, which is mainly due to increased requirement for operating expenses. (i) Are the expenses partly incurred by additional manpower? (ii) if yes, what are the respective numbers of professionals and nurses responsible for the assessment work? (iii) if not, what are the reasons for the increase?

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 15)

Reply:

1. Due to continuous increase in the demand for services provided by the Child Assessment Service (CAS) of the Department of Health (DH) and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped to 49% in 2018 and slightly increased to 53% in 2019. CAS has adopted a triage system to ensure that children with urgent and more serious

conditions are accorded with higher priority in assessment. The actual waiting time depends on complexity and conditions of individual cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

2. The attendance at the 7 CACs under the CAS in the past 2 years is as follows –

Child Assessment Centre (CAC)	**2018**	**2019 (Provisional figures)**
Central Kowloon CAC	5 632	5 492
Ha Kwai Chung CAC	6 413	5 827
Pamela Youde CAC (Kwun Tong)	7 315	6 577
Pamela Youde CAC (Sha Tin)	8 493	7 535
Fanling CAC	4 182	4 875
Tuen Mun CAC	5 610	5 186
Ngau Tau Kok CAC*	1 682	2 513
Total:	**39 327**	**38 005**

* Ngau Tau Kok CAC commenced operation in January 2018.

3-4. The number of cases referred by the CAS to pre-school and school placement for training, remedial and special education in 2018 and 2019 are 17 359 and 18 011 (provisional figure) respectively. DH does not maintain statistics on the referral cases by age group and the average waiting time for pre-school and school placement for training, remedial and special education.

5. The total provision for 2020-21 for Programme 5 – Rehabilitation is $170.5 million, representing an increase of 11.6% as compared with the revised estimate for 2019-20. The increase in provision is mainly due to the increased operating expenditure for filling vacant civil service posts and increased cash flow requirement for procurement of equipment.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)252

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2143)

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

Question:

1. Regarding each government dental clinic (GDC) providing free emergency dental treatments for the public through designated sessions (i.e. general public sessions) at the District Council districts, please advise on the total population, population aged 65 or above, consultation quotas and attendances (with a breakdown by age group) in the past 3 financial years of the respective district where each GDC is located.

2. Will there be an increase in the number of GDCs providing general public session service or an increase in the number of consultation quotas in the existing GDCs in the coming year?

3. At present, some non-governmental organisations (NGOs) such as Project Concern Hong Kong and Yan Chai Hospital provide mobile dental clinic service for the public. Are these mobile dental clinics required to apply for licences with the Government? If so, how many relevant licences have been issued by the Government and how many organisations have been licensed?

4. Will the Government consider operating mobile dental clinics through the Department of Health or the Hospital Authority, or subsidising more NGOs to operate more such clinics to provide dental services for members of the public, especially the elderly, with walking difficulties or living far away from the GDCs with general public sessions?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 12)

Reply:

1. & 2. The service sessions and the maximum numbers of disc allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and in the coming year are as follows –

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
Kowloon City Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Dental Clinic	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32

The total population and the population of aged 65 or over by District Council districts are as below:

Dental clinics with GP sessions	District Council Districts	*Total population by District Council Districts (population of aged 65 or over)		
		2016	2017	2018
Kowloon City Dental Clinic	Kowloon City	413 800 (59 800)	411 900 (62 500)	414 100 (65 700)
Kwun Tong Dental Clinic	Kwun Tong	643 600 (107 200)	664 100 (113 300)	677 300 (118 600)
Kennedy Town Community Complex Dental Clinic	Central & Western	240 600 (36 200)	241 500 (38 500)	242 400 (40 300)
Fanling Health Centre Dental Clinic	North	310 700 (45 000)	312 700 (47 900)	314 800 (49 800)
Mona Fong Dental Clinic	Sai Kung	459 100 (67 300)	463 700 (71 900)	469 200 (73 900)

Dental clinics with GP sessions	District Council Districts	*Total population by District Council Districts (population of aged 65 or over)		
Tai Po Wong Siu Ching Dental Clinic	Tai Po	300 100 (42 600)	303 700 (44 400)	307 700 (47 400)
Tsuen Wan Dental Clinic	Tsuen Wan	314 600 (43 000)	313 600 (46 100)	311 100 (48 300)
Yan Oi Dental Clinic	Tuen Mun	481 200 (68 300)	480 500 (71 500)	494 500 (77 100)
Yuen Long Jockey Club Dental Clinic	Yuen Long	610 900 (90 200)	625 000 (94 500)	635 600 (97 700)
Tai O Dental Clinic	Islands	154 500 (22 600)	160 300 (24 100)	170 900 (25 600)
Cheung Chau Dental Clinic	Islands	154 500 (22 600)	160 300 (24 100)	170 900 (25 600)

* Data from the Census and Statistics Department's website.

The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	0-18	92	99	175
	19-42	805	825	910
	43-60	1 381	1 303	892
	61 or above	2 956	3 192	2 480
Kwun Tong Dental Clinic	0-18	70	73	132
	19-42	614	612	686
	43-60	1 053	968	673
	61 or above	2 253	2 370	1 869
Kennedy Town Community Complex Dental Clinic	0-18	116	131	238
	19-42	1 016	1 095	1 240
	43-60	1 741	1 729	1 215
	61 or above	3 726	4 236	3 378
Fanling Health Centre Dental Clinic	0-18	40	41	73
	19-42	348	339	380
	43-60	597	535	373
	61 or above	1 277	1 312	1 036
Mona Fong Dental Clinic	0-18	33	34	62
	19-42	292	289	321
	43-60	501	457	315
	61 or above	1 072	1 119	876
Tai Po Wong Siu	0-18	35	36	67

Dental clinic with GP sessions	Age group	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Ching Dental Clinic	19-42	309	300	349
	43-60	531	474	342
	61 or above	1 136	1 160	952
Tsuen Wan Dental Clinic	0-18	137	145	264
	19-42	1 202	1 217	1 374
	43-60	2 060	1 923	1 347
	61 or above	4 409	4 709	3 745
Yan Oi Dental Clinic	0-18	35	37	66
	19-42	310	307	344
	43-60	532	485	338
	61 or above	1 138	1 187	938
Yuen Long Jockey Club Dental Clinic	0-18	68	71	130
	19-42	592	595	679
	43-60	1 016	940	666
	61 or above	2 175	2 304	1 850
Tai O Dental Clinic	0-18	2	2	4
	19-42	14	14	19
	43-60	23	23	19
	61 or above	51	56	53
Cheung Chau Dental Clinic	0-18	4	5	9
	19-42	31	43	45
	43-60	52	68	45
	61 or above	112	167	124

3. The Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) was passed by the Legislative Council in November 2018 to introduce a new regulatory regime for private healthcare facilities, which is being implemented in phases. Applications for private hospital and day procedure centre licences have commenced since July 2019 and January 2020 respectively. For clinics, applications for licences and letters of exemption are anticipated to commence in 2021 at the earliest. Operators of dental clinics which operate in vehicles are required to obtain either a licence or letter of exemption.

4. 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. 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. Therefore, for the elders residing in residential care homes or receiving services in day care centres who may be too weak to be mobilised, we considered it more cost effective to provide dental care through the Outreach Dental Care Programme for the Elderly.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2181)

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

Question:

In respect of the work of the Emergency Response and Exercise Division (the Division) under the Centre for Health Protection of the Department of Health, will the Government inform this Committee of:

1. the expenditure and the staff establishment of the Division in the past 3 years and in the coming year;

2. the number of public health exercises conducted in the past 5 years and among them, the number of such exercises for the purpose of testing the Government's ability to handle pneumonia and respiratory tract infection, as well as the departments, organisations and number of staff involved in each of the exercises; and

3. whether the Division has drawn up and maintained a list of government and private properties suitable to be used as isolation and quarantine facilities; if yes, details of the list maintenance; if not, the department responsible for the task?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 81)

Reply:

1.

The Emergency Response and Exercise Division (ERED), formed under Emergency Response and Programme Management Branch (ER&PMB) in October 2019 upon the reorganisation of the Department of Health (DH), comprises a multi-disciplinary team with an approved establishment of 11.

Expenditure of the ERED is subsumed under DH's overall provision for disease prevention and cannot be separately identified.

2.

To enhance the overall preparedness and response for public health crisis for communicable diseases with public health significance, the DH has developed contingency plans and conducted exercises and drills to test the preparedness of relevant government bureaux/ departments (B/Ds) and organisations to cope with possible major outbreaks of infectious diseases in Hong Kong.

In the past 5 years (i.e. from 2015 to 2019), the Centre for Health Protection of DH organised 9 public health exercises. Among them, 6 were related to communicable diseases/ public health incidents which might cause respiratory infections. Details of the 6 exercises are set out in the table below –

Exercise Name	**Date**	**Theme**	**No. of Participants**	**Participating Parties**
PERIDOT	29 June 2015	Plague	About 80	<u>Government B/Ds</u> - Department of Health - Agriculture, Fisheries and Conservation Department - Architectural Services Department - Auxiliary Medical Service - Civil Aid Service - Customs & Excise Department - Development Bureau - Drainage Services Department - Education Bureau - Electrical and Mechanical Services Department - Environmental Protection Department - Food and Environmental Hygiene Department - Highways Department - Home Affairs Department - Hong Kong Police Force - Housing Department - Immigration Department - Information Services Department - Lands Department - Leisure and Cultural

				Services Department - Marine Department - Security Bureau - Social Welfare Department - Tourism Commission - Transport and Housing Bureau - Transport Department - Water Supplies Department <u>Other organisations</u> - Airport Authority Hong Kong - Hospital Authority
PEARL	20 June 2016	Biological Attack (Anthrax)	About 100	<u>Government B/Ds</u> - Department of Health - Auxiliary Medical Service - Civil Aid Service - Environmental Protection Department - Fire Services Department - Food and Environmental Hygiene Department - Hong Kong Observatory - Hong Kong Police Force - Security Bureau <u>Other organisations</u> - Airport Authority Hong Kong - Hong Kong Air Cargo Terminals Ltd - Hospital Authority
BERYL	16 November 2016	Middle East Respiratory Syndrome	About 100	<u>Government B/Ds</u> - Department of Health - Civil Aid Service - Customs & Excise Department - Environmental Protection Department - Fire Services Department - Food and Environmental

				Hygiene Department - Hong Kong Police Force - Immigration Department - Transport Department <u>Other organisations</u> - Hospital Authority - Mass Transit Railway Corporation
GARNET	30 November 2017	Novel Influenza	About 50	<u>Government B/Ds</u> - Department of Health - Fire Services Department - Home Affairs Department - Hong Kong Police Force - Social Welfare Department <u>Other organisations</u> - Cleansing contractor - Hospital Authority - Link Real Estate Investment Trust
SUNSTONE	27 June 2018	Disease 'X' - A Novel Disease	About 150	<u>Government B/Ds</u> - Department of Health - Agriculture, Fisheries and Conservation Department - Auxiliary Medical Service - Buildings Department - Civil Aid Service - Drainage Services Department - Electrical and Mechanical Services Department - Environmental Protection Department - Food and Environmental Hygiene Department - Fire Services Department - Government Logistics Department - Home Affairs

				Department - Hong Kong Police Force - Housing Department - Leisure and Cultural Services Department - Social Welfare Department <u>Other organisations</u> - Cleansing contractor - Hospital Authority
ZIRCON	30 April 2019	Legionnaires' Disease	About 50	<u>Government B/Ds</u> - Department of Health - Electrical and Mechanical Services Department - Water Supplies Department <u>Other organisations</u> - Hong Kong Housing Society - Hospital Authority - Service contractor of water system

The CHP will continue to conduct exercises and drills to ensure preparedness for major public health emergencies involving infectious diseases.

3.

In view of the development of the outbreak of the Coronavirus Disease 2019, the Government has endeavoured to look for more suitable sites and set up quarantine facilities in full steam. Currently, there are 3 quarantine centres, namely Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan. Furthermore, additional units through application of the modular integrated construction method will also be provided. The Government does not keep a standard list of properties suitable for setting up quarantine centres. But properties under Government's charge, for instance standalone camp sites, would usually be the first resort.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2325)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the implementation of the Outreach Dental Care Programme for the Elderly (ODCP), please advise on the expenditure involved, the manpower required, the numbers of attendances and the numbers of residential care homes (RCHEs) and day care centres (DEs) visited in the past 3 years; whether statistics are kept on the types of services and treatments the participants received and if so, a breakdown of the number of attendances by type of service and treatment.

2. Please advise on whether the Government will consider extending the ODCP to allow elderly people aged over 60 other than those in RCHEs and DEs to receive oral check-up, oral care and dental treatments with an appointment disc at a specified time at RCHEs and DEs.

3. Please advise on the staff establishment and expenditure involved as well as the numbers of attendances in respect of the Healthy Teeth Collaboration since its implementation and in the coming year respectively.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 11)

Reply:

1. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was $44.9 million each in 2017-18 and 2018-19, and $51.7 million in 2019-20. Six civil service posts have been provided for implementing the ODCP.

   Since the implementation of the ODCP in October 2014 up to end-January 2020, the number of attendances was about 233 700. Eligible elders received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures, etc).

The number of participating residential care homes/day care centres under the ODCP was 810 in 2016-17 service year [Note 1], 852 in 2017-19 service year [Note 2], and 792 in 2019-20 service year [Note 3] (up to 31 January 2020).

Note 1: 2016-17 service year refers to the period from 1 October 2016 to 30 September 2017.

Note 2: 2017-19 service year refers to the period from 1 October 2017 to 31 March 2019.

Note 3: 2019-20 service year refers to the period from 1 April 2019 to 31 March 2020.

2. We do not have plan to extend the ODCP to cover elders other than those in residential care homes/day care centres and similar facilities. Currently, the Government also provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly Health Care Voucher to obtain dental services provided by the private sector.

3. The Government launched a three-year programme named "Healthy Teeth Collaboration (HTC)" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

Financial Year	Annual Expenditure ($ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)255

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0201)

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

Question:

Regarding the continued prevention and control of Coronavirus disease 2019 (COVID-19), would the Government please inform this Committee of the following:

1. whether standardised guidelines have been issued to public and private healthcare facilities to set out the methods for collecting specimens from patients for virus testing and the items to be tested; if yes, whether the guidelines follow the standards set by the World Health Organization (WHO);

2. the existing numbers of laboratories run by public bodies (including universities) and private laboratories capable of conducting virus testing;

3. whether guidelines have been issued to private hospitals and private practitioners in respect of the commissioning of private laboratories to conduct virus testing; if yes, whether the guidelines follow the standards set by the WHO; and

4. the preventive and control measures in place in 2020-21, as well as the manpower and resources to be deployed.

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 6)

Reply:

1 - 3.

The Centre for Health Protection (CHP) of the Department of Health (DH) regularly reviews its "Guide to Requests for Laboratory Testing" on specimen collection, storage and scope of service, taking into consideration international guidelines including those of the World Health Organization (WHO) and local situation. The latest Guide has been uploaded onto the website of the CHP (http://www.chp.gov.hk/en/static/46077.html).

The Public Health Laboratory Services Branch of the CHP is currently providing laboratory testing for Coronavirus Disease 2019 (COVID-19). It also conducted WHO External Quality Assurance programme for laboratories under Hospital Authority and private hospitals to ensure the satisfactory performance on testing for COVID-19. We do not rule out the possibility of commissioning private laboratories to conduct tests for the Government when situation warrants.

4.

Since the outbreak of COVID-19, the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the DH has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The CHP has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients' residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission

of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the "COVID-19 Thematic Website" (http://www.coronavirus.gov.hk/eng/index.html). The Government has also launched an Interactive Map Dashboard and a Telegram channel named "Hong Kong Anti-epidemic Information Channel" to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0202)

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

Question:

Given that the doses of vaccines given to school children by the Department of Health were 212 000 in 2018 and 173 000 in 2019, please advise on:

1. the reasons for the decrease in doses of vaccines in 2019 compared with 2018;

2. the expenditures involved in influenza vaccination for school children in the past 3 years and the estimated expenditure involved for the coming year; and

3. whether assessment has been made of the effectiveness of vaccines in reducing influenza infection; if so, the findings.

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 7)

Reply:

(1) The decrease in the number of doses administered to school children from 212 000 in 2018 to 173 000 in 2019 was due to the advancement in the timing of administration of one type of vaccines (i.e. Diphtheria, Tetanus, Acellular Pertussis and Inactivated Poliovirus Vaccine (dTap-IPV)) for Primary 6 (P6) students. Starting from the 2018/19 school year, the vaccines to be given to P6 students in the second school term (i.e. roughly between February and June) has been advanced to the first school term (i.e. roughly between September and December / January). Hence, the dTap-IPV vaccines were given to 2 cohorts of P6 students in around September to December 2018, instead of the first few months of 2019. This led to a one-off increase in the number of doses administered in 2018. The figures from 2019 onwards will maintain at the normal level as only 1 cohort of P6 students would receive the dTap-IPV vaccines.

(2) The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –
- Government Vaccination Programme (GVP), which provides free SIV to eligible

children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

The amount of expenditure relating to children aged between 6 months and under 12 receiving SIV under the aforesaid programmes/schemes in the past 3 seasons are as follows –

Vaccination programme / scheme	**2017/18**	**2018/19**	**2019/20** (as at 1 March 2020)
	Subsidy claimed ($ million)	**Subsidy claimed** ($ million)	**Subsidy claimed** ($ million)
GVP	Not applicable	Not applicable	Not applicable
VSS	35.5	58.5	30.4
Pilot Programme / SIVSOP	Not applicable	7.0	47.3

The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the estimated expenditure involved, in providing outreach vaccination service in the next season. The DH will announce the details in due course.

(3) Since the 2017/18 winter influenza season, the DH has collaborated with the private doctors participating in its sentinel surveillance system to collect data (including vaccination history of SIV) and respiratory specimens from patients with influenza-like illness for laboratory testing to estimate the vaccine effectiveness (VE) of SIV. The overall VE of SIV in preventing laboratory-confirmed influenza infection in primary care setting in the 2017/18 and 2018/19 winter influenza seasons was 59% and 51% respectively, while the corresponding VE among children aged between 6 months and under 12 was 39% and 36% respectively. The DH will continue to closely monitor the local and international data on the VE of SIV.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2013)

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

Question:

Despite the elderly's compelling need for dental services, treatments during general public sessions (GP sessions) cover prescription for pain relief and teeth extraction only while the Elderly Dental Assistance Programme (the Programme) under the Community Care Fund (CCF) only serves Old Age Living Allowance recipients aged 65 or above on a one-off basis. Moreover, mobile dental vehicles which are warmly received by the elderly are far from enough. Would the Government please inform this Committee of:

1. whether it will consider allocating resources to provide mobile dental services on a trial basis across the 18 districts so as to meet people's needs for dental services (particularly the elderly living in the community);

2. whether it has reviewed and optimised the operation and location of existing dental clinics with GP sessions;

3. the number of people who received annual oral check and dental treatments under the Outreach Dental Care Programme for the Elderly in each of the past three years; whether it will consider expanding the staff establishment of outreach dental teams; if yes, the anticipated expenditure?

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 19)

Reply:

1. 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. 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. Therefore, for the elders residing in residential care homes or receiving services in day care centres who may be too weak to be mobilised, we considered it more cost effective to provide dental care service through the Outreach Dental Care Programme for the Elderly (ODCP).

2. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

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 dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. DH would continue to review and enhance the operation of the GP session service.

3. The number of attendances under ODCP was about 47 800 between October 2016 and September 2017, about 50 500 between October 2017 and March 2019, and about 44 800 from April 2019 and January 2020. 10 non-governmental organisations with a total of 23 outreach dental teams had been committed to provide dental service under the service agreement of ODCP from 1 October 2017 to 31 March 2021.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2295)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

1. the estimated financial provision for Tobacco and Alcohol Control Office in 2020-21;
2. the measures to step up publicity about the hazards of alcohol in 2020-21 and the estimated expenditure involved;
3. the measures to publicise the hazards of smoking in 2020-21 and the estimated expenditure involved;
4. the subsidised smoking cessation services to be provided in 2020-21 and the estimated expenditure involved;
5. whether the Department will subsidise alcohol treatment services in 2020-21; if yes, the estimated expenditure involved and if not, the reasons why some of the smoking cessation services but not alcohol treatment services are subsidised.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 4)

Reply:

(1)

The provision for the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) in 2020-21 is at **Annex**.

(2)

The subject of alcohol and health, including the problem of alcoholism among youths, has been a major area of work of DH. DH educates the public and publicises alcohol-related harm through a range of media, including health education materials, 24-hour education hotline, Announcement in Public Interest (API), websites, social media, electronic publications, health talks, etc.

In 2020-21, DH will continue the aforesaid education activities including 2 promotional campaigns, namely "Young and Alcohol Free" campaign which targets young people and their parents and teachers, and "Alcohol Fails" campaign which targets health care professionals and the general public.

Resources for the above activities are absorbed by DH's overall provision for disease prevention which is not separately accounted for.

(3) & (4)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 5 smoking cessation clinics for civil servants operated by DH, and 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes aim to enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The provision related to health promotion activities and smoking cessation services by TACO of DH and its subvented organisations in 2020-21 is at **Annex**. For HA, smoking cessation services form an integral part of HA's overall services provision; and therefore such expenditure is not separately accounted for.

(5)

DH does not subsidise treatment services to people with alcohol dependence.

Annex

Provision of the Department of Health's Tobacco and Alcohol Control Office

	2020-21 Estimate ($ million)
Enforcement	
Programme 1: Statutory Functions	118.7
Health Education and Smoking Cessation	
Programme 3: Health Promotion	138.0
(a) General health education and promotion of smoking cessation	
TACO	*63.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.1*
Sub-total	***89.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations	
Subvention to Tung Wah Group of Hospitals	*30.6*
Subvention to Pok Oi Hospital	*7.4*
Subvention to Po Leung Kuk	*1.7*
Subvention to Lok Sin Tong	*2.9*
Subvention to United Christian Nethersole Community Health Service	*2.9*
Subvention to Life Education Activity Programme	*2.7*
Sub-total	***48.2***
Total	**256.7**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2340)

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

Question:

Please advise on the measures to be taken by the Government to promote breastfeeding in 2020-21 and the estimated expenditure involved.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 7)

Reply:

In 2020-21, the Department of Health will continue to promote, protect and support breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace" policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become "Breastfeeding Friendly Premises" so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of babycare rooms and lactation rooms in suitable new government premises; implementing the voluntary "Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infant and Young Children"; and strengthening the surveillance on local breastfeeding situation.

A provision of $6.0 million has been earmarked in 2020-21 for enhancing the effort for promotion of breastfeeding.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0848)

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

Question:

Regarding seasonal influenza vaccination, please advise on:

1. the quantities of seasonal influenza vaccines procured by the Government and the expenditure incurred in 2018-19 and 2019-20;

2. the number of recipients and the coverage rate of the Government Vaccination Programme, Vaccination Subsidy Scheme and School Outreach Vaccination Pilot Programme in the said two years (broken down by age group as follows: children between 6 months and less than 6, children between 6 and less than 12, persons aged between 50 and 64, and elderly aged above 65);

3. the Government's measures to promote vaccination, the community groups and the population so reached, as well as the manpower and expenditure so incurred in 2019-20; and

4. whether the Government has maintained relevant statistics, such as the quantities of seasonal influenza vaccines imported, for projecting the vaccination coverage rate of the overall population in the territory in view of the fact that some people are vaccinated by means other than the government-subsidised programmes.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 11)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible

children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

(1) The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured in the past 2 seasons and the contract amount:

Season	Number of doses	Amount ($ million)
2018/19 (Actual)	654 000	30.1
2019/20 (Estimate)	837 700	42.3

(2) The number of recipients and coverage rate of specific target groups under the aforesaid SIV programmes/ schemes in the past 2 seasons are as follows -

Target groups	**Vaccination programme/ scheme**	**2018/19**		**2019/20 (as at 1 March 2020)**	
		Number of SIV recipients	**Percentage of population in the age group**	**Number of SIV recipients**	**Percentage of population in the age group**
Elderly aged 65 or above	GVP	388 300	43.6%	438 300	45.1%
	VSS	166 700		163 000	
Persons aged between 50 and 64	GVP	7 100	8.8%	7 400	10.4%
	VSS	149 700		181 100	
Children aged between 6 months and under 12	GVP	1 000	45.8%	400	57.7%
	VSS	206 900		121 800	
	Pilot Programme/ SIVSOP	100 300		271 700	

Target groups	Vaccination programme/ scheme	2018/19		2019/20 (as at 1 March 2020)	
		Number of SIV recipients	Percentage of population in the age group	Number of SIV recipients	Percentage of population in the age group
Others ^	GVP / VSS	102 200	#	110 100	#
Total:		**1 122 200**		**1 293 800**	

^ Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, and pregnant women, etc.

No accurate population statistics for this group for meaningful projection to be made for the uptake rate of the population concerned.

As some target groups members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

(3) The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

We have also been providing guidelines on outreach vaccination, assistance and support to schools, community groups, elderly centres and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2019/20 season, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through the SIVSOP and outreach vaccination under the VSS.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to school students.

The DH does not have breakdown of the manpower and expenditure by the aforesaid measures which form an integral part of its disease surveillance, prevention and control functions.

(4) The DH keeps statistics on the SIV coverage rate of target groups under the Government's vaccination programmes/schemes but not the rate of total population. Moreover, as some target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the statistics captured by the DH. The DH will continue to review the range of eligible groups from time to time and take proactive measures to encourage more people in the target groups, as well as that of the total population in Hong Kong, to receive SIV.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)261

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0849)

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

Question:

Regarding the use of Elderly Health Care Vouchers (EHVs), will the Government please advise on:

1. the number of elderly people eligible for EHVs as at 31 December 2019;

2. the numbers of voucher claims for various types of service, the total amount claimed and the average amount of vouchers used per elderly person in the past 2 years;

3. the numbers of elderly people using vouchers at the University of Hong Kong-Shenzhen Hospital and the average amount used per consultation in the past 2 years; and whether the Government will consider extending the Elderly Health Care Voucher Scheme (EHVS) to other hospitals or clinics within the Greater Bay Area; and

4. the manpower and expenditure involved in managing the EHVS in the past 2 years?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 12)

Reply:

1. According to the Hong Kong Population Projections 2017-2066 of the Census and Statistics Department, the number of eligible elders (i.e. elders aged 65 or above) under the Elderly Health Care Voucher (EHV) Scheme was about 1 325 000 in 2019.

2. The average amount of vouchers used by an elder in 2018 and 2019 was $2,553 and $2,384 respectively. Regarding the utilisation of vouchers, the number of voucher claim transactions and the amount of vouchers claimed in the past 2 years are as follow:

Number of Voucher Claim Transactions

	2018 Note 1	**2019** Note 2
Medical Practitioners	2 917 895	2 952 153
Chinese Medicine Practitioners	1 502 140	1 633 532
Dentists	294 950	310 306
Occupational Therapists	3 515	3 233
Physiotherapists	40 874	43 946
Medical Laboratory Technologists	18 662	20 770
Radiographers	16 785	16 779
Nurses	6 523	9 936
Chiropractors	10 743	10 820
Optometrists	359 343	242 424
Sub-total (Hong Kong):	**5 171 430**	**5 243 899**
University of Hong Kong – Shenzhen Hospital (HKU-SZH) Note 3	11 418	13 562
Total :	**5 182 848**	**5 257 461**

Amount of Vouchers Claimed (in HK$'000)

	2018 Note 1	**2019** Note 2
Medical Practitioners	1,154,745	1,246,024
Chinese Medicine Practitioners	533,136	599,170
Dentists	287,044	313,111
Occupational Therapists	5,681	4,432
Physiotherapists	16,452	17,210
Medical Laboratory Technologists	17,808	18,654
Radiographers	13,400	15,749
Nurses	7,447	10,214
Chiropractors	5,225	5,675
Optometrists	759,750	431,680
Sub-total (Hong Kong):	**2,800,688**	**2,661,919**
HKU-SZH Note 3	3,492	3,997
Total :	**2,804,180**	**2,665,916**

Note 1: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 2: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000

every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

3. About 3 400 and 4 600 elders had ever made use of vouchers at the HKU-SZH as at end-December 2018 and 2019 respectively. The average amount of vouchers claimed per transaction at the HKU-SZH in 2018 and 2019 was $306 and $295 respectively.

The Government launched the Pilot Scheme at the HKU-SZH in 2015 to enable Hong Kong elders to use vouchers to pay for outpatient medical care services provided by designated Outpatient Medical Centres and Medical Service Departments of the HKU-SZH. The Government chose to implement the Pilot Scheme at the HKU-SZH in view that the hospital adopts the "Hong Kong management model" and that its healthcare service quality and clinical governance structure are similar to those of Hong Kong, thus making it easier for Hong Kong elders to adapt and accept. In view that the Pilot Scheme's operation was smooth and the feedback received was positive, and that the number of elders using vouchers at the HKU-SZH continued to increase, the Government regularised the Pilot Scheme on 26 June 2019 to provide greater certainty for Hong Kong elders to continue to use vouchers at the HKU-SZH.

When considering extending the use of vouchers outside of Hong Kong, it is necessary to consider the quality of healthcare, clinical governance structure, administrative procedures, financial arrangement, operating environment and employee skills of the institution concerned, as well as the views of other stakeholders (including healthcare professionals and patients in Hong Kong), as well as how to monitor voucher use. Since the relevant laws and codes of practice of Hong Kong are not applicable to medical institutions and healthcare professionals in places outside of Hong Kong, it would be very difficult for the Department of Health (DH) to follow-up and assist the elders on cases of non-compliance with the requirements of the EHV Scheme. At this stage, the Government has no plans to further extend the use of vouchers outside of Hong Kong.

4. The EHV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. The approved establishment of the HCVD for the administration and monitoring of the EHV Scheme in 2018-19 and 2019-20 was 48 and 52 respectively. Below are the actual/ estimated administrative expenses for administering the EHV Scheme:

2018-19 (Actual) HK$ million	2019-20 (Revised Estimate) HK$ million
26.3	36.7

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0850)

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

Question:

In respect of the complaints about Elderly Health Care Vouchers (EHVs), please advise on:

1. the number of complaints about EHVs received in the past 2 years and the amounts involved; the causes of complaints; their investigation results; the number of substantiated cases where the accused were prosecuted; any aid given to the complainants of unsubstantiated cases towards recovery of their loss or any action taken to prevent recurrence; the number of cases with successful recovery of the amount lost;

2. the number of investigations initiated by the Department of Health into healthcare providers who accepted EHVs improperly over the past 2 years, and the manpower and expenditure involved; and

3. the Government's action in the future against improper voucher acceptance and the estimated expenditure for such work.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 13)

Reply:

1.

The Department of Health (DH) received 120 and 103 complaints against participating healthcare service providers under the Elderly Health Care Voucher (EHV) Scheme in 2018 and 2019 respectively, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges. The amount of vouchers associated with these complaint cases is not readily available.

The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV

Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate. In the past 2 years, among the 68 cases with investigation completed, 18 cases were found to be substantiated or partially substantiated; and 8 cases required withholding of reimbursements or recovering paid reimbursements. Of the 10 complaint cases received and referred to the Police, investigation of 4 cases was completed by them with no prosecution made.

2. & 3.

The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with the Scheme rules and those who displayed unusual patterns of voucher claims. Since launch of the Scheme in 2009 until end-2019, the DH had conducted checking of some 430 000 claim transactions. The checking had identified some 4 320 anomalous claims.

Apart from stepping up monitoring efforts against suspected abuse/ misuse of vouchers, the DH regularly issues guidelines to participating healthcare service providers to remind them of the requirements of the EHV Scheme. Besides, the DH has strengthened its efforts in empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance. The DH will also continue to provide updated key statistics on the EHV Scheme and voucher usage on its website and the website of the EHV Scheme to help both elders and the general public better understand the EHV Scheme.

The EHV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. The approved establishment of the HCVD for the administration and monitoring of the EHV Scheme in 2018-19 and 2019-20 was 48 and 52 respectively, while that in 2020-21 will be 55.

Below are the actual/ estimated administrative expenses for administering the EHV Scheme:

2018-19 (Actual) $ million	2019-20 (Revised Estimate) $ million	2020-21 (Estimate) $ million
26.3	36.7	47.9

The manpower and expenditure on monitoring of the EHV Scheme cannot be separately quantified.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)263

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0851)

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

Question:

Regarding enquiries about the elderly health care voucher (EHV) balances, will the Government please advise on:

1. the distribution of the EHV account balances (between $0 and $2,000, between $2,001 and $4,000, between $4,001 and $6,000 and between $6,001 and $8,000) as at 31 December 2019;

2. the numbers of enquiries about the EHV account balances (broken down by enquiry via the eHealth System(Subsidies) and via telephone) as well as the numbers of elderly people who have ever enquired about their EHV account balances in the past 2 years;

3. the expenditure on promoting EHVs, including measures to encourage elderly people to manage their own EHV accounts in the past 2 years; and

4. the initiatives planned to encourage elderly people to manage their own EHV accounts and the estimated expenditure in this respect?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 14)

Reply:

1.

The table below shows the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme as at 31 December 2019, broken down by the amount of their voucher balances on that date.

Amount of voucher balance as at 31 December 2019 [Note] **($)**	**Number of elders who had made use of vouchers as at 31 December 2019**
2,000 or below	593 000
2,001 - 4,000	391 000
4,001 - 6,000	310 000
Total :	1 294 000

Note: The accumulation limit of vouchers was $5,000 between 1 January 2019 and 25 June 2019. With the provision of a one-off voucher amount of $1,000 on 26 June 2019, the maximum amount of vouchers that could be accumulated in an elder's voucher account was $6,000 between 26 June 2019 and 31 December 2019.

2.
The table below shows the number of enquiries regarding voucher balance made through the EHV Scheme's website and the voucher balance enquiry hotline in the past 2 years:

Year	**Number of voucher balance enquiries made through**		**Total**
	EHV Scheme's website	**Voucher balance enquiry hotline**	
2018	913 000	56 000	969 000
2019	1 019 000	69 000	1 088 000

The Department of Health (DH) does not maintain statistics on the number of elders who had made enquiries on their voucher balances through the above means.

3. & 4.
To promote the EHV Scheme, the DH has conducted a variety of publicity activities, including dissemination of updated information about the Scheme (including its key statistics and voucher usage) through its dedicated website, hotline, broadcasting of television and radio announcements in the public interest, placing of advertisements on public transport, as well as distribution of leaflets, posters and DVDs to the Elderly Health Centres, Home Affairs Enquiry Centres, community elderly centres, etc. The DH has also strengthened its effort in empowering elders to make informed choices and use vouchers wisely by mobilising its Visiting Health Teams to conduct health talks to elders. Also, to help elders better manage their voucher balances and plan ahead, the function for checking voucher balance has been enhanced so that elders can check the amount of vouchers to be disbursed to their accounts and the amount of vouchers expected to be forfeited due to the accumulation limit being exceeded on 1 January of the coming year. The DH will continue the above publicity and public education efforts in this year.

The EHV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. Below are the actual/ estimated administrative expenses of HCVD for administering the EHV Scheme:

2018-19 (Actual) $ million	2019-20 (Revised Estimate) $ million	2020-21 (Estimate) $ million
26.3	36.7	47.9

The expenditure on publicity and public educations efforts cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0853)

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

Question:

According to the records, the completion rate of assessment for new cases in the Child Assessment Centres (CACs) within 6 months has fallen short of the target for several years in a row with the rate in 2019 going up slightly to 53%. In this connection, please advise this Committee on:

1. the numbers of newly referred cases received and the service capacities provided by the Child Assessment Service (CAS) in the past 5 years, broken down by CAC;

2. the staff establishment and the wastage rates of doctors of CACs in the past 5 years;

3. whether a mechanism is in place to regularly review the number of healthcare staff according to the demand for services provided by the CAS; and

4. the measures in place to expedite the completion time for assessment as it is estimated that the assessment for over 70% of new cases will be completed within 6 months in 2020.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 16)

Reply:

1. The number of newly referred cases received by the Child Assessment Service (CAS) in the past 5 years are as follows. The statistics for individual centres are not readily available.

	2015	**2016**	**2017**	**2018**	**2019 (provisional figure)**
Number of new cases referred to CAS	9 872	10 188	10 438	10 466	9 799

The attendance at the 7 Child Assessment Centres (CACs) under the CAS in the past 5 years is as follows –

Child Assessment Centre (CAC)	**2015**	**2016**	**2017**	**2018**	**2019 (Provisional figures)**
Central Kowloon CAC	6 476	5 666	5 489	5 632	5 492
Ha Kwai Chung CAC	7 033	7 373	7 209	6 413	5 827
Pamela Youde CAC (Kwun Tong)	7 243	7 120	7 187	7 315	6 577
Pamela Youde CAC (Sha Tin)	7 152	7 933	8 262	8 493	7 535
Fanling CAC	4 055	3 882	3 892	4 182	4 875
Tuen Mun CAC	5 465	5 194	5 384	5 610	5 186
Ngau Tau Kok CAC*	0	0	0	1 682	2 513
Total:	**37 424**	**37 168**	**37 423**	**39 327**	**38 005**

* Ngau Tau Kok CAC commenced operation from January 2018.

2. The approved establishment in the CAS from 2015-16 to 2019-20 is as follows –

Grade	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Medical and Health Officer	21	24	24	25	25
Registered Nurse	27	30	30	30	40
Scientific Officer (Medical)	5	5	5	5	5
Clinical Psychologist	21	23	22*	22*	22*
Speech Therapist	12	13	13	13	16
Optometrist	2	2	2	2	2
Occupational Therapist	7	8	8	8	9
Physiotherapist	5	6	6	6	7
Hospital Administrator	1	1	1	1	1
Electrical Technician	2	2	1	1	1
Executive Officer	1	1	2	2	2
Clerical Officer	11	12	12	12	16
Clerical Assistant	17	19	20	20	23
Office Assistant	2	2	1	1	1
Personal Secretary	1	1	1	1	1
Workman II	10	12	12	12	12
Total:	**145**	**161**	**160**	**161**	**183**

* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

The number of wastage of staff for Medical and Health Officer grade in the CAS from 2015-16 to 2019-20 is as follows –

Grade	2015-16	2016-17	2017-18	2018-19	2019-20
Medical and Health Officer	3	2	0	0	1

3-4. Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new CAC with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to monitor closely the capacity of the CAS in managing the service demand after strengthening of manpower.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0854)

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

Question:

Regarding the general public sessions (GP sessions) of dental clinics, will the Government inform this Committee of:

1. the total numbers of discs available and the utilisation of service provided by dental clinics with GP sessions under the Department of Health in the past 3 years;

2. whether the Government's recent arrangements for some of its employees to work from home in view of the Coronavirus Disease 2019 (COVID-19) outbreak has affected the number of discs available for people attending the GP sessions at the dental clinics; if so, the relevant figures; and

3. whether the Government will consider increasing the types of service provided by these clinics during the GP sessions to provide dental services more suited for those seeking treatment?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 17)

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 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the total number of disc available and the average utilisation rate for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Total number of disc available			Average utilisation rate in %		
	2017-18	2018-19	2019-20 (up to 31 January 2020)	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	6 006	6 132	5 082	86.5	88.4	87.8
Kwun Tong Dental Clinic	4 200	4 116	3 444	95.2	97.9	97.5
Kennedy Town Community Complex Dental Clinic	7 980	8 400	6 678	82.3	85.6	91.0
Fanling Health Centre Dental Clinic	2 450	2 300	2 100	92.5	96.5	88.7
Mona Fong Dental Clinic	2 142	2 100	1 806	88.2	90.6	87.5
Tai Po Wong Siu Ching Dental Clinic	2 142	2 100	1 806	93.7	94.0	94.9
Tsuen Wan Dental Clinic	8 232	8 232	6 930	94.6	96.9	97.0
Yan Oi Dental Clinic	2 100	2 058	1 722	96.2	98.1	97.9
Yuen Long Jockey Club Dental Clinic	4 116	4 116	3 465	93.3	94.6	96.0
Tai O Dental Clinic	384	384	320	23.4	24.7	29.7
Cheung Chau Dental Clinic	384	384	320	51.8	73.7	69.7

2. In response to the outbreak of the Novel Coronavirus (2019-nCoV) Infection, the Government has activated the Emergency Response Level of the Government's Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 25 January 2020. Taking into consideration the need to implement infection control measures, the disc quota of each GP session in the 11 government dental clinics was reduced by 50% with effect from 31 January 2020.

3. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government shall allocate resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low-income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)266

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0855)

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

Question:

It is mentioned under this Head that the Department of Health (DH) will continue the work in prevention and control of Coronavirus disease 2019 (COVID-19) during 2020-21. In this connection, would the Government please inform this Committee of:

1. the action to be taken by the Government to ensure the safety of high-risk places of assembly such as elderly health centres and residential care homes for the elderly so as to prevent infection from the coronavirus disease, given that existing clinical data shows that COVID-19 patients are mostly older people; and the expenditure on such work;

2. the current stock of rapid test reagents held by the Centre for Health Protection and the Hospital Authority, which have been using the reagents to find out if patients are positive for the coronavirus; and the expenditure on the procurement of the reagents;

3. the number of persons who have been or are under compulsory quarantine and isolation to date (since the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation stipulates that any person who arrives at Hong Kong from the Mainland or has stayed in the Mainland during the 14 days preceding arrival must be placed under quarantine upon entry to Hong Kong); the methods used and the number of investigations conducted by the DH on its own initiative to find out if the persons concerned are observing the compulsory quarantine requirement; the expenditure and staff establishment involved in the investigations; whether there are persons violating the quarantine order; if yes, their number; whether the DH has prosecuted such persons; and

4. the existing venues used as quarantine centres by the DH; the capacity of such centres; the staff establishment and expenditure in respect of related conversion or construction work?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 21)

Reply:

1. The Centre for Health Protection (CHP) of the Department of Health (DH) has issued infection control guidelines to residential care homes for the elderly (RCHEs) or persons with disabilities for the prevention of Coronavirus Disease 2019 (COVID-19). The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintain good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

   The DH routinely conducts Integrated Assessment on infection control measures for RCHEs between September and February of the following year. It includes assessing staff knowledge and skills (such as proper donning and doffing of personal protective equipment and hand hygiene) in the prevention and control of infectious diseases, environmental hygiene and facilities. Health advice will be provided after the assessment. Follow-up on-site health talks and skills training will be further arranged for those RCHEs with gaps in knowledge and skills identified.

   Since mid-January 2020, the DH has strengthened support to RCHEs to prevent COVID-19 by calling all RCHEs to remind them of relevant infection control measures, advising them to follow infection control guidelines issued by the CHP, and providing health talks on hand hygiene and use of face mask. Relevant posters have been sent to all RCHEs by mail and uploaded onto the website of Elderly Health Service of the DH. The DH will continue to step up education on infection control measures for RCHEs.

   The Elderly Health Centres (EHCs) of the DH closely follow the infection control guidelines issued by the CHP. In order to minimise flows of people and social contacts, the EHCs have also scaled down the non-urgent services and minimise the number of visitors since late January 2020.

   As the aforementioned services form an integral part of the respective services of the DH, the relevant resources are subsumed under the DH's overall provision and cannot be separately identified.

2. The Public Health Laboratory Services Branch (PHLSB) of the CHP is currently using Polymerase Chain Reaction test for detecting Severe Acute Respiratory Syndrome Coronavirus 2. As at 25 March 2020, the stock of rapid test reagents held by the PHLSB is sufficient for performing over 150 000 tests. The reagents costs around $17 million.

3. Starting from 8 February 2020, save for persons exempted under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) , the DH issues quarantine orders to all persons arriving from the Mainland or have been to the Mainland in the past 14 days preceding their arrival in Hong Kong. As at 25 March 2020, more than 74 000 quarantine orders were served to such persons arriving at Hong Kong.

In according with section 8 of Cap. 599C, a person must not leave the place of quarantine in which the person is placed under quarantine under section 3 without permission given by an authorised officer. The Government has put in place various measures for monitoring compliance. Such measures include spot checks, telephone calls, making use of the location-sharing function of communication software and electronic wristbands to ensure that persons under quarantine are staying at their dwelling places.

Actions taken against those who violate the quarantine orders include verbal warning, warning letters, request to wear wristbands and criminal prosecution. As at 25 March 2020, the DH has issued more than 400 warning letters. Upon receipt of advice from the Department of Justice, the DH has prosecuted 3 persons for suspected violation of compulsory quarantine requirement.

As tasks related to Cap. 599C are implemented through redeployment of resources within the DH and other related bureaux/departments, relevant manpower and resources are subsumed under the overall provision of the DH and other bureaux/ departments and cannot be separately identified.

4. Currently, there are 3 quarantine centres, namely Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan, providing some 1 200 units as at 25 March 2020.

Expenditure of the works concerned is funded under the Capital Works Reserve Fund and the Lotteries Fund. Details on the works are outside the scope of Head 37 under the General Revenue Account.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0856)

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

Question:

With regard to the provision of woman health service, will the Government inform this Committee of:

1. the numbers of new cases of breast cancer, cervical cancer, ovarian cancer, corpus uteri cancer and osteoporosis in the past 3 years, with a breakdown by age group (29 or below, 30-39, 40-49, 50-59, 60-69, 70 or above);

2. the number of women having osteoporosis currently in Hong Kong and whether the Government has provided any support for them; if yes, the expenditure involved;

3. the number of deaths from breast cancer, cervical cancer, ovarian cancer, corpus uteri cancer and osteoporosis in the past 3 years; and

4. the key findings of the study scheduled for completion in the latter half of 2019 on whether women in Hong Kong should undergo regular breast cancer screening; whether the Government will implement any programmes for women in Hong Kong to have regular breast cancer screening; if yes, the details of the screening programme; the expenditure on conducting the study mentioned above?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 26)

Reply:

(1) The number of new cases, with breakdown by age groups, of (female) breast cancer, cervical cancer, ovarian cancer and corpus cancer in 2017* are shown below -

Age group	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer
29 or below	15	7	44	2
30 - 39	275	67	67	45

Age group	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer
40 - 49	973	128	137	227
50 – 59	1 265	128	200	432
60 – 69	1 052	96	107	249
70 or above	793	90	72	121
Total	**4 373**	**516**	**627**	**1 076**

*Figures for 2018 and 2019 are not yet available.

The Department of Health (DH) does not keep statistics on new cases of osteoporosis.

(2) The DH does not provide treatment services to osteoporosis patients and does not maintain statistics on the number of women with osteoporosis.

(3) The number of registered deaths from (female) breast cancer, cervical cancer, ovarian cancer, corpus cancer and (female) osteoporosis from 2017 to 2018* are shown below -

	Registered deaths				
Year	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer	(Female) Osteoporosis
2017	721	150	218	114	1
2018	753	163	229	115	5

*Figures for 2019 are not yet available.

(4) As set out in Policy Address 2018, a Government-commissioned study to identify risk factors associated with breast cancer for local women was funded under the Health and Medical Research Fund, with an approved amount of $19 million following rigorous peer review and established procedures. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening has taken into consideration the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risk profiles.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0938)

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

Question:

Regarding the services in specialist outpatient clinics under the Department of Health (DH), will the Government please inform this Committee of:

1. the numbers of new cases at the dermatological outpatient clinics, their median, 75th and 90th percentiles waiting time in the past 3 years, and the number of serious dermatoses amongst the new cases;

2. the respective numbers of consultations of new cases and revisit cases and the median waiting time of the revisit cases at the dermatological outpatient clinics in the past 3 years;

3. the approved establishment of the healthcare staff at the dermatological outpatient clinics and the Social Hygiene Clinics in the past 3 years; whether there were any vacancies in the establishment and the expenditure on remuneration in respect of the above establishment in the same period; and

4. the ways to shorten the waiting time for consultation at the dermatological outpatient clinics, and whether the Government will consider launching the Special Retired and Rehire Scheme for the specialties under the Department of Health?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 24)

Reply:

1. (i) The number of new cases at specialised outpatient clinics providing dermatological services under the Social Hygiene Service (SHS) of the Department of Health (DH) in the past 3 years are appended in the following table –

2017	2018	2019
25 219	24 884	21 890

(ii) The status of new skin case appointment is updated on a regular basis. The information is available at the website of the DH (http://www.dh.gov.hk/english/clinictimetable/files/New_Skin_Case_Appointment_Status_en.pdf). As at end of December 2019, the average new skin case appointment time was estimated to be 123 weeks. The DH does not compile statistics regarding the median, the 75th percentile and the 90th percentile of individual new cases.

(iii) The number of new serious dermatoses cases amongst the new cases in the past 3 years are appended in the following table –

2017	2018	2019
No figure*	2 367	2 128

* Statistics are only available since 2018

2. The number of new cases and revisiting cases at the specialised outpatient clinics providing dermatological services in the past 3 years are appended in the following table–

	2017	2018	2019
New cases	25 219	24 884	21 890
Revisiting cases	210 995	191 991	177 070

The DH does not compile statistics regarding the median waiting time of individual revisiting cases as the time for the next consultation depends on the clinical conditions of the patients concerned.

3. (i) The approved establishment of healthcare staff at dermatological clinics and social hygiene clinics in the past 3 years are appended in the following table -

Rank	Approved Establishment	
	2017-18	2018-19 to 2019-20
Senior Medical and Health Officer	5	5
Medical and Health Officer	20	22
Nursing Officer	17	19
Registered Nurse	86	96
Enrolled Nurse	12	8
Total	**140**	**150**

(ii) There were vacancies in the establishment in the past 3 years.

(iii) The expenditure on remuneration in respect of the above establishment in the past 3 years are tabulated below –

Year	Expenditure on Remuneration ($ million)
2017-18	$79.6
2018-19	$89.1
2019-20	$93.0

4. The DH has all along endeavoured to fill the vacancies arising from staff wastage through recruitment of new civil service Medical and Health Officers (M&HO) and internal re-deployment. The SHS of the DH has recruited retired civil servants under the Post-retirement Service Contract (PRSC) Scheme. As at December 2019, there were 2 PRSC Nursing grade members taking up PRSC positions in the SHS. The SHS will continue to encourage retired M&HO grade members to take up PRSC positions when opportunity occurs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2834)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

How many inspections conducted in respect of illegal smoking under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in the past year resulted in cases found to have breached the law? How many of those cases related to conventional cigarettes, heat-not-burn tobacco products and electronic cigarettes respectively? What were the manpower and expenditure involved for the enforcement actions? What are the estimated manpower and expenditure involved for the related enforcement actions next year?

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 1)

Reply:

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by TACO in 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2019
Inspections conducted		34 680
FPNs issued (for smoking offences)		8 068
Summonses issued	for smoking offences	67
	for other offences (such as wilful obstruction and failure to produce identity document)	42

Cap. 371 stipulates that any person who smokes in a no smoking area (NSA) commits an offence and is subject to a fixed penalty of $1,500. The numbers of FPNs and summonses

issued by TACO in 2019 for smoking of conventional tobacco products, heated tobacco products (HTPs) and electronic cigarette (e-cigarettes) in NSAs are as follows:

	2019	
	Summons	FPN
Conventional tobacco products	67	7 937
HTPs	0	72
E-cigarettes	0	59

TACO is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditure and provision for TACO in 2019-20 (revised estimates) and 2020-21 are $228.9 million and $256.7 million respectively. The approved establishment of TACO in 2019-21 and 2020-21 is at **Annex**.

Annex

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2019-20	2020-21
Head, TACO		
Consultant	1	1
Enforcement		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/ Senior Foreman/ Foreman	121	125
Senior Executive Officer/ Executive Officer	13	13
Sub-total	***143***	***147***
Health Education and Smoking Cessation		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/ Registered Nurse	3	3
Hospital Administrator II	4	4
Sub-total	***11***	***11***
Administrative and General Support		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
Sub-total	***24***	***24***
Total no. of staff:	**179**	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2063)

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

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please advise on the number of beneficiaries and the total amount of subsidies granted in each of the past 10 years.

How many complaints about the use of EHVs has the Government ever received? If it has, please provide a breakdown of the number of cases by year and by category. Is there any way to improve the Scheme so as to address the complaints?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 38)

Reply:

The table below shows the number of elders who were eligible and had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 10 years:

Year	Number of eligible elders (i.e. elders aged 65/70[Note 1] or above)*	Cumulative number of elders who had made use of vouchers by the end of the year
2010	688 000	286 000
2011	707 000	358 000
2012	714 000	424 000
2013	724 000	488 000
2014	737 000	551 000
2015	760 000	600 000
2016	775 000	649 000
2017	1 221 000	953 000
2018	1 266 000	1 191 000
2019	1 325 000	1 294 000

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

*Sources: Hong Kong Population Projections 2010 - 2039, Hong Kong Population Projections 2012 - 2041, Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department.

The table below shows the amount of vouchers claimed in each of the years from 2010 to 2019:

Year	Amount of Vouchers Claimed (in HK$'000)
2010 Note 2	66,709
2011	89,316
2012 Note 3	163,219
2013 Note 4	314,704
2014 Note 5	597,539
2015 Note 6	906,327
2016	1,070,558
2017 Note 7	1,500,397
2018 Note 8	2,804,180
2019 Note 9	2,665,916

Note 2: The EHV Scheme was launched in 2009 as a Pilot Scheme. Eligible elders aged 70 or above were given an annual voucher amount of $250 for 2009 to 2011.

Note 3: The annual voucher amount was increased to $500 on 1 January 2012.

Note 4: The annual voucher amount was increased to $1,000 on 1 January 2013.

Note 5: The EHV Scheme was converted into a recurrent programme and the annual voucher amount was increased to $2,000. The accumulation limit of vouchers of $3,000, effective from 1 January 2014, was increased to $4,000 from 7 June 2014.

Note 6: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015 and has been regularised since 26 June 2019.

Note 7: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 8: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 9: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the Department of Health (DH) in the past 5 years:

	2015	2016	2017	2018	2019	Total
Number of complaints against participating healthcare service providers	15	33	67	120	103	338

These complaint cases involved operational procedures, suspected fraud, improper voucher claims and issues related to service charges. The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers;

withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate.

The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with terms and conditions of the EHV Scheme and those who displayed unusual patterns of voucher claims.

Apart from stepping up monitoring efforts against suspected abuse/ misuse of vouchers, the DH regularly issues guidelines to participating healthcare service providers to remind them of the requirements of the EHV Scheme. Besides, the DH has strengthened its efforts in empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance. The DH will also continue to provide updated key statistics on the EHV Scheme and voucher usage on its website and the website of the EHV Scheme to help both elders and the general public better understand the EHV Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2068)

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

Question:

Regarding tobacco control work undertaken by the Tobacco and Alcohol Control Office of the Department of Health, will the Government please, in the context of enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, inform this Committee of:

(a) the expenditure and the manpower involved in 2019;

(b) the number of inspections made against smoking offences in the past 3 years (broken down by year); and

(c) the number of prosecutions instituted in 2019?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 43)

Reply:

(a)

The Department of Health's Tobacco and Alcohol Control Office (TACO) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditure for TACO in 2019-20 (Revised Estimate) is $228.9 million. The approved establishment of TACO in 2019-20 is at **Annex**.

(b) and (c)

The numbers of inspections and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2017 to 2019 for smoking and related offences under Cap. 371 and Cap. 600 are as follows:

		2017	2018	2019
Inspections conducted		33 159	32 255	34 680
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

Annex

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2019-20
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	121
Senior Executive Officer/ Executive Officer	13
Sub-total	***143***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total no. of staff:	**179**

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)272

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2348)

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

Question:

It is mentioned in the Budget Speech that the Department of Health will renovate its clinic in phases. In this connection, please set out in the table below details about the clinics proposed for renovation:

Phase	District	Clinics proposed for renovation	Type of clinics (general/specialist/others)	Expected works commencement (year)
Phase 1				
Phase 2				
…				

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 53)

Reply:

In consultation with relevant departments, the Department of Health is working out the works schedule and resources required for the proposed scope of improvement works, and planning for a consultancy study to develop design guidelines with a view to upgrading existing clinic facilities and delivering quality service. The list of clinics to be renovated will be determined upon completion of the consultancy study.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)273

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2975)

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

Question:

A study report shows that 11% of children aged six and as many as 44% of children aged 9 in Hong Kong are short-sighted, putting Hong Kong first in the world in terms of childhood myopia rate. In this connection, would the Government please inform this Committee of the following:

- the respective numbers of children suffering from i) myopia; ii) astigmia; iii) both in each of the past 5 years, broken down by age groups of 0-3, 4-6, 7-9 and 10-12 years old;
- the total number of registered optometrists in Hong Kong;
- the total number of eyecare centres where optometric examinations for children are available and among them, details of the centres that run on a public-private partnership mode;
- the number of preschoolers who received "Pre-School Vision Screening" services currently provided by the government for preschoolers aged 4 and above, as well as the manpower and expenditures involved in each of the past three years;
- whether the Government has contemplated conducting a comprehensive vision screening for all children in Hong Kong to pursue public healthcare in the spirit of prevention is better than cure; if yes, the details and implementation timetable; if no, the reasons; and
- whether the Government has considered providing optometric examination and eyeglasses allowances for children from low-income families as a support measure; if yes, the details; if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 64)

Reply:

The Family Health Service (FHS) of the Department of Health (DH) provides a comprehensive range of health promotion and disease prevention services for all children from birth to 5 years of age in Maternal and Child Health Centres (MCHCs). Under the health and developmental surveillance programme, the visual development of children is monitored during routine visits in MCHCs. Children detected to have suspected visual abnormalities e.g. squint, would be referred to specialists for assessment. The Pre-School Vision Screening (PSVS) in MCHCs is provided free of charge for eligible children aged four to five, including those from low-income families. The screening aims to detect as early as possible any visual abnormality (such as amblyopia, squint, and significant refractive errors) of children so that they can be referred to ophthalmologists for further visual assessment and treatment with a view to protecting their vision and visual development.

The PSVS conducted by the MCHCs is only an initial screening test. The DH does not maintain statistics on the confirmed cases of visual problems such as myopia or astigmatism for pre-school children.

As at 31 December 2019, the number of optometrists registered with the Optometrists Board is 2 250. The DH does not have the number of eyecare centres where optometric examinations for children are available.

In 2017, 2018 and 2019, the number of children (new cases) who participated in PSVS were 36 771, 33 873 and 33 434 respectively. Breakdown on the manpower and expenditure of the PSVS is not available.

The Student Health Service (SHS) of the DH provides free visual acuity test for all eligible primary schools and secondary schools students, including those from low-income families, during their health checks at Student Health Service Centres (SHSCs). The visual acuity test is a screening test which aims to detect as early as possible visual acuity problems of the students and whether the problems so detected have already been appropriately corrected (for example, wearing suitable glasses). The test is conducted for the students with their own glasses on if they are already wearing glasses. Those who fail the visual acuity test will be referred to optometrists of the Special Assessment Centres (SACs) of SHS for further visual assessment.

In the past 5 school years (i.e. from school year 2014/2015 to school year 2018/2019), the respective number of primary school students that underwent visual acuity test at SACs and the number of those primary students with myopia and/or astigmatism are shown in the following 2 tables.

	Number of primary students					Number of primary students with myopia				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
P1	2 497	2 268	2 325	2 314	1 944	1 425	1 260	1 194	1 201	1 014
P2	3 966	3 994	3 748	3 688	3 385	3 012	3 019	2 725	2 589	2 318
P3	3 828	4 067	4 126	3 795	3 265	3 316	3 518	3 523	3 239	2 708
P4	3 742	3 998	4 142	3 779	3 017	3 432	3 667	3 770	3 384	2 682
P5	2 996	3 135	3 250	3 350	2 821	2 826	2 926	3 031	3 102	2 605
P6	2 677	2 882	2 813	2 832	2 526	2 413	2 615	2 524	2 534	2 187
Total	**19 706**	**20 344**	**20 404**	**19 758**	**16 958**	**16 424**	**17 005**	**16 767**	**16 049**	**13 514**

	Number of primary students					Number of primary students with astigmatism				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
P1	2 497	2 268	2 325	2 314	1 944	1 652	1 488	1 494	1 541	1 337
P2	3 966	3 994	3 748	3 688	3 385	2 446	2 476	2 286	2 273	2 191
P3	3 828	4 067	4 126	3 795	3 265	2 269	2 429	2 397	2 267	1 998
P4	3 742	3 998	4 142	3 779	3 017	2 238	2 437	2 370	2 224	1 822
P5	2 996	3 135	3 250	3 350	2 821	1 848	1 942	1 929	1 999	1 706
P6	2 677	2 882	2 813	2 832	2 526	1 620	1 881	1 732	1 690	1 499
Total	**19 706**	**20 344**	**20 404**	**19 758**	**16 958**	**12 073**	**12 653**	**12 208**	**11 994**	**10 553**

Remarks: Students found to have myopia and astigmatism might be overlapped.

According to the Social Welfare Department, under the Comprehensive Social Security Assistance (CSSA) Scheme, financial assistance will be provided to CSSA households with children who need to wear glasses but are in genuine financial difficulty to pay for them, having regard to the actual situation of these families.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)274

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1101)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the medical expenditures per person living with HIV in the financial year 2019-20.

Asked by: Hon SHIU Ka-Chun (LegCo internal reference no.: 46)

Reply:

Treatment and care for HIV/AIDS are complex and vary among patients and the stage of disease. Components such as psychological counselling and health education are integrated into patient care and the cost incurred cannot be separately identified. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, medical cost of HIV/AIDS treatment per person cannot be readily computed.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1102)

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

Question:

Please set out the Government's expenditure in the financial year 2019-20 and its estimated expenditure in the financial year 2020-21 on the procurement of anti-HIV drugs.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 47)

Reply:

The revised estimate on anti-HIV drugs under the Department of Health in 2019-20 are $315.3 million. In 2020-21, the provision for anti-HIV drugs is $349.0 million. The workload for implementing the initiatives will be absorbed by the existing manpower resources of FHB and DH, hence breakdown by items is not available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)276

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1103)

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

Question:

What was the expenditure of the Government on the prevention of AIDS and sexually transmitted diseases in the financial year of 2019-20?

Asked by: Hon SHIU Ka-Chun (LegCo internal reference no.: 49)

Reply:

The Government has been allocating resources for the prevention of HIV/AIDS and sexually transmitted infections. Their provisions under Programme (2) Disease Prevention in 2019-20 were $17.1 million and $78.5 million respectively.

Provisions for clinical management services for HIV/AIDS is provided under a separate Programme and is not included in the provision above.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1105)

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

Question:

Based on the recommendations of the Recommended HIV/AIDS Strategies for Hong Kong 2017-2021, higher funding priorities will be accorded to applications targeted at the 6 high risk groups, namely:

men who have sex with men;
people living with HIV;
people who inject drugs;
ethnic minorities;
male-to-female transgender; and
female sex workers and their male clients.
Please provide the estimated amount of funding for the above 6 groups in the past 3 years and in 2020-21.

Asked by: Hon SHIU Ka-Chun (LegCo internal reference no.: 52)

Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" (the Strategies) issued by the Hong Kong Advisory Council on AIDS, higher funding priorities would be accorded to the applications under the AIDS Trust Fund (the Fund) for projects targeted at the 6 high risk groups, namely Men who have sex with men; People living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; and Female sex workers and their male clients.

From 2017-18 to 2019-20, the Fund approved a total of $98.4 million for 53 projects with the breakdown as follows. The Fund will continue to make reference to recommendations of the Strategies in assessing project applications and in according resources to different key populations.

High risk groups	Amount of funding approved ($ million)
Men who have sex with men	46.6
People living with HIV	22.6
People who inject drugs	5.7
Ethnic minorities	5.6
Male-to-female transgender	1.6
Female sex workers and their male clients	16.3
Total	**98.4**

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)278

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0874)

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

Question:

The Department of Health stated that it would continue to undertake enforcement work under the Private Healthcare Facilities Ordinance (Cap. 633) in 2020-21. In this connection, please advise on the allocation of manpower, the work progress and the timetable.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 17)

Reply:

The Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) was passed by the Legislative Council in November 2018 to introduce a new regulatory regime for private healthcare facilities, which is being implemented in phases. Applications for private hospital and day procedure centre licences have commenced since July 2019 and January 2020 respectively. For clinics, applications for licences and letters of exemption are anticipated to commence in 2021 at the earliest.

In 2020-21, the number of posts earmarked to undertake the relevant registration and enforcement work under the Ordinance is 142.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)279

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0875)

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

Question:

The Department of Health states that it will continue to enforce the law prohibiting commercial sale and supply of alcohol to minors in 2020-21. Will the Government advise on the manpower allocation, the current progress and the expenditure breakdown in respect of the relevant work?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 18)

Reply:

The ban on the sale and supply of intoxicating liquor to minors in the course of business, under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), has come into effect since 30 November 2018. Tobacco and Alcohol Control Inspectors conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements.

The Department of Health's Tobacco and Alcohol Control Office (TACO) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The provision for TACO in 2020-21 is $256.7 million. The approved establishment of TACO in 2020-21 is at **Annex**.

Annex

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2020-21
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total no. of staff:	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0876)

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

Question:

The Department of Health states that it will continue to operate the Government Chinese Medicines Testing Institute at the temporary site to conduct research on reference standards and testing methods of Chinese medicines in 2020-21. Will the Government advise on the manpower allocation, the progress, the scheduled timetable and the expenditure breakdown in respect of the relevant work?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 19)

Reply:

As endorsed by the Advisory Committee of the Government Chinese Medicines Testing Institute (GCMTI), GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used CMM for GCMTI; (3) Building of a digitalised platform on Chinese medicines; (4) Analysis of chemical markers of CMM in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of CMM - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021 and progress smoothly according to schedule.

In 2020-21, the financial provision for the temporary GCMTI is about $47.9 million, and the approved establishment is 29 with breakdown as follows:

Rank	**Number of post**
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3

Rank	**Number of post**
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	1
Total :	**29**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0879)

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

Question:

Regarding the subvention to the Hong Kong Council on Smoking and Health (COSH) in providing a focal point for promotional initiatives in support of tobacco control, will the Government advise on:

1) the amount of subvention received by COSH in each of the past 5 years; and

2) its amount of subvention to be received, its establishment and work plan in 2020-21?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 21)

Reply:

(1)

The amount of subvention received by the Hong Kong Council on Smoking and Health (COSH) in the past 5 years is listed below:

2015-16 (Actual) ($ million)	**2016-17 (Actual) ($ million)**	**2017-18 (Actual) ($ million)**	**2018-19 (Actual) ($ million)**	**2019-20 (Revised Estimate) ($ million)**
22.4	22.9	23.9	24.0	27.8

(2)

The amount of provision for COSH in 2020-21 is $26.1 million. The establishment of COSH in 2020-21 will be 13. In 2020-21, COSH plans to carry out a series of smoke-free programmes targeting different sectors and stakeholders of the community, which include education programmes (e.g. school education theatre programme, tailor-made programme to equip teenagers with knowledge on smoking hazards), publicity and community involvement programmes (e.g. production of television and radio Announcements in the

Public Interest, district-based community involvement activities) and research programmes on tobacco control.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)282

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0880)

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

Question:

The Department of Health states that the provision for this Programme for 2020-21 is $393 million (33.5%) higher than the revised estimate for 2019-20 mainly due to increased requirement for operating expenses and a net increase of 60 posts in 2020-21 to meet operational needs. Will the Government please advise on the duties of the posts involved, the offices in the Department to which these posts belong and the breakdown of the expenditure?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 22)

Reply:

Provision for 2020-21 for Programme 1: statutory functions is $393 million (33.5%) higher than the revised estimate for 2019-20. The increased requirement for operating expenses is mainly for the expanded implementation of :

(a) health screening services for the Boundary Control Points at Hong Kong-Zuhai-Macao Bridge, West Kowloon Terminus and Liantang/Heung Yuen Wai; and
(b) the registration and enforcement work under the Private Healthcare Facilities Ordinance (Cap. 633).

Details of the net increase of 60 posts in 2020-21 are in the **Annex**.

Annex

Creation of Posts in Department of Health in 2020-21

Programme 1 – Statutory Functions

Rank	No. of posts to be created
Senior Medical and Health Officer	3
Medical and Health Officer	4
Registered Nurse	4
Senior Dental Officer	1
Dental Officer	1
Dental Surgery Assistant	1
Scientific Officer (Medical)	2
Senior Hospital Administrator	2
Hospital Administrator I	6
Hospital Administrator II	3
Foreman	4
Clerical Officer	7
Assistant Clerical Officer	12
Clerical Assistant	9
Workman II	1
Total :	***60***

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2377)

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

Question:

The Department of Health states that it will continue to enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance in 2020-21. In this connection, please advise on:

1) the manpower deployment, the current progress and the expenditure breakdown in respect of the relevant work; and

2) the number of persons prosecuted and convicted in each of the past 5 years.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 20)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The provision for TACO in 2020-21 is $256.7 million. The approved establishment of TACO in 2020-21 is at **Annex**.

(2)

TACO conducts inspections at venues concerned in response to smoking complaints. The numbers of fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2015 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	2016	2017	2018	2019
FPNs issued (for smoking offences)		7 693	8 650	9 711	8 684	8 068
Summonses issued	for smoking offences	163	207	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78	68	42
	(as of 4 March 2020) - Convicted - Pending hearing results - Not convicted	 (228) (9) (6)	 (271) (6) (9)	 (197) (10) (20)	 (189) (10) (9)	 (75) (31) (3)

Annex

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2020-21
Head, TACO	
Consultant	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
Sub-total	***147***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total no. of staff:	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0611)

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

Question:

Regarding the fight against the novel coronavirus outbreak, please provide the following figures and information:

(a) the number of cases of infection in private hospitals and the number of confirmed cases upon referral since the emergence of the novel coronavirus in Hong Kong;

(b) whether the Government has requested private hospitals to step up disinfection and cleaning; if yes, the results;

(c) whether the Government has requested the Hong Kong Sanatorium & Hospital to step up disinfection and cleaning instantly following a number of confirmed cases involving a 26-year-old man, a 57-year-old woman and a 60-year-old woman who visited the hospital for medical consultation or admission as reported by the media; if yes, the implementation timetable of the relevant measures, the details and the results; and

(d) whether the Government has deployed resources to understand the work of private hospitals in the prevention and fight against the transmission of the novel coronavirus; if yes, the effectiveness; if no, whether additional resources are needed in this respect?

Asked by: Hon TO Kun-sun, James (LegCo internal reference no.: 22)

Reply:

(a)

Upon notification of a cluster of pneumonia cases with unknown etiology in Wuhan on 31 December 2019, the Centre for Health Protection (CHP) of the Department of Health (DH) has immediately introduced enhanced surveillance. The CHP has established specific reporting criteria to guide doctors to report suspected cases. With effect from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been listed as one of the statutorily notifiable diseases under the Prevention and Control of Disease Ordinance (Cap. 599). The CHP has continually reviewed and revised the

reporting criteria to widen the scope of surveillance according to the latest epidemiological situation, and has kept all doctors and hospitals including the private sector abreast of the latest situation and reporting criteria for suspected cases. Private doctors are urged to notify the CHP of any suspected cases fulfilling the reporting criteria. The CHP will then arrange to transfer the patient concerned to a public hospital for isolation, testing and treatment.

Since 31 December 2019 (as of 4 March 2020 noon), the CHP has received 56 reports of suspected cases fulfilling the reporting criteria of Coronavirus Disease 2019 (COVID-19) from private hospitals. Among 56 suspected cases, 2 patients were confirmed to have infection with COVID-19.

(b) - (d)

The DH has developed and promulgated relevant infection control recommendations/guidelines and private hospitals are required to follow the recommendations/guidelines. Staff of DH has visited all private hospitals to understand their implementation of infection control measures and provided support as appropriate. The DH also maintains regular communications and conducts meetings with infection control officers/nurses of private hospitals. In the light of the outbreak of COVID-19, the DH has held urgent ad hoc meetings and seminars to brief staff of private hospitals on the latest situation and discuss on prevention and control measures against the COVID-19 infection, including cleaning and disinfection after admitting a suspected/confirmed case.

In general, on receiving notification of confirmed cases of COVID-19 including those reported by private hospitals, the CHP would immediately conduct epidemiological investigation and contact tracing. For cases who have visited healthcare facilities, the CHP would contact the healthcare service providers for contact tracing and would also advise the healthcare service provider to conduct cleansing and disinfection of the premises.

As the aforementioned services form an integral part of the respective services of DH, the relevant manpower and resources are subsumed under DH’s overall provision and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1352)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Following the SARS outbreak, the Department of Health (DH) has set up the Centre for Health Protection (CHP), whose duties include the prevention, surveillance and control of communicable diseases. However, the recent COVID-19 outbreak highlights how Hong Kong is not well prepared for preventing and combating an epidemic. The shortage of protective gears such as masks and of isolation and quarantine facilities is a case in point. In this connection, please provide information on:

1. the actual and estimated expenditures on and the specific work done by the DH and the CHP on the prevention, surveillance and control of communicable diseases in the five financial years from 2016 to 2021;

2. whether the Government has conducted any study on or assessment of the supply and demand of various departments or even society at large for protective gears such as masks, and whether it has reminded relevant departments to procure and stock these gears; and

3. whether the DH has conducted any study on or assessment of the demand for isolation and quarantine facilities, and whether it has formulated appropriate preparedness and contingency plans; the expenditure and work in this respect in 2020-21.

Asked by: Hon TSE Wai-chuen, Tony (LegCo internal reference no.: 3)

Reply:

1. Through a wide range of health services and activities covering different age groups and targeted at various communicable diseases, the Centre for Health Protection (CHP) under the Department of Health (DH) seeks to prevent and control diseases, and reduce preventable diseases and premature deaths. The work mainly includes, but not limited to the following –

   (a) law enforcement on prevention and control of infectious diseases;
   (b) maintaining surveillance;

(c) providing laboratory services for diagnosis and surveillance of various infectious diseases; and
(d) promoting health and increasing health awareness in the community and among specific target groups through a wide range of health promotion activities.

The financial provision on preventing and controlling diseases, and reducing preventable diseases by the DH from 2016-17 to 2020-21 are as follows –

Financial Year	Financial Provision ($ million)
2016-17 (Actual)	3,367.3
2017-18 (Actual)	4,142.2
2018-19 (Actual)	5,700.9
2019-20 (Revised estimate)	7,482.9
2020-21 (Estimate)	7,366.7

2. For infection prevention and control, the DH regularly maintains at least a 3-month contingency stockpile of personal protective equipment (PPE) for use by the Government's healthcare personnel. To combat the Coronavirus Disease 2019 (COVID-19), the DH has been closely liaising with the Government Logistics Department to increase and speed up purchases for replenishment of PPE with a view to ensuring sufficient provision for the Government's healthcare and front-line personnel.

3. In view of the development of the outbreak of COVID-19, the Government has endeavoured to look for more suitable sites and set up quarantine facilities in full steam. Apart from converting existing facilities into quarantine facilities at sites such as Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan etc., constructing additional units through application of the modular integrated construction method is considered the most desirable by our works agent.

Expenditure of the works concerned is funded under the Capital Works Reserve Fund and the Lotteries Fund. Details on the works are outside the scope of Head 37 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)286**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1353)

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

Question:

1. Regarding the net increase of 60 posts by the Department of Health (DH) under its Programme Statutory Functions in 2020-21, please advise on the ranks and duties of such posts;

2. The DH's revised estimate for Allowances under Subhead 000 Operational expenses for 2019-20 was $197 million, representing a 6-fold increase from its original estimate while the estimate for 2020-21 drops substantially by 85% to less than $30 million. Please explain why;

3. The DH's revised estimate for Specialist supplies and equipment under Subhead 000 Operational expenses for 2019-20 was $2.57 billion, increased by 1.5 times from its original estimate while the estimate for 2020-21 drops substantially by 60% to only around $1 billion. Please explain why; and

4. The DH's revised estimate for Subhead 974 Subvented institutions - maintenance, repairs and minor improvements (block vote) for 2019 - 20 was only $1.6 million, slashed by 81% from its original estimate while the estimate for 2020-21 surges by 4-fold to around $8.5 million. Please explain why.

Asked by: Hon TSE Wai-chuen, Tony (LegCo internal reference no.: 4)

Reply:

(1)

Details of the net increase of 60 posts in 2020-21 are in the **Annex**.

(2) & (3)

Since the outbreak of the Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. The increase in the allowances under personal emoluments in 2019-20 revised estimate is mainly attributed to the provision for payment of overtime allowance to personnel engaged in the prevention and control of the COVID-19. Details of allowance are not available as the fight against the epidemic is still going on.

The DH has also earmarked sufficient resources in 2019-20 for prevention and control of the disease, including procurement of personal protective equipment (PPE) to ensure there is stable supply of materials required for all relevant work. The estimated provision for the specialist supplies and equipment for 2020-21 will fall to $1 billion after adequate contingency stockpile of PPE has been maintained for use by healthcare and front-line personnel.

Relevant manpower and resources are subsumed under DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the latest local and global development of the COVID-19 and would act swiftly in view of the actual circumstances through redeployment of resources and re-prioritisation of work. The DH would seek additional resources through the established procedures, if necessary.

(4)

The increase in the 2020-21 estimate for Subhead 974 Subvented institutions - maintenance, repairs and minor improvements (block vote) over the 2019-20 revised estimate is mainly due to increase in requirement for repairs and renovation works of the subvented organisations.

Annex

Creation of Posts in Department of Health in 2020-21

Programme 1 – Statutory Functions

Rank	No. of posts to be created
Senior Medical and Health Officer	3
Medical and Health Officer	4
Registered Nurse	4
Senior Dental Officer	1
Dental Officer	1
Dental Surgery Assistant	1
Scientific Officer (Medical)	2
Senior Hospital Administrator	2
Hospital Administrator I	6
Hospital Administrator II	3
Foreman	4
Clerical Officer	7
Assistant Clerical Officer	12
Clerical Assistant	9
Workman II	1
Total :	***60***

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)287

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2533)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational Expenditure

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. The Financial Secretary mentioned that sufficient financial support would be provided for the Department of Health (DH) in combating the epidemic. How much provision is allocated in this respect for the year?

2. What are the estimated expenditures on DH's anti-epidemic work on various fronts in the year?

3. As at 29 February 2020, how much stock of personal protective gears does the DH keep? How long can the stock last for use by DH staff?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 13)

Reply:

1 and 2.

Since the outbreak of Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the Department of Health (DH) has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The Centre for Health Protection (CHP) of the DH has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients' residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the "COVID-19 Thematic Website" (http://www.coronavirus.gov.hk/eng/index.html). The Government has also launched an Interactive Map Dashboard and a Telegram channel named "Hong Kong Anti-epidemic Information Channel" to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

3.

For infection prevention and control, the DH maintains stockpile of personal protective equipment (PPE) for use by its healthcare and front-line personnel. The DH works closely with the Government Logistics Department to increase purchases for replenishment of PPE where necessary with a view to ensuring sufficient provision to meet operational needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2534)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1) Please explain why the revised estimate is 19.3% lower than the original estimate for 2019-20?

2) Regarding the prevention of the spread of infectious diseases, especially COVID-19, what specific measures will be taken in the coming year? What is the expenditure for each measure?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 14)

Reply:

1.

In 2019-20, the revised estimate for Programme (1) – Statutory Functions of the Department of Health (DH) is $280.2 million less than the original estimate, representing a decrease of 19.3%. This is mainly due to the reduced operating expenditure on health screening services for the Boundary Control Points at Hong Kong-Zhuhai-Macao Bridge and Liantang/Heung Yuen Wai, and registration and enforcement work under the Private Healthcare Facilities Ordinance (Cap. 633).

2.

Since the outbreak of Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the DH has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional

outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The Centre for Health Protection (CHP) of the DH has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients' residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotline to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting

community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the "COVID-19 Thematic Website" (http://www.coronavirus.gov.hk/eng/index.html). The Government has also launched an Interactive Map Dashboard and a Telegram channel named "Hong Kong Anti-epidemic Information Channel" to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)289**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2537)

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

Question:

1. What is the estimated total expenditure on the remuneration of the Director of Health in 2020-21?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 17)

Reply:

1. The provision earmarked for the salary of the Director of Health calculated on the basis of the notional annual mid-point salary value is $3,276,000 in 2020-21.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2538)

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

Question:

With regard to supporting other initiatives aiming to enhance primary healthcare, please advise on the specific work of the Department of Health in 2020-21 on this front, as well as the manpower and expenditure involved.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 18)

Reply:

The Department of Health (DH) is the Government's health adviser and agency to execute healthcare policies and statutory functions. It safeguards the community's health through a range of promotive, preventive, curative and rehabilitative services. Primary healthcare is being delivered using a life-course approach through DH's various areas of work with emphasis on preventive care. On this front, the Family Health Service of DH provides a range of health promotion and disease prevention services to children from birth to 5 years of age and to women aged 64 years and below. Student Health Service provides centre-based programmes as well as a school-based outreach programme with an aim to safeguarding both the physical and mental health of primary and secondary school children. The Elderly Health Service operates through its Elderly Health Centres and Visiting Health Teams, in order to enhance primary healthcare to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

Other divisions/branches of DH have also been implementing projects and initiatives seeking to enhance primary healthcare in Hong Kong such as health promotion and education, prevention and control of non-communicable diseases, vaccination programmes, the Elderly Health Care Voucher Scheme, cancer screening programmes, dental care services and so forth.

Moreover, DH will continue to provide professional support to FHB on matters related to primary healthcare development.

The manpower and expenditure of DH on supporting all measures in improving primary healthcare cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2930)

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

Question:

1. Please advise on the staff establishment as well as the actual, revised and estimated expenditures of the Tobacco and Alcohol Control Office in 2018-19, 2019-20 and 2020-21.

2. Since the enactment of the Dutiable Commodities (Amendment) Ordinance in 2018 and its coming into force on 30 November 2018, what is the total number of offenders in violation of the legislation prohibiting the sale and supply of intoxicating liquor with more than 1.2 percent alcohol by volume to minors under 18 years old in 2019-20? What is the average amount of fine?

3. How many people have been prosecuted under the Smoking (Public Health) Ordinance over the past 3 years?

4. How many fixed penalty tickets, over the past 3 years, have been issued by the Police as a result of its enforcement action under the Smoking (Public Health) Ordinance?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 2)

Reply:

(1)

The expenditures and provision of Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) in 2018-19, 2019-20 (revised estimates) and 2020-21 (estimates) are $204 million, $228.9 million and $256.7 million respectively. The approved establishment of TACO in 2018-19 to 2020-21 is at **Annex**.

(2)

The ban on the sale or supply of intoxicating liquor to minors in the course of business came into effect on 30 November 2018. From 1 January 2019 to 31 December 2019, there was 1

convicted case of selling or supplying intoxicating liquor to minors in the course of business. The offender was fined HK$3,000.

(3)

The numbers of fixed penalty notices (FPNs) / summonses issued by the TACO for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2017	**2018**	**2019**
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

(4)

The numbers of FPNs issued by the Hong Kong Police Force in 2017, 2018 and 2019 are 325, 252 and 180 respectively.

Annex

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2018-19	2019-20	2020-21
Head, TACO			
Consultant	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	1	1	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	105	121	125
Senior Executive Officer/ Executive Officer	13	13	13
Sub-total	***127***	***143***	***147***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	2	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***11***	***11***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	19	19	19
Motor Driver	1	1	1
Sub-total	***24***	***24***	***24***
Total no. of staff:	**163**	**179**	**183**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0769)

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

Question:

Although fees charged by private clinics go up with inflation each year, the annual elderly health care voucher amount remains at $2,000. Under what circumstances will the Government consider increasing the annual voucher amount?

Asked by: Hon YIU Si-wing (LegCo internal reference no.: 9)

Reply:

The Government launched the Elderly Health Care Voucher (EHV) Scheme in 2009. It aims at providing financial incentives for elders to choose private primary healthcare services in their local communities that best suit their health needs. It has provided elders with additional healthcare choices on top of the existing public healthcare services. Over the years, the Government has introduced a number of enhancements under the EHV Scheme, including the progressive increase in the annual voucher amount from the initial $250 to the current $2,000, the lowering of the face value of each voucher from $50 to $1 in 2014 to allow greater flexibility in use, the lowering of the eligibility age from 70 to 65 in 2017, the provision of an additional voucher amount of $1,000 on a one-off basis to each eligible elder as announced in the Budget in 2018 and 2019 respectively, as well as the increase of the accumulation limit of the vouchers to $8,000 in 2019.

With the lowering of the eligibility age for the EHV Scheme from 70 to 65 in 2017 and an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount in the future, we will need to assess in detail the long-term financial implications on the Government. The Government currently has no plans to further increase the annual voucher amount.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)293

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1480)

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

Question:

Regarding the staff establishment of the Department of Health, on top of the 6 969 posts in 2020, it is expected that there will be an increase of 76 posts to 7 045 posts in 2021. Please give a breakdown of these 6 969 posts, as well as the 76 newly created posts by rank, post and terms of appointment. In the staff establishment of 2020 and 2021, how many personnel possess the professional qualifications of doctors, nurses and supplementary medical professionals respectively? Please give a breakdown of the number of personnel among them who need to undertake front-line clinical duties by rank and post.

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 9)

Reply:

Breakdown of 6 969 posts in 2019-20 and 76 new posts in 2020-21 by rank are provided at **Annexes A** and **B** respectively. Ranks requiring professional qualifications of doctors, nurses and supplementary medical professionals are also indicated in the **Annexes**. Among the 6 969 posts, about 99% are employed on local terms and new terms, and the remaining are on common terms. For the 76 new posts, their terms of appointment are subject to the provisions prevailing at the time when the offer of appointment is made.

Since staff in the Department of Health are subject to deployment to different offices with or without clinical settings, the breakdown of the number of personnel by clinical duties and posts cannot be separately provided.

Annex A

Establishment of Department of Health

Rank	No. of posts as at 31 March 2020
Director of Health[#^]	1
Deputy Director of Health[#^]	1
Assistant Director of Health[#^]	7
Consultant[#^]	22
Principal Medical and Health Officer[#^]	14
Senior Medical and Health Officer[^]	145
Medical and Health Officer[^]	383
Controller, Public Health[#^]	2
Principal Nursing Officer[#^]	1
Regional Nursing Officer[^]	1
Chief Nursing Officer[^]	4
Senior Nursing Officer[^]	28
Nursing Officer[^]	347
Registered Nurse[^]	933
Enrolled Nurse[^]	186
Senior Inoculator	4
Inoculator	28
Dental Consultant[#]	9
Principal Dental Officer[#]	2
Senior Dental Officer	77
Dental Officer	283
Dental Hygienist	20
Senior Dental Surgery Assistant	63
Dental Surgery Assistant	327
Senior Dental Technologist	1
Dental Technologist	2
Dental Technician I	36
Dental Technician II	8
Senior Dental Therapist	29
Dental Therapist / Student Dental Therapist	269
Chief Pharmacist[#^]	3
Senior Pharmacist[^]	20
Pharmacist[^]	126
Chief Dispenser[^]	2
Senior Dispenser[^]	18
Dispenser / Student Dispenser[^]	56
Chief Medical Technologist[^]	1
Senior Medical Technologist[^]	18
Medical Technologist[^]	95
Medical Laboratory Technician I[^]	44
Medical Laboratory Technician II[^]	103
Scientific Officer (Medical)[^]	136
Senior Clinical Psychologist[^]	5

Rank	No. of posts as at 31 March 2020
Clinical Psychologist^	45
Senior Dietitian^	3
Dietitian^	22
Speech Therapist^	18
Senior Occupational Therapist^	2
Occupational Therapist I^	18
Senior Physiotherapist^	2
Physiotherapist I^	15
Orthoptist I^	2
Optometrist^	18
Senior Physicist^	3
Physicist^	11
Senior Radiographer^	3
Radiographer I^	13
Radiographer II^	23
Radiographic Technician^	2
Chief Hospital Administrator	3
Senior Hospital Administrator	18
Hospital Administrator I	27
Hospital Administrator II	31
Electrical Technician	4
Overseer	10
Senior Foreman	45
Foreman	123
Hospital Foreman	3
Mortuary Officer	7
Mortuary Technician	3
Mortuary Attendant	28
Chief Information Officer	1
Principal Information Officer	1
Senior Information Officer	2
Information Officer	3
Assistant Information Officer	2
Administrative Officer Staff Grade C#	1
Senior Administrative Officer	1
Senior Principal Executive Officer#	1
Principal Executive Officer#	2
Chief Executive Officer	14
Senior Executive Officer	62
Executive Officer I	101
Executive Officer II	97
Senior Clerical Officer	16
Clerical Officer	123
Assistant Clerical Officer	540
Clerical Assistant	638
Office Assistant	31

Rank	No. of posts as at 31 March 2020
Confidential Assistant	3
Senior Personal Secretary	2
Personal Secretary I	28
Personal Secretary II	16
Typist	2
Senior Official Languages Officer	1
Official Languages Officer I	3
Official Languages Officer II	4
Calligraphist	1
Building Services Engineer / Assistant Building Services Engineer	1
Senior Chemist	1
Chemist	3
Senior Electrical and Mechanical Engineer	1
Electrical and Mechanical Engineer / Assistant Electrical and Mechanical Engineer	1
Chief Technical Officer (Electrical)	1
Senior Electronics Engineer	2
Electronics Engineer / Assistant Electronics Engineer	1
Chief Technical Officer (Mechanical)	1
Senior Health Inspector	3
Health Inspector I / II	29
Occupational Hygienist / Assistant Occupational Hygienist	2
Librarian	3
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3
Social Work Officer	1
Assistant Social Work Officer	1
Senior Statistician	1
Statistician	5
Statistical Officer I	15
Statistical Officer II / Student Statistical Officer	39
Chief Supplies Officer	1
Supplies Officer	3
Assistant Supplies Officer	4
Supplies Supervisor I	5
Supplies Supervisor II	19
Supplies Assistant	12
Supplies Attendant	4
Senior Training Officer	1
Training Officer I	1
Transport Services Officer I	1
Transport Services Officer II	1
Motor Driver	56
Assistant Director of Accounting Services[#]	1
Senior Treasury Accountant	2

Rank	No. of posts as at 31 March 2020
Treasury Accountant	7
Senior Accounting Officer	4
Accounting Officer I	6
Accounting Officer II	14
Superintendent of Police	1
Chief Inspector of Police	2
Police Sergeant	4
Land Surveyor / Assistant Land Surveyor	1
Chief Systems Manager[#]	1
Senior Systems Manager	5
Systems Manager	13
Analyst / Programmer I	10
Analyst / Programmer II	15
Computer Operator I	4
Photographer I	3
Artisan	4
Darkroom Technician	12
Laboratory Attendant	73
Ganger	1
Property Attendant	22
Telephone Operator	1
Workman I	3
Workman II	477
Total :	***6 969***

[#] Directorate post
^ Medical, nursing and supplementary medical grades

Annex B

Creation and Deletion of Posts in the Department of Health in 2020-21

Rank	No. of posts to be created/deleted
Dental Consultant #	1
Senior Medical and Health Officer^	2
Medical and Health Officer^	3
Nursing Officer^	-1
Registered Nurse^	7
Senior Dental Officer	4
Dental Officer	-2
Dental Hygienist	5
Dental Surgery Assistant	4
Dispenser / Student Dispenser^	1
Senior Hospital Administrator	2
Hospital Administrator I	6
Hospital Administrator II	3
Foreman	4
Senior Executive Officer	-1
Executive Officer II	3
Clerical Officer	6
Assistant Clerical Officer	12
Clerical Assistant	9
Personal Secretary I	1
Systems Manager	4
Analyst / Programmer II	2
Workman II	1
Total :	***76***

Directorate post
^ Medical, nursing and supplementary medical grades

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)294

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2543)

Head: (48) Government Laboratory

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

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist (Dr SIN Wai-mei)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the tests performed on cigarettes, did the Government Laboratory include heat-not-burn (HNB) products or electronic cigarettes (e-cigarettes) in the tests? If yes, what are the respective numbers of test samples? What are the results?

2. Have the test reports on HNB products or e-cigarettes been released to public? If yes, what are the means for gaining access to such reports?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 23)

Reply:

1. Heat-not-burn (HNB) or e-cigarette products are not included in the routine testing of cigarettes.

2. During the period from 2015 to 2017, the Government Laboratory has tested samples of HNB and e-cigarette products for the formulation of the proposed regulatory regime under the Smoking (Public Health) (Amendment) Bill 2019. Test results were available in the LC Paper No. CB(2)1175/18-19(03) issued in April 2019.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3825)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :

Regarding this Programme, will the Government :

1. set out the estimated additional numbers of hospital beds, operating theatre sessions, quotas for general outpatient and specialist outpatient services, and healthcare personnel to be provided in the public hospitals in various clusters in 2020-21; and
2. tabulate the expenditure of and number of inpatient attendances at each public hospital in the past year, as well as the estimated expenditure for the coming year?

Asked by : Hon CHAN Chi-chuen (LegCo internal reference no. : 132)

Reply:

1.

Recurrent subvention to the Hospital Authority (HA) in 2020-21 amounts to $75.0 billion, representing an increase of 5.0% over the 2019-20 revised estimate ($71.4 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 416 public hospital beds. The table below sets out the planned number of new hospital beds in 2020-21 :

Cluster	**Planned number of new hospital beds in 2020-21**		
	Acute General	**Convalescent / Rehabilitation**	**Total**
HKEC	27	–	**27**
KCC	68	12	**80**
KEC	46	–	**46**
KWC	48	36	**84**
NTEC	83	32	**115**
NTWC	64	–	**64**
HA Overall	**336**	**80**	**416**

(b) enhancing the following manpower measures to retain staff and alleviate manpower pressure :

(i) enhancement of opportunities for Associate Consultants to be promoted to Consultants;

(ii) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;

(iii) provision of allowance for registered nurses who have attained recognised specialty qualifications;

(iv) continuation of enhancement measures for Patient Care Assistants, Operation Assistants and Executive Assistants; and

(v) continuation of recruitment of additional non-locally trained doctors under Limited Registration; and

(c) enhancing radiological imaging services; increasing the quotas for general outpatient clinics; providing additional specialist outpatient clinic attendances, etc.

The number of medical, nursing and allied health staff in 2020-21 is expected to increase by, on a full-time equivalent basis, 183, 1 140 and 460 respectively when compared with 2019-20. HA will deploy existing staff and recruit additional staff for implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

2.

The table below sets out the projected total operating expenditure for 2019-20 (based on expenditure as at 31 December 2019) as well as the number of inpatient discharges and deaths (IP D&D) and day inpatient discharges and deaths (DP D&D) (based on provisional figures up to 31 December 2019) of each hospital / institution managed by the HA in 2019-20.

Cluster	**Hospital / Institution**	**2019-20**	**2019-20 (up to 31 December 2019) [Provisional figures]**	
		Projected total operating expenditure ($ million)	**Number of IP D&D**	**Number of DP D&D**
HKEC	Cheshire Home, Chung Hom Kok	121	295	1
	Pamela Youde Nethersole Eastern Hospital	5,213	66 646	49 658
	Ruttonjee and Tang Shiu Kin Hospitals	1,518	17 984	2 689
	St. John Hospital	97	476	2 217
	Tung Wah Eastern Hospital	480	3 773	1 753
	Wong Chuk Hang Hospital	133	122	1

Cluster	Hospital / Institution	2019-20	2019-20 (up to 31 December 2019) [Provisional figures]	
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
HKWC	Grantham Hospital	608	5 797	8 076
	MacLehose Medical Rehabilitation Centre	121	936	1
	Queen Mary Hospital and Tsan Yuk Hospital (Note 1)	6,397	70 417	56 865
	The Duchess of Kent Children's Hospital at Sandy Bay	252	1 968	1 324
	Tung Wah Group of Hospitals Fung Yiu King Hospital	203	2 152	8
	Tung Wah Hospital	655	6 204	14 326
KCC	Hong Kong Buddhist Hospital	387	4 760	914
	Hong Kong Children's Hospital	1,158	2 306	4 539
	Hong Kong Eye Hospital	334	528	5 678
	Hong Kong Red Cross Blood Transfusion Service	427	- (Note 2)	
	Kowloon Hospital	1,566	12 774	549
	Kwong Wah Hospital	2,978	48 183	22 211
	Our Lady of Maryknoll Hospital	619	5 252	2 877
	Queen Elizabeth Hospital	6,849	90 636	69 619
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	505	6 959	835
KEC	Haven of Hope Hospital	591	5 730	61
	Tseung Kwan O Hospital	2,188	36 840	20 570
	United Christian Hospital	4,903	62 082	32 079
KWC	Caritas Medical Centre	2,529	41 310	16 138
	Kwai Chung Hospital	1,349	3 284	32
	North Lantau Hospital	545	3 373	2 057
	Princess Margaret Hospital	5,110	74 615	47 516
	Yan Chai Hospital	2,036	40 126	7 353
NTEC	Alice Ho Miu Ling Nethersole Hospital	1,932	27 599	21 876
	Bradbury Hospice	59	548	2
	Cheshire Home, Shatin	138	139	1
	North District Hospital	1,965	29 834	9 268
	Prince of Wales Hospital	6,008	70 926	66 414
	Shatin Hospital	705	6 683	39
	Tai Po Hospital	753	7 341	34

Cluster	Hospital / Institution	2019-20	2019-20 (up to 31 December 2019) [Provisional figures]	
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
NTWC	Castle Peak Hospital	1,211	2 021	20
	Pok Oi Hospital	1,645	29 027	16 237
	Siu Lam Hospital	270	340	10
	Tin Shui Wai Hospital	543	5 148	3 698
	Tuen Mun Hospital	6,425	81 642	51 245

The budget allocation to individual hospitals for 2020-21 is being worked out and hence is not yet available.

2019-20 financial projection is primarily based on expenditure projection as at 31 December 2019, adjusted to include the financial impact of 2019-20 Annual Pay Adjustment.

The operating expenditure as shown in the table above represents the resources utilised by hospitals to meet clusters' daily operational needs, such as staff costs, drugs expenditure (including items self-financed by patients), medical supplies and utilities charges, etc. It does not include capital expenditure such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

It should be noted that HA hospitals and clinics are organised into seven clusters to form networks of services and facilities, with individual hospitals having different roles (e.g. acute hospitals and general hospitals) in supporting their respective clusters, often complementing each other along the patient care path. Furthermore, designated services such as liver transplantation are provided by specific clusters but not all clusters. Hence, operating expenditure of individual hospitals reflects their respective roles, service capacity, service throughputs and scope of services within a cluster and is not directly comparable.

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day. The calculation of the number of discharges and deaths includes that of both inpatients and day inpatients.

Note :

1. Tsan Yuk Hospital is a day centre which mainly offers ambulatory care for antenatal and postnatal patients and therefore has no inpatient beds.

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

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. 3826)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(1) Regarding medical supplies donated by members of the public between January and February 2020, will the Government set out the number of cases in which such medical supplies were received by various public hospital clusters, the number of cases in which they were rejected by the Hospital Authority (HA), and the quantity of various kinds of medical supplies accepted by the HA?

(2) Will the Government set out the respective stocks of masks and gowns in various public hospital clusters in January 2020 and the respective stocks of masks and gowns in February? How many masks and gowns were procured by each cluster between January and February?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 133)

Reply:

(1)

The Hospital Authority (HA) welcomes donations from the community for supporting HA's services. Since January 2020, HA has received various donations from individuals and organisations in the community designated for supporting HA in the combat against the Coronavirus Disease 2019. As of 29 February 2020, HA has accepted over 70 donation offers of an array of items, combinations and quantities of medical related supplies and personal protective equipment (PPE), including face masks, respirators, isolation gowns, goggles, face shields, disinfectants, etc. Acceptance of donations is centrally coordinated within HA, and information on donations received by individual clusters and hospitals is not readily available.

(2)

The stock level of surgical masks and isolation gowns in HA as at 31 January 2020 and 29 February 2020 is set out in the tables below. Breakdown by individual clusters is not available. As the procurement of PPE for combating COVID-19 is ongoing, we do not have information on the quantities involved.

PPE Item	**As at 31 January 2020 (million pieces)**	**As at 29 February 2020 (million pieces)**
Surgical Mask	14	24
Isolation Gown	2.4	2.8

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3897)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is noted that quite a number of frontline doctors of the Hospital Authority (HA) have cited the need for doctors to attend frequent administrative meetings as having significantly increased their workload and taken up a considerable amount of their time. In this connection, will the Government inform this Committee of the following:

(1) How many meetings held by the HA Head Office and individual hospitals were related to administration matters but not medical treatment issues in 2019-20?
(2) How many national affairs courses were held and what were the attendances of doctors in 2019-20? How many national affairs courses will be held in 2020-21? What was the expenditure for organising national affairs courses in 2019-20? What is the estimated expenditure for organising such courses in 2020-21?
(3) Given the tightening manpower and increasing workload of frontline doctors of the HA, will the Government take measures to reduce non-medical related meetings in the HA and individual hospitals and cease national affairs courses on a permanent basis so as to lessen the workload of frontline doctors?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 199)

Reply:

(1)

The Hospital Authority (HA) is a large organisation, managing 43 hospitals and institutions, 49 Specialist Outpatient Clinics and 73 General Outpatient Clinics, which are operated and managed by a total workforce of over 83 000 staff members (as at 31 December 2019) from a wide range of professions. As a public organisation, HA has to ensure effective corporate governance and prudent use of public funds.

Policy formulation and implementation in HA involves input from the clinical specialties. For example, resource requirements for new services and specific pressure areas are

deliberated with important inputs from stakeholders across all clusters. Meetings are arranged to deliberate on strategy and policy discussions, inter-departmental coordination of service development and service models, and other issues relating to the setting of service standards, development of clinical practice guidelines, education and training, conduct of clinical audits, clinical risk management and introduction of new technology and service development etc. Other corporate-wide management meetings are required for regular monitoring of each cluster's performance, and the performance and management of issues of respective services. Similarly, at the cluster level, different management and clinical committees and task groups are essential to the administration of the cluster and its hospitals, as well as the development and collaboration of the respective services. HA does not keep separate statistics on meetings attended by frontline doctors.

As a public organisation, HA has to ensure effective corporate governance and prudent use of public funds. At the same time, HA would remain vigilant on any practicable scope to further streamline with a view to enhancing efficiency in its governance pathway. HA will continue to modernise the operation mode of clinical committees and streamline their structure and membership composition for optimising efficiency and effectiveness. Where practicable, web conferencing would be arranged in meetings to facilitate participation by clinicians. During the demand surge periods, particularly in the current Coronavirus Disease 2019 outbreak, HA Head Office, clusters and hospitals have made arrangements to reschedule meetings in view of the pressure faced by frontline clinical staff.

(2) & (3)

HA attaches great importance to providing training and development opportunities for its staff and arranges a wide variety of clinical, non-clinical and related training programmes and exchange opportunities for staff's training exposures. Generally speaking, HA provides healthcare professionals with training opportunities not only on clinical knowledge and skills, but also training in various different areas, such as leadership, management, communication etc.

The Course on National Affairs for Hong Kong Professionals is organised by the Liaison Office of the Central People's Government in the Hong Kong Special Administrative Region and provided by the Chinese Academy of Governance. The Course, which usually lasts for 6 days and is held in Mainland cities, is one of the non-clinical training programmes and aims at enhancing participants' understanding of the Mainland's systems and policies in various aspects, including the healthcare system and development, with visits to healthcare institutions in the Mainland where appropriate. Staff's participation in the Course is on a voluntary basis and is subject to nomination by their respective departments, Hospital Chief Executives and Cluster Chief Executives and confirmation that the work and service will not be so affected.

If invitation is received, HA will consider nominations for attending the training programme with consideration of the workload and availability of the staff. In 2019-20, HA received 2 invitations and nominated 13 and 14 staff respectively, including 4 and 3 medical staff among other healthcare personnel of various professions and administrative and management staff. For 2020-21, HA so far has not received any invitation.

Under its human resources policies, HA may provide training assistance in the form of financial sponsorship and / or study leave to staff members, where appropriate, for attending training and development activities. For the said Course, the organiser is responsible for meal / accommodation, local transport and the course fee involved, whereas HA supports the nominated staff on return air passage and study leave for attending the Course. HA does not have readily available information on the expenses incurred for the Course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3898)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government:

(1) list by hospital cluster the total numbers of overtime hours and the total numbers of days of leave cancelled for doctors in all hospital clusters in the past year;

(2) list by hospital cluster the numbers of work injury cases reported by employees of the Hospital Authority (HA) and by employees of the service providers engaged by the HA in the past year?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.:200)

Reply:

(1)

Since 2009, the Hospital Authority (HA) has implemented programmes to improve doctors' working hours. These include allocating funding to set up Emergency Medicine Wards, enhancing operating theatre (OT) services in order to reduce the proportion of emergency OT services at night time, employing non-medical staff to provide care-related supporting services, employing additional doctors to relieve workload in some specialties, employing additional nurses and allied health professionals with extended roles to improve patient care, and enhancing the communication of the clinical teams. The programmes have been rolled out by phases across all HA hospitals. The proportion of doctors working for more than 65 hours per week on average dropped from around 18% in 2006 to around 3.4% in 2017-18 Note.

HA is committed to improving doctors' working hours and working condition without compromising the quality of care and patient safety. Records on overtime hours worked are maintained by individual departments manually. There is no central depository of such information readily available.

Applications and approval for cancelled leave are processed by individual departments. There is no central depository of such information readily available.

Note:

The average weekly working hours of doctors are quoted according to the surveys conducted in 2006 and 2017-18. 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 from July to December. On the other hand, full-scale monitoring for all specialties has been conducted from July to December every alternate year starting from 2011. Thus, the average weekly working hours of doctors in 2018-19 are not available for all specialties. The average weekly working hours of doctors for the year 2019-20 are being collected and are not available at present.

(2)

The table below sets out the total numbers of injury on duty cases of HA staff, including civil servants working in HA, in each cluster in the past 3 years.

Hospital Cluster	**Year**		
	2017-18 (As at 31 Mar 2018)	**2018-19** (As at 31 Mar 2019)	**2019-20** (Apr-Dec 2019; as at 31 Dec 2019)
HKEC	300	372	261
HKWC	367	446	288
KCC	713	818	717
KEC	277	250	206
KWC	533	487	390
NTEC	448	464	356
NTWC	502	562	459
Total	**3 140**	**3 399**	**2 677**

To meet operational needs of public hospital services within available resources, HA adopts a flexible resourcing strategy to recruit staff for the delivery of core hospital services, while at the same time engages external service providers as and where appropriate for the provision of daily support services to meet operational needs, such as cleansing and portering, security, patient food and laundry services. Statistics on the number of work injury cases reported by employees of the service contractors are not readily available.

Abbreviations

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

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)299

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4016)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the estimated full-year expenditure on the remuneration of the Chairman and Chief Executive of the Hospital Authority (HA) in 2020-21.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 298)

Reply:

Chairman of the Hospital Authority (HA) is appointed by Chief Executive of the Hong Kong Special Administrative Region under the HA Ordinance (Cap. 113) and is not remunerated. The table below sets out the remuneration of the Chief Executive of the HA for 2018-19. The actual expenditure for 2019-20 will only be available after the close of the financial year and estimated expenditure for 2020-21 is not available.

Year	**Remuneration* ($ million)**
2018-19	6.2

* including salaries, allowances, contributions for retirement scheme and other benefits.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)300

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4140)

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

Subhead (No. & title): (001) Salaries

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:

Please provide in table form the number of new recruits and the attrition figure of healthcare personnel (including doctors and nurses) by rank in each hospital under the Hospital Authority in the past 5 years.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 103)

Reply:

The tables below set out the intake number and attrition number of doctors by rank in each cluster in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (April – December 2019) respectively.

2015-16

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	Consultant	4	5	1
	Senior Medical Officer/Associate Consultant	2	8	3
	Medical Officer/Resident	42	9	3
	Total	**48**	**22**	**7**
HKWC	Consultant	4	10	0
	Senior Medical Officer/Associate Consultant	4	13	0
	Medical Officer/Resident	53	21	0
	Total	**61**	**44**	**0**
KCC	Consultant	3	4	2
	Senior Medical Officer/Associate Consultant	0	15	1
KCC	Medical Officer/Resident	57	7	0

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
	Total	**60**	**26**	**3**
KEC	Consultant	4	9	1
	Senior Medical Officer/Associate Consultant	4	5	4
	Medical Officer/Resident	47	16	3
	Total	**55**	**30**	**8**
KWC	Consultant	9	15	3
	Senior Medical Officer/Associate Consultant	10	21	6
	Medical Officer/Resident	89	27	2
	Total	**108**	**63**	**11**
NTEC	Consultant	3	1	1
	Senior Medical Officer/Associate Consultant	3	9	4
	Medical Officer/Resident	78	10	4
	Total	**84**	**20**	**9**
NTWC	Consultant	6	5	4
	Senior Medical Officer/Associate Consultant	3	11	5
	Medical Officer/Resident	63	19	5
	Total	**72**	**35**	**14**

2016-17

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	Consultant	6	9	2
	Senior Medical Officer/Associate Consultant	5	14	5
	Medical Officer/Resident	36	18	1
	Total	**47**	**41**	**8**
HKWC	Consultant	6	7	1
	Senior Medical Officer/Associate Consultant	1	9	1
	Medical Officer/Resident	57	17	4
	Total	**64**	**33**	**6**
KCC	Consultant	8	12	1
	Senior Medical Officer/Associate Consultant	2	14	1
	Medical Officer/Resident	44	4	3
	Total	**54**	**30**	**5**
KEC	Consultant	6	8	0
	Senior Medical Officer/Associate Consultant	2	20	1
	Medical Officer/Resident	36	11	1
	Total	**44**	**39**	**2**
KWC	Consultant	8	14	1
	Senior Medical Officer/Associate Consultant	5	21	5

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
KWC	Medical Officer/Resident	84	35	4
	Total	**97**	**70**	**10**
NTEC	Consultant	4	11	0
	Senior Medical Officer/Associate Consultant	1	8	2
	Medical Officer/Resident	74	26	7
	Total	**79**	**45**	**9**
NTWC	Consultant	9	5	6
	Senior Medical Officer/Associate Consultant	6	8	3
	Medical Officer/Resident	67	14	2
	Total	**82**	**27**	**11**

2017-18

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	Consultant	4	6	3
	Senior Medical Officer/Associate Consultant	5	12	6
	Medical Officer/Resident	49	14	1
	Total	**58**	**32**	**10**
HKWC	Consultant	4	11	5
	Senior Medical Officer/Associate Consultant	1	21	1
	Medical Officer/Resident	55	13	4
	Total	**60**	**45**	**10**
KCC	Consultant	10	11	2
	Senior Medical Officer/Associate Consultant	10	21	1
	Medical Officer/Resident	68	26	7
	Total	**88**	**58**	**10**
KEC	Consultant	8	11	3
	Senior Medical Officer/Associate Consultant	7	18	3
	Medical Officer/Resident	50	17	5
	Total	**65**	**46**	**11**
KWC	Consultant	3	7	5
	Senior Medical Officer/Associate Consultant	6	28	8
	Medical Officer/Resident	69	24	5
	Total	**78**	**59**	**18**
NTEC	Consultant	8	12	2
	Senior Medical Officer/Associate Consultant	6	17	2
	Medical Officer/Resident	79	24	6
	Total	**93**	**53**	**10**
NTWC	Consultant	10	9	9
	Senior Medical Officer/Associate Consultant	5	13	4

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
NTWC	Medical Officer/Resident	61	21	6
	Total	**76**	**43**	**19**

2018-19

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	Consultant	10	8	2
	Senior Medical Officer/Associate Consultant	3	15	6
	Medical Officer/Resident	46	13	1
	Total	**59**	**36**	**9**
HKWC	Consultant	9	14	4
	Senior Medical Officer/Associate Consultant	4	15	2
	Medical Officer/Resident	48	18	1
	Total	**61**	**47**	**7**
KCC	Consultant	21	17	8
	Senior Medical Officer/Associate Consultant	6	28	9
	Medical Officer/Resident	93	24	3
	Total	**120**	**69**	**20**
KEC	Consultant	6	10	1
	Senior Medical Officer/Associate Consultant	10	26	4
	Medical Officer/Resident	60	17	4
	Total	**76**	**53**	**9**
KWC	Consultant	6	9	2
	Senior Medical Officer/Associate Consultant	2	17	6
	Medical Officer/Resident	78	25	3
	Total	**86**	**51**	**11**
NTEC	Consultant	7	21	1
	Senior Medical Officer/Associate Consultant	5	29	6
	Medical Officer/Resident	80	20	5
	Total	**92**	**70**	**12**
NTWC	Consultant	7	5	2
	Senior Medical Officer/Associate Consultant	3	24	4
	Medical Officer/Resident	66	19	2
	Total	**76**	**48**	**8**

2019-20 (April – December 2019)

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	Consultant	7	3	7
	Senior Medical Officer/Associate Consultant	2	8	2
	Medical Officer/Resident	41	11	0
	Total	**50**	**22**	**9**
HKWC	Consultant	4	4	2
	Senior Medical Officer/Associate Consultant	6	8	1
	Medical Officer/Resident	54	7	0
	Total	**64**	**19**	**3**
KCC	Consultant	16	13	4
	Senior Medical Officer/Associate Consultant	1	33	3
	Medical Officer/Resident	85	23	2
	Total	**102**	**69**	**9**
KEC	Consultant	8	6	1
	Senior Medical Officer/Associate Consultant	2	11	4
	Medical Officer/Resident	51	16	0
	Total	**61**	**33**	**5**
KWC	Consultant	4	6	1
	Senior Medical Officer/Associate Consultant	2	21	1
	Medical Officer/Resident	73	18	0
	Total	**79**	**45**	**2**
NTEC	Consultant	5	9	3
	Senior Medical Officer/Associate Consultant	5	14	2
	Medical Officer/Resident	91	14	3
	Total	**101**	**37**	**8**
NTWC	Consultant	9	9	2
	Senior Medical Officer/Associate Consultant	3	8	0
	Medical Officer/Resident	83	11	0
	Total	**95**	**28**	**2**

The tables below set out the intake number and attrition number of nurses by rank in each cluster in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (April – December 2019) respectively.

2015-16

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	5	21	0
	Registered Nurse	230	104	1

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	Enrolled Nurse/ Others	29	35	0
	Total	**264**	**163**	**1**
HKWC	DOM/SNO and above	0	1	0
	APN/NS/NO/WM	1	19	0
	Registered Nurse	206	88	7
	Enrolled Nurse/ Others	40	35	1
	Total	**247**	**143**	**8**
KCC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	0	23	1
	Registered Nurse	223	111	1
	Enrolled Nurse/ Others	35	27	0
	Total	**258**	**163**	**2**
KEC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	3	19	0
	Registered Nurse	184	90	1
	Enrolled Nurse/ Others	38	35	0
	Total	**225**	**146**	**1**
KWC	DOM/SNO and above	0	5	0
	APN/NS/NO/WM	1	33	0
	Registered Nurse	352	173	0
	Enrolled Nurse/ Others	50	51	0
	Total	**403**	**262**	**0**
NTEC	DOM/SNO and above	0	1	0
	APN/NS/NO/WM	1	15	0
	Registered Nurse	277	112	0
	Enrolled Nurse/ Others	48	34	0
	Total	**326**	**162**	**0**
NTWC	DOM/SNO and above	0	4	0
	APN/NS/NO/WM	2	22	0
	Registered Nurse	261	106	0
	Enrolled Nurse/ Others	55	28	0
	Total	**318**	**160**	**0**

2016-17

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	DOM/SNO and above	1	0	0
	APN/NS/NO/WM	4	20	0
	Registered Nurse	166	102	0

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
	Enrolled Nurse/ Others	41	25	0
HKEC	**Total**	**212**	**147**	**0**
HKWC	DOM/SNO and above	0	1	0
	APN/NS/NO/WM	4	36	0
	Registered Nurse	155	143	8
	Enrolled Nurse/ Others	47	31	2
	Total	**206**	**211**	**10**
KCC	DOM/SNO and above	1	5	0
	APN/NS/NO/WM	5	27	0
	Registered Nurse	203	128	0
	Enrolled Nurse/ Others	32	46	0
	Total	**241**	**206**	**0**
KEC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	4	18	3
	Registered Nurse	159	83	1
	Enrolled Nurse/ Others	27	42	1
	Total	**190**	**145**	**5**
KWC	DOM/SNO and above	0	5	0
	APN/NS/NO/WM	3	39	0
	Registered Nurse	310	196	0
	Enrolled Nurse/ Others	57	54	0
	Total	**370**	**294**	**0**
NTEC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	7	20	0
	Registered Nurse	201	139	0
	Enrolled Nurse/ Others	37	40	0
	Total	**245**	**202**	**0**
NTWC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	4	23	0
	Registered Nurse	218	86	0
	Enrolled Nurse/ Others	71	36	0
	Total	**293**	**148**	**0**

2017-18

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	DOM/SNO and above	0	1	1
	APN/NS/NO/WM	18	20	4
	Registered Nurse	190	86	2

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
	Enrolled Nurse/ Others	36	33	0
	Total	**244**	**140**	**7**
HKWC	DOM/SNO and above	0	5	0
	APN/NS/NO/WM	10	35	0
	Registered Nurse	204	107	11
	Enrolled Nurse/ Others	36	28	1
	Total	**250**	**175**	**12**
KCC	DOM/SNO and above	0	5	0
	APN/NS/NO/WM	9	42	3
	Registered Nurse	348	184	0
	Enrolled Nurse/ Others	55	54	0
	Total	**412**	**285**	**3**
KEC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	14	17	3
	Registered Nurse	203	74	0
	Enrolled Nurse/ Others	44	26	0
	Total	**261**	**119**	**3**
KWC	DOM/SNO and above	0	7	0
	APN/NS/NO/WM	14	38	2
	Registered Nurse	320	126	0
	Enrolled Nurse/ Others	53	34	0
	Total	**387**	**205**	**2**
NTEC	DOM/SNO and above	0	5	0
	APN/NS/NO/WM	14	37	0
	Registered Nurse	322	134	0
	Enrolled Nurse/ Others	55	34	0
	Total	**391**	**210**	**0**
NTWC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	8	25	0
	Registered Nurse	224	98	0
	Enrolled Nurse/ Others	37	42	0
	Total	**269**	**167**	**0**

2018-19

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	6	30	3
	Registered Nurse	188	105	3

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
	Enrolled Nurse/ Others	45	41	0
	Total	**239**	**178**	**6**
HKWC	DOM/SNO and above	0	7	0
	APN/NS/NO/WM	8	35	0
	Registered Nurse	221	125	11
	Enrolled Nurse/ Others	33	40	1
	Total	**262**	**207**	**12**
KCC	DOM/SNO and above	0	9	0
	APN/NS/NO/WM	22	61	5
	Registered Nurse	361	218	1
	Enrolled Nurse/ Others	68	55	0
	Total	**451**	**343**	**6**
KEC	DOM/SNO and above	0	6	0
	APN/NS/NO/WM	10	21	1
	Registered Nurse	247	116	2
	Enrolled Nurse/ Others	59	29	0
	Total	**316**	**172**	**3**
KWC	DOM/SNO and above	0	8	0
	APN/NS/NO/WM	5	53	2
	Registered Nurse	385	166	1
	Enrolled Nurse/ Others	70	37	0
	Total	**460**	**264**	**3**
NTEC	DOM/SNO and above	0	6	0
	APN/NS/NO/WM	6	31	2
	Registered Nurse	320	144	0
	Enrolled Nurse/ Others	63	39	0
	Total	**389**	**220**	**2**
NTWC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	5	22	1
	Registered Nurse	237	138	0
	Enrolled Nurse/ Others	64	38	0
	Total	**306**	**201**	**1**

2019-20 (April – December 2019)

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	11	27	3
	Registered Nurse	195	78	0

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
	Enrolled Nurse/ Others	34	23	0
	Total	**240**	**130**	**3**
HKWC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	7	20	2
HKWC	Registered Nurse	276	71	12
	Enrolled Nurse/ Others	24	17	1
	Total	**307**	**111**	**15**
KCC	DOM/SNO and above	0	12	0
	APN/NS/NO/WM	10	27	3
	Registered Nurse	428	163	1
	Enrolled Nurse/ Others	53	57	0
	Total	**491**	**259**	**4**
KEC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	11	11	4
	Registered Nurse	255	84	4
	Enrolled Nurse/ Others	33	22	0
	Total	**299**	**119**	**8**
KWC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	5	27	0
	Registered Nurse	310	138	0
	Enrolled Nurse/ Others	36	42	0
	Total	**351**	**209**	**0**
NTEC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	4	22	3
	Registered Nurse	277	96	1
	Enrolled Nurse/ Others	35	42	0
	Total	**316**	**163**	**4**
NTWC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	7	20	3
	Registered Nurse	320	83	1
	Enrolled Nurse/ Others	36	34	0
	Total	**363**	**140**	**4**

Note:

1) Intake refers to total number of permanent and contract staff joining the Hospital Authority (HA) on headcount basis during the period. Transfer, promotion and staff movement within HA will not be regarded as Intake.

2) Intake number of Doctors includes the number of Interns appointed as Residents.

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

4) 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.

5) Doctors exclude Interns and Dental Officers.

6) Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016- 17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

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
DOM – Department Operations Manager
SNO – Senior Nursing Officer
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer
WM – Ward Manager

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)301

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4141)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

For hospitals under the Hospital Authority (HA), what are the ratios of healthcare staff to patients in hospital wards at present? Have guidelines specifying the healthcare staff to patients ratios in wards been formulated by the HA?

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 104)

Reply:

Tables 1 and 2 below set out the doctor-to-patient ratio and nurse-to-patient ratio by cluster for inpatients and day inpatients in 2019-20 (as at 31 December 2019) in the Hospital Authority (HA).

Table 1: Doctor-to-patient ratio by cluster in 2019-20 (as at 31 December 2019)

Cluster	**Number of Doctors**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2019-20 (as at 31 December 2019)			
HKEC	640	5.3	3.3
HKWC	667	5.7	3.0
KCC	1 275	5.6	3.4
KEC	724	5.2	3.5
KWC	1 034	4.8	3.3
NTEC	1 014	5.3	3.2
NTWC	851	5.4	3.4

Table 2: Nurse-to-patient ratio by cluster in 2019-20 (as at 31 December 2019)

Cluster	Number of Nurse	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2019-20 (as at 31 December 2019)			
HKEC	2 984	24.9	15.4
HKWC	3 061	26.1	13.7
KCC	5 943	26.0	16.1
KEC	3 331	24.0	16.0
KWC	4 752	22.0	15.2
NTEC	4 694	24.5	14.6
NTWC	3 975	25.2	15.8

In planning for services and the associated manpower support, HA has taken into account a number of factors, including the model of care, the complexity of individual cases and level of technology used. Specifically for the nursing grade, HA has developed a workload assessment model to assess the nursing workload and staffing requirements based on factors such as patient number, patient dependency and nursing activities. HA will take into account the manpower requirements as assessed by this model when planning new services.

Overall, HA provides different types and levels of services for patients according to their individual condition and needs, and will flexibly deploy its manpower resources in order to meet the operational needs.

Note:

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) Doctors exclude Interns and Dental Officers.

3) For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 December 2019; whereas the numbers of inpatient and day inpatient discharges and deaths are projected figures as of 31 December 2019.

4) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day.

5) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals)

delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

6) 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.

7) 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.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)302

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4446)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide in table form the occupancy rates of private hospitals in Hong Kong in the past 5 years.
2. Please provide in table form the following information regarding the Hospital Authority's arrangement for private hospitals in Hong Kong to receive public hospital patients in the past 3 years: a. expenditure; b. number of patients; and c. duration.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 351)

Reply:

1. The average bed occupancy rates of private hospitals in Hong Kong in the past 5 years are as follows:

	2015	2016	2017	2018	2019
Bed occupancy rate:	61.7%	62.0%	58.5%	59.3%	Not yet available

A breakdown by private hospital is at **Annex**.

2. To help tackle the service demand surge during the influenza season, the Hospital Authority (HA) has collaborated with a private hospital to utilise its low-charge beds to provide choices for HA's suitable inpatients to be transferred to the private hospital for continual care since 26 July 2017. Similar collaboration was extended to another private hospital for the influenza season starting from 5 January 2018.

The number of patients transferred from July 2017 to December 2019 and the expenditure involved are as follows:

Influenza Season	**Period**	**No. of Patients Transferred**	**Expenditure ($ million)**
2017-18 summer surge	From July 2017 to September 2017	35	0.2
2017-18 winter surge	From January 2018 to April 2018	25	0.1
2018-19 winter surge	From January 2019 to May 2019	26	0.2
	Total	**86**	**0.5**

The 2019-20 winter surge started in January 2020 and the information is not readily available.

Annex

Average bed occupancy rate of private hospitals from 2015 to 2018

Name of Hospital	Average Bed Occupancy Rate (%)			
	2015	**2016**	**2017**	**2018**
Canossa Hospital (Caritas)	37.8	42.5	39.0	35.9
Evangel Hospital	47.2	43.4	35.1	35.9
Hong Kong Adventist Hospital – Stubbs Road	45.6	45.3	44.8	46.8
Hong Kong Adventist Hospital – Tsuen Wan	60.5	51.6	43.8	47.7
Hong Kong Baptist Hospital	62.8	62.5	60.2	56.7
Hong Kong Sanatorium & Hospital Limited	71.7	73.5	75.3	78.3
Matilda & War Memorial Hospital	37.5	39.6	35.6	32.4
Precious Blood Hospital (Caritas)	19.8	28.9	26.8	25.1
St Paul's Hospital	65.9	65.4	58.9	56.3
St Teresa's Hospital	61.8	60.8	58.8	57.8
Union Hospital	82.1	82.6	82.2	85.2

Notes:
1. The average bed occupancy rate of 1 private hospital is not provided as consent is not available for the Government to release its bed occupancy rate.
2. The bed occupancy rate for 2019 is not yet available.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)303**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4906)

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

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work in relation to the Code on Access to Information, will the Government advise this Committee on the following:

1) Concerning the requests for information under the Code on Access to Information received by the Food and Health Bureau (Health Branch) from October 2018 to present for which only some of the required information has been provided, please state in table form: (i) the content of the requests for which only some of the required information has been provided; (ii) the reasons for providing some of the information only; (iii) whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application); (iv) whether the decision on withholding some of the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application)? If yes, please provide the details.

From October to December 2018

(i) Content of the requests for which only some of the required information was provided	(ii) Reasons for providing some of the information only	(iii) Whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding some of the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to

			paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

2019

(i) Content of the requests for which only some of the required information was provided	(ii) Reasons for providing some of the information only	(iii) Whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding some of the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

2）Concerning the requests for information under the Code on Access to Information received by the Food and Health Bureau (Health Branch) from October 2018 to present for which the required information has not been provided, please state in table form: (i) the content of the requests refused; (ii) the reasons for refusal; (iii) whether the decision on withholding the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application); (iv) whether the decision on withholding the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application)? If yes, please provide the details.

From October to December 2018

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) Whether the decision on withholding the information was made at the directorate (D1 or D2) level (according	(iv) Whether the decision on withholding the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such

		to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

2019

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) Whether the decision on withholding the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

3) Any person who believes that a department has failed to comply with any provision of the Code on Access to Information may ask the department to review the situation. Please advise this Committee in each of the past 5 years, (i) the number of review cases received; (ii) the number of cases, among the review cases received in the year, in which further information was disclosed after review; (iii) whether the decisions on review were made at the directorate (D1 or D2) level.

Year in which review cases were received	(i) Number of review cases received	(ii) Number of cases, among the review cases received in the year, in which further information was disclosed after review	(iii) Whether the decisions on review were made at the directorate (D1 or D2) level
2015			

2016			
2017			
2018			
2019			

4) With reference to the target response times set out in paragraphs 1.16.1 to 1.19.1 of Guidelines on Interpretation and Application of the Code on Access to Information, please advise this Committee on the following information by year in table form (with text descriptions).

(a) Within 10 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they did not accept the charge
2020					
2019					
2018					
2017					
2016					

Within 10 to 21 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they

			department which held the information under request		did not accept the charge
2020					
2019					
2018					
2017					
2016					

Within 21 to 51 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they did not accept the charge
2020					
2019					
2018					
2017					
2016					

(b) cases in which information could not be provided within 21 days from date of receipt of a request in the past 5 years:

Date	Subject of information requested	Specific reason

(c) cases in which information could not be provided within 51 days from date of receipt of a request in the past 5 years:

Date	Subject of information requested	Specific reason

5) Please state in table form the number of those, among the cases in which requests for information were refused under the exemption provisions in Part 2 of the Code on Access to Information, on which the Privacy Commissioner for Personal Data was consulted when they were being handled in the past 5 years. For cases on which advice had been sought, was it fully accepted in the end? For cases where the advice of the Privacy Commissioner for Personal Data was not accepted or was only partially accepted, what are the reasons?

Date	Subject	Particular exemption provision in Part 2 of the Code on Access to Information under which requests for information were refused	Whether the advice of the Privacy Commissioner for Personal Data was fully accepted	Reasons for refusing to accept or only partially accepting the advice of the Privacy Commissioner for Personal Data

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 476)

Reply:

During the period from October 2018 to September 2019, the Food and Health Bureau (Health Branch) did not receive any request for which only part of the required information was provided or refuse any request for information under the Code on Access to Information (the Code).

2. During the period from 2015 to September 2019, there was 1 request for information which was refused by the Health Branch under the exemption provisions in Part 2 of the Code. Further information was disclosed after a review of the case. The decision was made by an officer at point two or above of the Directorate Pay Scale.

3. During the period from 2016 to September 2019, the number of written requests for which the information requested was provided by the Health Branch within 10 days, 11 to 21 days and 22 to 51 days from date of receipt of a request were 8, 11 and 3 respectively. The number of written requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request within 10 days from date of receipt of a request was 12.

4. During the period from 2016 to September 2019, the main reason for the Health Branch not providing the information requested within 21 days from date of receipt of the requests was that longer time was required to prepare the information which was complex

and detailed.

5. During the period from 2016 to September 2019, there was no case where information could not be provided by the Health Branch within 51 days from date of receipt of a request.

6. During the period from 2016 to September 2019, the Health Branch did not consult the Privacy Commissioner for Personal Data on the case where request for information was refused.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6405)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

After the outbreaks of SARS and Wuhan pneumonia, will the Government make provision in its estimates for holiday villages, training facilities or quarters for the disciplined services and other suitable facilities to be built, to incorporate features which can enable these premises to meet the general requirements for quarantine facilities, so that they can be readily converted into quarantine centres should Hong Kong be hit by further epidemics in the future?

If so, please give details of the expenditure and projects involved. If not, will the Government conduct studies in this regard and explore the possibility of converting existing facilities?

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 375)

Reply:

Since late January 2020, the Government has been making every effort to look for suitable sites for setting up quarantine facilities in full steam, including refurbishment of existing facilities and construction of additional units at the Lei Yue Mun Park and Holiday Village in Chai Wan, the Sai Kung Outdoor Recreation Centre, the Junior Police Call Permanent Activity Centre in Pat Heung, Yuen Long, and a government land site at Penny's Bay. The expenditure of the projects is funded under the Capital Works Reserve Fund and the Lotteries Fund. Details on the projects are outside the scope of Head 140 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)305**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6415)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In last year's Budget, the Government earmarked $10 billion to set up a public healthcare stabilisation fund. What is the current management situation of the fund? Have any investments been made? What are the investment returns? Given that the medical expenditure has been soaring over the years, will the Government continue to make injections to the fund?

Is it necessary to use the fund to cope with the recent outbreak of disease? Is there any pre-established mechanism to define the circumstances under which the fund can be used? Please provide the details.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 374)

Reply:

The Government has earmarked $10 billion for the public healthcare stabilisation fund. The fund serves to cope with the contingency needs of Hospital Authority (HA) in case there is not enough in the public coffers to meet HA's additional requirements or additional expenditure arising from unforeseeable circumstances. The funding earmarked remains part of the fiscal reserves until it is spent.

The Government would allocate $4.7 billion out of the Anti-epidemic Fund to HA to enhance support to HA in combating the Coronavirus Disease 2019 epidemic. The stabilisation fund would not be mobilised for this purpose.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6560)

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

Subhead (No. & title): ()

Programme: (1) Health, (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. In view of the numerous public healthcare crises that have arisen, has the Government made additional provision in its earmarked expenditures for the Hospital Authority (HA) and the Department of Health (DH) to increase their stockpiles of healthcare equipment including masks, goggles and gowns?

   (i) Please state the quantities of personal protective equipment (PPE) stockpiled each year and the procurement expenditure involved since 2000.

   (ii) What will be the size of the increased PPE stockpile and the estimated expenditure involved? Will the PPE be enhanced or improved?

2. In another connection, the Government withdrew its funding proposals relating to healthcare training facilities for tertiary institutions at the request of some Legislative Council members. Will the proposals be placed back on the Agenda as soon as possible in the current legislative year? Please provide an itemised breakdown of: (i) the timetable for putting the proposals back on the Agenda; (ii) the reasons for the previous withdrawals; (iii) any changes to be reflected in the resubmitted proposals; and (iv) any changes to the estimated expenditure.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 8)

Reply:

(1)

For infection prevention and control, the Department of Health (DH) maintains a stockpile of personal protective equipment (PPE) including, surgical masks, N95 respirators, etc. for use by the Government's healthcare and front-line personnel. To tackle the Coronavirus Disease 2019 (COVID-19) epidemic, the demand for PPE has correspondingly increased.

DH has been working closely with the Food and Health Bureau and the Government Logistics Department to increase the volume and expedite the purchases to replenish the PPE for use by the Government's healthcare and front-line personnel. The details sought in respect of the breakdown since 2000 are not readily available.

With the development of the COVID-19 infection, the Hospital Authority (HA) has expedited and significantly increased the procurement of PPE since January 2020. As the HA's procurement of PPE for combating COVID-19 is ongoing, we do not have information on the total expenditure and quantities involved.

(2)

The Government plans to re-submit the mentioned projects to the Finance Committee for consideration as soon as possible within the 2019-20 legislative session.

The mentioned projects are to be funded under the Capital Works Reserve Fund. Details on the programmes are outside the scope of Head 140 under the General Revenue Account.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6563)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide the details of the additional resources provided by the Hospital Authority (HA) to the "Dirty Team", including the number of additional staff, additional working allowances, types and numbers of protective gears, and the additional expenditures involved, since the outbreak of COVID-19 in Hong Kong.

2. Please provide the details of the expenditure on conducting rapid virus testing for the public by the HA since the outbreak of COVID-19 in Hong Kong.

3. Please provide the details of the types, numbers and expenditures involved for the purchase of masks and all other protective gears by the HA, since the outbreak of COVID-19 in Hong Kong.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 501)

Reply:

(1)

To meet the operational need of high risk areas, clinical departments arrange their staff through rotation arrangements. Staff from various units/specialties is also deployed to share the workload. The number of healthcare workers deployed to high risk areas during the Coronavirus Disease 2019 (COVID-19) epidemic is adjusted from time to time according to the operational need. The requested number of additional staff is therefore not available

Under the Emergency Response Level in response to the COVID-19 epidemic, the Hospital Authority (HA) has been arranging hospital accommodation for staff who work in high risk areas with temporary accommodation needs. HA has also introduced a Special Rental Allowance (SRA) at a fixed rate of $500 per day to staff working in high risk areas for supporting their temporary accommodation needs during the Emergency Response Level.

In addition, HA has introduced Special Emergency Response Allowance (SERA) to provide recognition to frontline staff engaging in high risk duties during the Emergency Response Level. The SERA is set at 20% of the daily basic salary of the staff concerned with a minimum rate of $500 per day, with retrospective effect from the activation of the Emergency Response Level in public hospitals since 25 January 2020.

Since both SRA and SERA are newly implemented, the number of staff receiving the allowance and the amount involved are not yet available.

(2)

The HA laboratories have started to provide COVID-19 testing since 1 February 2020, and are currently providing more than 1 000 tests a day. HA has procured over 300 000 testing reagents and will continue to acquire more stock.

(3)

With the development of the COVID-19 infection, HA has expedited and significantly increased the procurement of Personal Protective Equipment (PPE) since January 2020. As the procurement of PPE for combating COVID-19 is ongoing, information on the total expenditure and quantities involved is not available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)308

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5510)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please inform this Committee of the numbers of psychiatric patients aged below 18, aged between 18 and 64, and aged 65 or above by type of mental illness in the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 1015)

Reply:

The table below sets out the number of psychiatric patients aged below 18 treated and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders in the Hospital Authority (HA) from 2015-16 to 2019-20 (projection as of 31 December 2019).

	Number of psychiatric patients aged below 18[1,2,3]	**Number of patients aged below 18 diagnosed with [1,2,3,5]**				
		Autism spectrum disorder	**Attention-deficit hyperactivity disorder**	**Behavioural and emotional disorders**	**Schizophrenic spectrum disorder[4]**	**Depression/ Depressive disorders**
2015-16	28 800	9 300	11 100	1 600	400	400
2016-17	32 300	10 400	12 700	1 700	400	600
2017-18	34 900	11 800	14 000	1 700	400	800
2018-19	37 900	13 400	16 100	2 200	400	1 000
2019-20 (projection as of 31 December 2019)	39 700	14 100	17 000	2 600	300	1 000

The table below sets out the number of psychiatric patients aged between 18 to 64 treated and diagnosed with schizophrenic spectrum disorder in HA from 2015-16 to 2019-20 (projection as of 31 December 2019):

	Number of psychiatric patients aged between 18 to 64 [1,2,3]	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder**[1,2,3,4,5]
2015-16	149 200	40 100
2016-17	153 900	40 400
2017-18	157 500	40 500
2018-19	161 400	40 600
2019-20 (projection as of 31 December 2019)	163 400	40 300

The table below sets out the number of psychiatric patients aged 65 or above and the number of patients aged 65 or above with dementia under psychiatry in HA from 2015-16 to 2019-20 (projection as of 31 December 2019):

	Number of psychiatric patients aged 65 or above [1,2,3]	**Number of patients aged 65 or above with dementia under psychiatry** [1,2,3,6]
2015-16	50 700	16 900 (Year 2015)
2016-17	54 700	17 900 (Year 2016)
2017-18	58 800	19 000 (Year 2017)
2018-19	62 500	20 100 (Year 2018)
2019-20 (projection as of 31 December 2019)	67 200	Not readily available (Year 2019)

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Refer to age as at 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. In HA, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffered from other diagnosis are excluded.
5. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.
6. HA has aligned the method to estimate the number of patients with dementia by using diagnosis coding, drug dispensing and / or laboratory results information, and therefore such figures may not be comparable to those released in the past due to the difference in methodology and data scope.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5606)

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

Subhead (No. & title): (700) General non-recurrent

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the new Item 804 on "DHC Express" Scheme, what are the estimated expenditure and work plan involved? Why is the funding for this item sought from the Legislative Council (LegCo) in the context of the Appropriation Bill, instead of separately sought from the Finance Committee of the LegCo, even if this is not a new arrangement?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 842)

Reply:

Non-governmental organisations (NGOs) will be identified to operate "DHC Express" by way of invitation of proposals. A consultation session was conducted in early January 2020 to collect views from NGOs on the "DHC Express" Scheme including the service scope, target participants, funding arrangement, as well as other key issues and concern. The Food and Health Bureau plans to invite proposals for "DHC Express" in the third quarter of 2020. "DHC Express" in the various districts are targeted to commence services in 2021.

An estimated non-recurrent expenditure of about $596 million over a 3-year project period is budgeted for setting up and operating "DHC Express" in 11 districts.

The arrangement to include in the draft Estimates funding proposals for creating commitments or increasing expenditure ceilings for approved commitment items under the General Revenue Account for scrutiny and approval by the Legislative Council (LegCo) in the context of the Appropriation Bill is in line with the requirements under sections 5 and 6 of the Public Finance Ordinance. The Government explained the relevant arrangements to the Finance Committee in early 2015. In this particular case, before the funding proposal was included in the draft Estimates, we provided relevant information to and briefed the LegCo Panel on Health Services in January and March 2020 respectively. We have included the necessary provision for this proposal under the respective head and sub-heads of expenditure as well as provided appropriate information in the Controlling Officer's

Report to facilitate Members' consideration.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)310

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5774)

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

Subhead (No. & title): ()

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise this Committee of the following:

(1) whether the Bureau has received and used CSI masks produced by the Correctional Services Department (CSD); if yes, the details; if not, the reasons for that; and

(2) if CSI masks produced by the CSD have been received and used, the respective figures on the CSI masks received and used in each of the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 601)

Reply:

The Food and Health Bureau (FHB) obtains masks produced by the Correctional Services Department from the Government Logistics Department and also procures masks from the market for distribution to its staff. FHB does not maintain information regarding the distribution of masks with different origins to staff members.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)311

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5787)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Please list the occupancy rates of general beds and beds in various specialties under the Hospital Authority (HA) as a whole and in each hospital cluster, as well as the length of stay of the patients in the past 5 years.
2. Please list the average unit costs of the outpatient services of each specialty (including Ear, Nose and Throat, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in each HA hospital cluster in the past 5 years.
3. Please provide a breakdown, by District Council district, of the numbers of people on the waiting lists of various specialist outpatient services and their waiting times in the past 5 years.
4. Please list the unit costs (per day) of general (including acute and convalescent), infirmary, mentally ill and mentally handicapped inpatient services in the past 5 years.
5. Please set out the numbers of first appointments at obstetric specialist outpatient clinics in various HA hospitals, and the lower quartile, median, upper quartile, and the 95th percentile waiting times in the past 5 years.
6. Please set out the actual and estimated expenditures on general outpatient services in the past 5 years and the next financial year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 400)

Reply:

(1)

The tables below set out the inpatient (IP) bed occupancy rate and IP average length of stay (IP ALOS) for all general specialties (acute and convalescent) and major specialties in each cluster under the Hospital Authority (HA) from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

	Cluster[#]							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All general specialties (acute & convalescent)								
IP bed occupancy rate	87%	76%	90%	91%	88%	89%	101%	89%
IP ALOS (days)	5.3	5.8	7.2	5.4	5.2	6.3	5.7	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	92%	59%	90%	55%	83%	75%	104%	75%
IP ALOS (days)	2.2	2.7	2.2	2.4	1.9	2.2	1.7	2.1
Medicine								
IP bed occupancy rate	93%	88%	103%	99%	98%	102%	109%	99%
IP ALOS (days)	5.3	5.7	7.9	5.9	6.0	6.9	7.1	6.4
Obstetrics								
IP bed occupancy rate	84%	62%	72%	62%	67%	64%	94%	70%
IP ALOS (days)	3.7	3.0	3.2	2.9	2.8	2.9	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	90%	73%	104%	100%	92%	87%	93%	91%
IP ALOS (days)	5.1	7.8	11.2	6.0	6.4	8.3	9.3	7.5
Paediatrics								
IP bed occupancy rate	85%	66%	70%	79%	72%	84%	100%	77%
IP ALOS (days)	3.4	5.4	4.2	2.5	2.8	3.5	3.5	3.4
Surgery								
IP bed occupancy rate	79%	71%	95%	87%	76%	96%	96%	84%
IP ALOS (days)	3.7	5.2	4.8	4.0	3.7	5.6	4.5	4.4

2016-17

	Cluster[#]							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All general specialties (acute & convalescent)								
IP bed occupancy rate	89%	78%	90%	94%	89%	92%	101%	90%
IP ALOS (days)	5.4	5.7	7.0	5.4	5.3	6.2	5.7	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	93%	61%	102%	52%	80%	74%	110%	76%
IP ALOS (days)	2.3	2.6	2.4	2.3	2.0	2.1	1.8	2.2
Medicine								
IP bed occupancy rate	91%	89%	101%	101%	98%	104%	109%	99%
IP ALOS (days)	5.0	5.6	7.5	5.9	6.0	7.1	7.3	6.3
Obstetrics								
IP bed occupancy rate	87%	66%	75%	64%	70%	70%	97%	74%
IP ALOS (days)	3.9	2.9	3.3	2.9	2.9	2.9	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	91%	74%	101%	104%	93%	84%	89%	90%
IP ALOS (days)	5.1	7.9	11.2	6.3	6.3	8.1	9.0	7.5
Paediatrics								
IP bed occupancy rate	92%	70%	73%	89%	80%	87%	117%	84%
IP ALOS (days)	3.3	5.0	3.7	2.9	3.1	3.6	3.8	3.5
Surgery								
IP bed occupancy rate	84%	74%	97%	92%	79%	100%	94%	87%
IP ALOS (days)	3.8	5.3	4.8	4.0	3.7	5.5	4.3	4.4

2017-18

	Cluster[#]							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
All general specialties (acute & convalescent)								
IP bed occupancy rate	91%	79%	90%	98%	95%	92%	107%	93%
IP ALOS (days)	5.3	5.8	6.6	5.6	5.1	6.2	6.0	5.9
Major specialties								
Gynaecology								
IP bed occupancy rate	107%	58%	81%	59%	90%	75%	109%	78%
IP ALOS (days)	2.6	2.6	2.3	2.4	1.8	2.1	1.8	2.2
Medicine								
IP bed occupancy rate	96%	94%	101%	108%	103%	105%	116%	104%
IP ALOS (days)	5.3	5.8	7.0	6.2	5.7	7.1	7.6	6.4
Obstetrics								
IP bed occupancy rate	82%	66%	65%	59%	72%	69%	95%	71%
IP ALOS (days)	3.8	2.9	3.1	2.8	2.8	3.1	2.9	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	94%	73%	106%	106%	97%	86%	99%	94%
IP ALOS (days)	5.2	7.3	9.3	6.8	6.4	7.6	9.2	7.5
Paediatrics								
IP bed occupancy rate	91%	75%	81%	85%	78%	86%	118%	85%
IP ALOS (days)	3.2	5.1	3.8	2.5	3.1	3.5	3.4	3.4
Surgery								
IP bed occupancy rate	86%	71%	85%	90%	93%	96%	100%	88%
IP ALOS (days)	3.9	5.3	4.6	4.2	3.9	5.5	4.5	4.5

2018-19

	Cluster[#]							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All general specialties (acute & convalescent)								
IP bed occupancy rate	91%	77%	91%	98%	93%	91%	104%	92%
IP ALOS (days)	5.4	5.8	6.7	5.8	5.2	6.3	6.0	5.9
Major specialties								
Gynaecology								
IP bed occupancy rate	108%	64%	83%	81%	94%	78%	109%	84%
IP ALOS (days)	2.4	2.8	2.3	2.4	1.7	2.2	1.8	2.2
Medicine								
IP bed occupancy rate	96%	93%	100%	108%	102%	105%	113%	103%
IP ALOS (days)	5.4	5.8	7.0	6.5	6.0	7.5	8.0	6.6
Obstetrics								
IP bed occupancy rate	76%	62%	65%	55%	66%	67%	93%	68%
IP ALOS (days)	3.7	3.0	3.1	2.8	2.7	3.2	2.9	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	97%	71%	111%	105%	98%	84%	95%	95%
IP ALOS (days)	5.6	7.2	9.6	6.6	6.9	7.2	8.8	7.5
Paediatrics								
IP bed occupancy rate	87%	72%	76%	84%	74%	84%	89%	79%
IP ALOS (days)	3.3	5.2	3.6	2.9	3.1	3.6	4.0	3.6
Surgery								
IP bed occupancy rate	89%	70%	87%	93%	91%	89%	107%	89%
IP ALOS (days)	4.0	5.2	4.6	4.3	3.6	5.2	4.9	4.5

2019-20 (up to 31 December 2019) [Provisional figures]

	Cluster[#]							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All general specialties (acute & convalescent)								
IP bed occupancy rate	90%	77%	92%	98%	95%	91%	104%	93%
IP ALOS (days)	5.5	5.7	6.8	5.8	5.1	6.4	6.0	6.0
Major specialties								
Gynaecology								
IP bed occupancy rate	103%	63%	78%	71%	94%	84%	113%	82%
IP ALOS (days)	2.5	2.9	2.3	2.5	1.8	2.5	1.9	2.3
Medicine								
IP bed occupancy rate	96%	92%	103%	108%	104%	103%	113%	103%
IP ALOS (days)	5.6	5.7	7.2	6.6	6.0	7.6	8.5	6.8
Obstetrics								
IP bed occupancy rate	69%	60%	63%	51%	61%	66%	91%	65%
IP ALOS (days)	3.5	2.8	3.2	2.8	2.6	3.3	2.9	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	91%	73%	111%	104%	99%	87%	92%	95%
IP ALOS (days)	5.4	7.1	9.4	6.7	6.8	7.4	8.0	7.4
Paediatrics								
IP bed occupancy rate	80%	67%	75%	85%	77%	80%	91%	78%
IP ALOS (days)	2.9	4.9	4.2	3.1	2.9	3.0	3.3	3.4
Surgery								
IP bed occupancy rate	90%	68%	87%	94%	95%	96%	111%	91%
IP ALOS (days)	4.1	4.8	4.6	4.2	3.6	5.2	5.0	4.5

Note:

1. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident and Emergency Department or those who have stayed for more than 1 day. The calculation of the number of hospital beds includes that of both inpatients and day inpatients. The calculation of IP ALOS and IP bed occupancy rate, on the other hand, does not include that of day inpatients.

2. It should be noted that IP 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 IP bed occupancy rate and IP ALOS also vary among different hospital clusters due to different case-mix, i.e. 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.

(2)

The tables below set out the average cost per specialist outpatient (SOP) attendance in different specialties by hospital cluster under HA from 2015-16 to 2018-19.

2015-16

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	825	795	975	1,120	715	1,100	870	905
MED	1,880	2,000	2,770	2,180	1,910	2,280	2,270	2,120
O&G	1,110	1,240	930	980	830	860	975	955
OPH	605	515	615	630	580	685	555	605
ORT	1,000	975	1,070	965	960	1,150	1,080	1,030
PAE	1,420	2,070	1,690	1,220	1,440	1,630	1,210	1,540
PSY	1,290	1,330	1,280	1,260	1,240	1,450	1,490	1,340
SUR	1,430	1,580	1,170	1,510	1,410	1,830	1,420	1,470

2016-17

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	820	850	1,140	1,110	705	1,060	870	925
MED	1,800	1,920	2,690	2,050	1,880	2,210	2,050	2,040
O&G	1,130	1,100	820	980	915	765	850	915
OPH	635	625	630	635	570	700	535	615
ORT	1,030	1,070	1,200	960	985	1,130	995	1,050
PAE	1,440	2,030	1,710	1,140	1,490	1,550	1,140	1,510
PSY	1,310	1,330	1,430	1,220	1,250	1,520	1,500	1,360
SUR	1,410	1,590	1,220	1,310	1,270	1,570	1,310	1,380

2017-18

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	815	855	1,200	1,140	685	1,040	925	955
MED	1,770	1,920	2,320	2,120	1,960	2,200	1,970	2,050
O&G	1,140	1,210	905	1,040	1,080	940	890	1,000
OPH	630	595	640	645	560	705	575	625
ORT	1,070	1,090	1,080	1,030	1,010	1,160	990	1,070
PAE	1,520	2,050	1,780	1,180	1,670	1,660	1,230	1,610
PSY	1,290	1,440	1,450	1,280	1,330	1,530	1,520	1,410
SUR	1,440	1,640	1,250	1,300	1,190	1,510	1,280	1,360

2018-19

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	860	915	1,250	1,090	735	980	985	975
MED	1,840	1,930	2,430	2,250	2,100	2,140	2,080	2,130
O&G	1,240	1,210	950	1,060	1,190	895	975	1,040
OPH	680	600	650	665	600	735	625	655
ORT	1,110	1,070	1,060	1,070	1,050	1,230	1,080	1,100
PAE	1,630	2,170	2,610	1,260	1,720	1,820	1,260	1,870
PSY	1,370	1,430	1,510	1,290	1,400	1,680	1,620	1,480
SUR	1,520	1,650	1,410	1,410	1,260	1,550	1,310	1,440

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2019-20. The breakdown by different specialty is not yet available.

Projected average cost per SOP attendance of all specialties ($)							
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
1,360	1,520	1,550	1,260	1,450	1,450	1,390	1,440

Note:

1. The SOP service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses, repair and maintenance of medical equipment). The average cost per SOP attendance of individual cluster represents an average computed with reference to its total SOP service costs divided by the corresponding activities (in terms of attendances) provided.

2. It should be noted that average cost per SOP attendance varies among different specialties owing to the diverse nature of care, the adoption of different medical technology and treatments across specialties, etc.

3. The average cost per SOP attendance also varies among different clusters owing to the varying complexity of the conditions of patients and the different diagnostic services, treatments and prescriptions required. Besides, the average cost also varies among different clusters due to different case-mix, i.e. the mix of patients of different conditions in the clusters, which may differ according to population profile and other factors, including specialisation of the specialties in the clusters. 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.

4. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

(3)

The tables below set out the number of SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median (50^{th} percentile) waiting time in each hospital cluster of HA from 2015-16 to 2019-20 (up to 31 December 2019).

The corresponding catchment districts of HA's clusters are listed below:

For reporting up to 31 March 2017 –
- HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim
- KEC – Kwun Tong, Sai Kung
- KWC – Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

For reporting from 1 April 2017 –
- HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim Mong, Wong Tai Sin
- KEC – Kwun Tong, Sai Kung
- KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
- NTEC – Sha Tin, Tai Po, North
- NTWC – Tuen Mun, Yuen Long

2015-16

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	1 133	<1	3 070	4	4 714	35
	MED	2 640	1	3 647	5	6 610	22
	GYN	720	<1	751	3	4 101	33
	OPH	5 253	<1	2 001	7	6 621	22
	ORT	1 623	1	1 753	6	6 630	60
	PAE	170	1	868	5	256	13
	PSY	319	<1	852	3	2 295	10
	SUR	1 881	1	4 175	7	7 747	36
HKWC	ENT	634	<1	2 219	5	4 434	14
	MED	1 906	<1	1 803	4	8 750	35
	GYN	1 759	<1	1 169	5	4 896	21
	OPH	3 525	<1	1 118	4	4 312	20
	ORT	775	<1	1 180	3	8 676	17
	PAE	520	<1	832	4	1 246	10
	PSY	693	<1	852	3	3 495	76
	SUR	2 386	<1	2 722	5	9 609	20
KCC	ENT	1 446	<1	1 299	4	12 063	24
	MED	1 459	<1	1 873	5	8 932	51
	GYN	416	<1	1 725	7	3 193	29
	OPH	7 563	<1	4 562	3	13 199	62
	ORT	286	1	1 079	2	7 106	53
	PAE	725	<1	501	6	1 133	16
	PSY	95	<1	893	3	1 642	16
	SUR	1 916	1	2 734	4	12 942	39
KEC	ENT	1 835	<1	2 477	3	5 371	69
	MED	1 618	1	5 015	6	12 902	65
	GYN	1 168	1	891	6	6 176	54
	OPH	5 391	<1	310	6	12 591	15
	ORT	3 776	<1	3 262	7	10 152	93
	PAE	1 161	<1	840	4	2 559	16
	PSY	451	<1	1 924	4	4 742	54
	SUR	1 690	1	6 169	7	17 168	23
KWC	ENT	3 719	<1	3 464	5	10 804	34
	MED	2 934	<1	6 611	6	20 470	58
	GYN	1 115	<1	2 551	6	11 346	25
	OPH	6 533	<1	5 664	2	7 379	47
	ORT	3 988	<1	5 263	5	14 454	64
	PAE	2 796	<1	1 052	6	3 990	12
	PSY	305	<1	628	3	13 196	12

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)
	SUR	3 536	<1	9 739	6	26 574	26
NTEC	**ENT**	4 107	<1	3 786	4	8 597	53
	MED	3 232	<1	2 765	6	15 935	74
	GYN	2 037	<1	823	6	8 128	48
	OPH	7 524	<1	3 786	4	10 022	63
	ORT	5 760	<1	2 392	5	13 917	113
	PAE	318	<1	452	4	3 976	10
	PSY	1 356	1	2 460	4	5 599	53
	SUR	1 956	<1	3 066	5	20 504	43
NTWC	**ENT**	2 816	<1	1 239	4	8 977	55
	MED	1 278	1	3 091	6	6 015	54
	GYN	1 141	1	126	4	5 665	39
	OPH	9 232	<1	2 815	4	7 833	54
	ORT	1 912	1	1 374	4	10 164	83
	PAE	78	1	478	5	1 816	13
	PSY	456	<1	1 778	6	4 231	46
	SUR	1 515	1	3 160	6	16 757	59

2016-17

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**	943	<1	3 331	4	5 459	30
	MED	2 192	1	3 874	5	7 828	24
	GYN	688	<1	981	3	4 100	36
	OPH	5 539	<1	2 139	7	6 928	36
	ORT	1 413	1	1 611	6	7 453	66
	PAE	139	1	976	5	283	12
	PSY	321	1	797	3	2 557	16
	SUR	1 557	1	4 454	7	8 920	38
HKWC	**ENT**	566	<1	1 872	5	5 575	14
	MED	1 864	<1	2 182	4	9 451	30
	GYN	1 737	<1	1 098	5	4 946	29
	OPH	3 337	<1	1 726	4	4 040	40
	ORT	879	<1	1 684	3	8 299	22
	PAE	657	<1	923	4	1 344	14
	PSY	479	1	828	3	3 316	38
	SUR	2 418	<1	2 879	5	10 434	19

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)
KCC	ENT	1 351	<1	1 160	4	12 232	29
	MED	1 424	1	2 060	4	9 601	71
	GYN	407	<1	1 848	6	3 387	34
	OPH	8 319	<1	5 377	2	13 233	81
	ORT	341	<1	1 036	4	7 087	62
	PAE	863	1	766	5	1 146	11
	PSY	145	<1	789	3	1 482	22
	SUR	1 938	1	2 867	5	14 287	45
KEC	ENT	1 748	<1	2 664	3	6 340	82
	MED	1 720	1	5 274	6	13 886	70
	GYN	1 494	1	1 018	6	6 637	35
	OPH	6 068	<1	258	6	12 249	12
	ORT	3 861	<1	3 929	7	10 202	55
	PAE	1 244	<1	750	4	2 702	13
	PSY	370	<1	1 650	4	5 504	12
	SUR	2 142	1	6 907	7	17 402	24
KWC	ENT	3 895	<1	3 959	5	11 993	47
	MED	2 516	<1	6 520	5	21 546	60
	GYN	1 217	<1	2 840	6	12 119	25
	OPH	6 956	<1	6 359	1	8 157	50
	ORT	3 622	1	4 892	4	15 531	73
	PAE	2 747	<1	1 053	6	4 479	13
	PSY	305	<1	738	3	13 155	12
	SUR	3 834	1	8 684	6	28 843	33
NTEC	ENT	4 284	<1	4 160	3	8 954	37
	MED	3 164	<1	3 403	6	17 588	69
	GYN	1 920	<1	893	6	8 873	56
	OPH	7 905	<1	4 742	4	10 548	52
	ORT	5 898	<1	2 122	5	15 979	124
	PAE	224	<1	587	4	3 825	10
	PSY	1 206	1	2 601	4	5 447	73
	SUR	2 034	<1	3 789	5	21 571	35
NTWC	ENT	2 783	<1	1 809	4	9 822	68
	MED	1 677	1	4 026	4	8 201	49
	GYN	1 190	1	231	5	5 761	32
	OPH	9 326	<1	3 341	4	7 789	40
	ORT	1 862	1	1 692	4	10 317	72
	PAE	115	1	622	6	1 914	23
	PSY	539	1	1 686	6	4 283	30
	SUR	1 881	1	3 740	5	18 217	58

2017-18

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	704	<1	2 762	4	6 411	30
	MED	1 783	1	4 045	5	8 249	25
	GYN	764	<1	1 029	3	3 792	43
	OPH	5 880	<1	2 042	7	6 951	36
	ORT	1 428	1	1 810	5	7 259	69
	PAE	135	1	898	5	228	10
	PSY	355	1	845	3	2 260	24
	SUR	1 253	1	3 984	7	9 647	54
HKWC	ENT	615	<1	2 058	6	5 670	26
	MED	1 894	<1	1 671	4	10 065	36
	GYN	1 666	<1	903	5	4 938	40
	OPH	3 588	<1	1 638	6	4 189	46
	ORT	987	<1	1 477	4	7 593	21
	PAE	348	<1	647	3	1 337	11
	PSY	365	1	884	3	2 452	63
	SUR	2 227	<1	2 902	6	10 181	20
KCC	ENT	1 788	<1	1 917	5	14 164	40
	MED	1 742	1	3 158	5	19 312	80
	GYN	1 055	<1	3 608	5	7 433	27
	OPH	8 849	<1	5 725	3	12 419	92
	ORT	2 093	1	2 333	4	12 335	54
	PAE	1 034	<1	691	3	2 714	11
	PSY	129	1	939	5	1 532	25
	SUR	3 477	1	5 963	5	24 265	50
KEC	ENT	1 813	<1	2 961	4	6 381	73
	MED	1 865	1	5 016	6	15 333	87
	GYN	1 477	1	840	5	6 378	57
	OPH	5 722	<1	286	5	11 546	13
	ORT	3 642	1	3 941	7	9 105	108
	PAE	1 264	<1	795	4	2 410	11
	PSY	254	<1	1 655	3	5 369	20
	SUR	2 211	1	6 866	7	17 130	23
KWC	ENT	3 263	<1	3 193	5	9 921	60
	MED	2 229	1	5 646	6	12 044	60
	GYN	284	<1	1 307	6	6 916	53
	OPH	6 114	<1	6 143	1	9 155	56
	ORT	1 826	1	3 511	5	9 619	58
	PAE	2 437	<1	931	6	2 763	15
	PSY	293	<1	769	3	11 744	15

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)
	SUR	2 457	1	6 055	6	17 525	25
NTEC	**ENT**	3 744	<1	4 836	3	10 494	58
	MED	3 020	<1	3 468	7	20 752	69
	GYN	2 646	<1	893	6	8 225	58
	OPH	7 377	<1	3 947	4	12 795	27
	ORT	5 360	<1	2 245	5	15 750	106
	PAE	224	1	584	4	3 675	12
	PSY	1 104	1	2 495	4	5 884	51
	SUR	1 899	<1	3 810	5	22 463	32
NTWC	**ENT**	3 356	<1	1 918	4	9 995	44
	MED	1 433	1	4 063	4	11 403	70
	GYN	1 039	1	92	3	6 120	30
	OPH	8 338	<1	2 888	4	10 176	52
	ORT	1 775	1	1 869	5	11 480	74
	PAE	100	1	709	7	1 943	29
	PSY	476	<1	1 496	4	4 595	35
	SUR	2 094	1	3 858	5	20 525	60

2018-19

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**	727	<1	3 055	6	6 727	44
	MED	1 598	1	3 996	5	9 106	37
	GYN	808	<1	511	5	4 014	32
	OPH	5 711	<1	2 237	7	7 712	54
	ORT	1 420	1	1 555	5	7 579	85
	PAE	154	1	863	4	213	8
	PSY	201	1	747	3	2 271	24
	SUR	1 007	1	3 658	6	10 036	62
HKWC	**ENT**	869	<1	1 822	5	5 418	26
	MED	1 915	<1	1 674	4	11 778	43
	GYN	1 624	<1	1 032	5	4 997	30
	OPH	3 748	<1	1 320	6	5 006	59
	ORT	1 345	<1	1 316	4	7 848	23
	PAE	193	<1	634	4	1 400	11
	PSY	402	1	820	3	2 495	63
	SUR	2 330	<1	2 650	5	10 249	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)
KCC	ENT	1 874	<1	2 050	6	13 597	57
	MED	1 655	1	3 874	5	19 568	76
	GYN	1 078	<1	3 621	5	7 211	23
	OPH	8 741	<1	5 160	3	14 842	103
	ORT	2 065	1	2 501	4	12 829	60
	PAE	1 075	<1	734	3	2 661	16
	PSY	143	1	1 029	5	1 318	16
	SUR	3 158	1	5 158	5	25 721	48
KEC	ENT	1 892	<1	2 854	7	6 467	88
	MED	1 774	1	5 007	6	15 864	98
	GYN	1 459	1	882	5	6 509	51
	OPH	5 850	<1	327	5	12 544	13
	ORT	3 820	<1	3 834	7	9 317	117
	PAE	1 077	<1	787	3	2 408	9
	PSY	128	<1	1 497	3	5 437	56
	SUR	2 185	1	6 027	7	18 072	37
KWC	ENT	2 992	<1	2 241	5	11 413	72
	MED	1 955	<1	4 995	6	13 287	61
	GYN	243	<1	1 326	6	6 943	56
	OPH	6 443	<1	7 020	3	8 592	71
	ORT	1 999	1	2 705	3	11 476	53
	PAE	2 472	<1	986	6	2 641	16
	PSY	313	<1	872	4	12 306	18
	SUR	2 549	1	6 266	5	19 197	22
NTEC	ENT	3 672	<1	4 948	4	11 017	38
	MED	2 876	<1	3 404	6	22 572	81
	GYN	2 936	<1	940	5	8 436	63
	OPH	6 926	<1	3 385	4	14 979	39
	ORT	5 454	<1	2 709	5	16 585	89
	PAE	168	<1	537	5	3 856	13
	PSY	1 024	1	2 311	4	5 885	42
	SUR	1 934	1	3 615	6	24 502	38
NTWC	ENT	3 248	<1	1 729	4	10 207	64
	MED	1 220	1	3 603	4	9 858	52
	GYN	1 463	<1	243	5	5 122	45
	OPH	9 079	<1	2 671	4	10 637	74
	ORT	1 511	1	1 758	4	12 358	79
	PAE	128	1	738	7	1 957	35
	PSY	483	1	1 583	5	4 972	34
	SUR	2 033	1	4 030	5	21 254	52

2019-20 (up to 31 December 2019) [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	483	<1	2 229	4	5 135	26
	MED	1 071	1	2 942	5	6 651	41
	GYN	603	<1	366	6	2 872	26
	OPH	4 213	<1	1 530	7	5 503	60
	ORT	1 054	1	1 209	5	5 535	78
	PAE	107	<1	610	4	131	7
	PSY	203	<1	718	3	1 550	13
	SUR	705	1	2 754	7	7 297	64
HKWC	ENT	1 532	<1	1 880	7	2 854	28
	MED	1 484	<1	1 443	4	8 269	44
	GYN	1 173	<1	729	5	3 598	41
	OPH	2 525	1	1 295	7	3 682	62
	ORT	808	<1	1 282	4	6 350	21
	PAE	129	1	376	3	1 297	10
	PSY	417	1	573	4	1 678	66
	SUR	1 615	<1	2 086	5	7 886	18
KCC	ENT	1 187	<1	1 595	6	9 888	68
	MED	1 359	1	2 891	5	14 977	79
	GYN	819	<1	2 460	5	5 851	23
	OPH	6 200	<1	4 030	2	11 092	120
	ORT	1 571	<1	1 523	5	9 504	57
	PAE	816	<1	669	4	2 088	17
	PSY	145	1	837	4	948	14
	SUR	2 179	1	4 178	5	19 613	47
KEC	ENT	1 587	<1	2 424	4	5 306	93
	MED	1 204	1	3 978	7	12 403	117
	GYN	1 039	1	736	6	4 638	48
	OPH	4 470	<1	619	6	9 773	14
	ORT	2 742	<1	2 807	6	7 162	60
	PAE	803	<1	599	4	2 108	12
	PSY	104	1	1 108	3	4 161	69
	SUR	1 337	1	4 376	5	12 923	52
KWC	ENT	2 285	<1	1 816	5	8 426	73
	MED	1 633	1	4 064	5	10 099	72
	GYN	189	<1	1 120	6	5 180	53
	OPH	5 226	<1	4 701	3	6 024	90
	ORT	1 547	1	2 079	3	9 414	57
	PAE	1 888	<1	784	4	2 301	16
	PSY	201	<1	556	4	9 583	22
	SUR	1 778	1	4 559	5	14 809	32

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)
NTEC	ENT	2 619	<1	3 772	4	8 350	60
	MED	1 860	<1	2 596	7	17 171	80
	GYN	2 009	<1	893	5	6 181	65
	OPH	4 742	<1	2 603	4	11 442	52
	ORT	3 952	<1	1 720	5	12 099	84
	PAE	174	<1	425	6	2 735	17
	PSY	689	1	1 807	4	4 435	55
	SUR	1 536	1	2 555	5	19 285	37
NTWC	ENT	2 954	<1	1 320	4	7 157	48
	MED	946	1	2 736	3	7 704	79
	GYN	1 240	<1	172	5	4 083	61
	OPH	6 981	<1	2 264	4	7 668	73
	ORT	1 413	1	1 327	5	9 686	65
	PAE	133	1	661	7	1 429	37
	PSY	355	1	1 127	2	3 554	22
	SUR	1 447	1	3 448	6	15 343	59

Note:
It should be noted that while HA encourages patients to seek medical attention from SOP clinics in the clusters where they are residing to facilitate follow-up and the provision of community support, there exists cross-cluster utilisation of the service.

(4)

The tables below set out the average cost per patient day by types of bed in HA from 2015-16 to 2019-20.

Year	Average Cost per Patient Day* ($)			
	General (acute & convalescent)	Mentally Ill	Mentally Handicapped	Infirmary
2015-16	4,830	2,590	1,520	1,540
2016-17	4,950	2,660	1,670	1,610
2017-18	4,950	2,810	1,690	1,640
2018-19	5,270	2,900	1,810	1,690
2019-20 (Revised Estimate)	5,880	3,190	2,000	1,840

* Average cost per patient day include both inpatient and day patient services

The inpatient service costs include direct staff costs (such as doctors, nurses 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); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). The average cost per patient day represents an average computed with reference to the total costs of the respective inpatient service and the corresponding activities (in terms of patient days) provided.

(5)

The tables below set out the number of new cases of obstetric SOP service, as well as their lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and the longest (90th percentile) waiting time in each hospital cluster of HA from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

Cluster#	Number of new cases	Waiting Time (weeks)			
		25th	50th	75th	90th
		percentile			
HKEC	3 617	1	1	2	3
HKWC	4 593	1	3	4	5
KCC	7 334	8	16	19	21
KEC	3 404	<1	1	2	3
KWC	12 761	2	5	6	9
NTEC	13 121	3	5	7	18
NTWC	2 835	1	2	3	4

2016-17

Cluster#	Number of new cases	Waiting Time (weeks)			
		25th	50th	75th	90th
		percentile			
HKEC	3 452	1	2	3	4
HKWC	4 644	1	2	3	4
KCC	6 430	7	13	18	21
KEC	3 450	<1	1	2	3
KWC	11 932	2	4	6	7
NTEC	13 387	3	5	7	18
NTWC	2 776	1	2	4	4

2017-18

Cluster[#]	Number of new cases	Waiting Time (weeks)			
		25th	50th	75th	90th
		percentile			
HKEC	3 172	<1	1	2	3
HKWC	4 567	1	2	3	4
KCC	12 353	4	7	12	16
KEC	3 145	<1	1	2	3
KWC	4 911	2	3	5	6
NTEC	10 955	3	5	7	18
NTWC	2 673	1	3	4	5

2018-19

Cluster[#]	Number of new cases	Waiting Time (weeks)			
		25th	50th	75th	90th
		percentile			
HKEC	3 289	<1	1	2	3
HKWC	4 612	1	2	3	4
KCC	13 672	4	7	13	18
KEC	3 075	<1	1	2	4
KWC	5 088	2	3	5	8
NTEC	11 129	3	5	13	25
NTWC	2 786	1	2	4	5

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster[#]	Number of new cases	Waiting Time (weeks)			
		25th	50th	75th	90th
		percentile			
HKEC	2 196	<1	1	2	3
HKWC	3 515	1	2	3	4
KCC	9 938	4	9	13	22
KEC	2 475	<1	1	3	4
KWC	3 581	2	3	5	9
NTEC	8 205	3	5	15	23
NTWC	2 196	1	3	4	6

Note:
HA uses 90th percentile to denote the longest waiting time for SOP service.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service

units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

(6) The table below sets out the costs for operating the general outpatient clinics (GOPC) from 2015-16 to 2020-21.

Year	GOPC Service Costs ($ million)
2015-16	2,651
2016-17	2,765
2017-18	2,866
2018-19	2,985
2019-20 (Revised Estimate)	3,268
2020-21 (Estimate)	3,407

The GOPC service costs include direct staff costs (such as doctors and nurses) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

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

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

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)312

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5788)

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

Subhead (No. & title): (514) Hospital Authority

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:

Would the Government please inform this Committee of:

1. the median waiting time for first appointment at psychiatric specialist outpatient clinics in each hospital cluster of the Hospital Authority in the past 5 years? If child and adolescent patients are separate from adult patients on the waiting list, please set out the longest and median waiting times of both lists. Does the Government have any plans to shorten the relevant waiting times?
2. the shortest, longest, average and median waiting times of child and adolescent psychiatric services for Priority 1, Priority 2 and Routine new cases in each hospital cluster in the past 5 years?
3. the numbers of child, adolescent and adult patients attending or waiting for psychiatric services in each hospital cluster and hospital in the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 401)

Reply:

The tables below set out the number of child and adolescent (C&A) psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under the Hospital Authority (HA) from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

Cluster [#]	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 [1] / HKWC [1]	12	2	84	3	2 711	95
KCC [2] / KWC [2]	38	1	245	4	3 679	41
KEC	32	1	135	5	1 764	83
NTEC	120	1	190	5	1 891	84
NTWC	0	N/A	261	1	1 427	86

2016-17

Cluster [#]	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 [1] / HKWC [1]	21	<1	97	3	2 264	80
KCC [2] / KWC [2]	70	1	264	4	3 574	57
KEC	17	1	158	2	1 407	96
NTEC	159	1	135	3	2 001	133
NTWC	0	N/A	221	4	1 286	87

2017-18

Cluster [#]	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 [1] / HKWC [1]	14	<1	131	4	1 445	96
KCC [2] / KWC [2]	45	1	195	3	3 131	74
KEC	20	<1	173	5	1 527	115
NTEC	105	1	245	5	2 025	119
NTWC	55	1	163	6	1 443	92

2018-19

Cluster #	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[1] / HKWC[1]	16	<1	165	4	1 556	82
KCC[2] / KWC[2]	51	1	205	3	3 499	89
KEC	22	<1	191	1	1 511	96
NTEC	119	1	207	4	2 332	86
NTWC	74	1	162	5	1 853	70

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster #	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[1] / HKWC[1]	3	1	133	5	1 059	83
KCC[2] / KWC[2]	33	<1	204	3	2 975	113
KEC	13	<1	95	<1	1 381	93
NTEC	139	1	193	4	1 884	86
NTWC	75	1	129	4	1 356	73

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

The tables below set out the number of adult psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

Cluster #	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	299	<1	819	3	2 207	10
HKWC	573	<1	607	3	276	13

Cluster [#]	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)
KCC	76	<1	696	3	1 029	16
KEC	362	<1	1 427	4	2 043	15
KWC	31	<1	226	3	8 687	4
NTEC	1 089	1	1 762	4	2 843	34
NTWC	450	<1	1 309	7	2 103	19

2016-17

Cluster [#]	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	308	1	774	3	2 173	15
HKWC	388	1	569	3	635	14
KCC	109	<1	553	3	823	16
KEC	316	<1	1 116	4	3 351	4
KWC	22	<1	262	3	8 730	4
NTEC	912	<1	1 856	4	2 526	55
NTWC	532	1	1 284	7	2 253	15

2017-18

Cluster [#]	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	346	1	815	3	1 826	18
HKWC	314	1	606	3	672	23
KCC	111	1	632	4	977	24
KEC	201	<1	1 142	3	3 005	8
KWC	58	<1	348	3	7 738	4
NTEC	846	<1	1 749	4	2 908	25
NTWC	407	<1	1 201	4	2 257	24

2018-19

Cluster [#]	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	199	1	692	3	1 760	17
HKWC	344	1	483	3	654	27
KCC	120	1	680	4	840	16
KEC	89	<1	1 073	3	3 065	20
KWC	62	<1	409	3	7 843	10
NTEC	754	1	1 625	4	2 527	21
NTWC	387	1	1 267	5	2 291	15

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster [#]	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	195	<1	679	3	1 346	11
HKWC	366	1	345	3	390	15
KCC	114	1	516	4	645	13
KEC	77	1	746	3	2 005	21
KWC	36	<1	220	4	5 894	15
NTEC	461	<1	1 192	4	1 765	38
NTWC	273	1	856	1	1 594	7

The table below sets out the 90th percentile waiting time (weeks) of C&A psychiatric SOP new cases in each hospital cluster under HA from 2015-16 to 2019-20 (up to 31 December 2019). HA has not compiled statistics on the shortest SOP waiting time of new cases.

Cluster [#]	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
HKEC [1]	171	131	128	101	98
HKWC [1]					
KCC [2]	72	70	83	101	125
KWC [2]					
KEC	99	101	124	144	100
NTEC	128	170	140	116	99
NTWC	104	99	99	97	74

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

3. HA uses 90th percentile to denote the longest waiting time for SOP service.

The table below sets out the 90th percentile waiting time (weeks) of adult psychiatric SOP new cases in each hospital cluster under HA from 2015-16 to 2019-20 (up to 31 December 2019).

Cluster [#]	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [Provisional figures]**
HKEC	28	36	42	53	36
HKWC	12	24	27	31	29
KCC	21	28	31	30	15
KEC	85	20	44	88	119
KWC	53	43	54	43	47
NTEC	81	89	60	43	64
NTWC	79	50	40	37	17

Note:
1. HA uses 90th percentile to denote the longest waiting time for SOP service.

To enhance the support for psychiatric SOP services, HA has strengthened the manpower and resources in the past few years. Since 2015-16, the multi-disciplinary model for common mental disorder clinics has been introduced in HKEC, KEC, KWC, NTEC and NTWC by phases to provide better support for patients with common mental disorders. HA also enhanced the multi-disciplinary teams, including psychiatric doctors, for C&A psychiatric SOP services in all five service clusters providing C&A psychiatric services. In 2020-21, HA plans to pilot a collaborative care model between paediatrics and C&A psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder and strengthen the allied health support services to C&A psychiatric patients. HA will continue to review and monitor its service provision to meet the needs of patients.

The table below sets out the number of psychiatric patients aged below 18 treated in each hospital cluster of HA from 2015-16 to 2019-20 (projection as of 31 December 2019). The number of patients on waiting lists of C&A psychiatric SOP clinics is not available.

Cluster [#]	**Number of patients aged below 18** [1, 2 & 3]				
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20 (projection as of 31 December 2019)**
HKEC [4]	4 900	5 500	6 300	7 100	7 700
HKWC [4]					
KCC [5]	9 000	10 000	10 700	11 100	11 300
KWC [5]					
KEC	4 300	4 900	5 400	5 800	6 000
NTEC	6 400	7 300	7 700	8 400	8 700
NTWC	4 400	4 700	5 100	5 800	6 100
Overall [6]	**28 800**	**32 300**	**34 900**	**37 900**	**39 700**

Note:
1. Including inpatients, patients at SOP clinics and day hospitals.
2. Referring to age as at 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
5. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
6. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.

The table below sets out the number of psychiatric patients aged between 18 to 64 treated in each hospital cluster of HA from 2015-16 to 2019-20 (projection as of 31 December 2019). The number of patients on waiting lists of adult psychiatric SOP clinics is not available.

Cluster [#]	**Number of patients aged between 18 to 64** [1, 2 & 3]				
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20 (projection as of 31 December 2019)**
HKEC	14 600	14 800	14 900	15 100	15 300
HKWC	10 800	11 000	11 200	11 600	12 000
KCC	12 900	12 700	12 800	13 200	13 300
KEC	21 100	22 600	22 800	22 500	22 700
KWC	41 900	43 100	43 600	44 400	44 600
NTEC	26 600	27 400	28 800	30 300	30 400
NTWC	25 300	26 300	27 300	28 200	28 900
Overall [4]	**149 200**	**153 900**	**157 500**	**161 400**	**163 400**

Note:
1. Including inpatients, patients at SOP clinics and day hospitals.
2. Referring to age as at 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

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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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)313

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5790)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please inform this Committee of the numbers of:

(1) psychiatric patients aged below 18 with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression/depressive disorders;

(2) psychiatric patients aged between 18 and 64 (by type of mental disorder); and

(3) psychiatric patients aged 65 or above (by type of mental disorder)

who were treated and diagnosed in each hospital cluster under the Hospital Authority in the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 403)

Reply:

(1) & (2) & (3)

The table below sets out the number of psychiatric patients aged below 18 treated and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders in each hospital cluster under Hospital Authority (HA) from 2015-16 to 2019-20 (projection as of 31 December 2019).

Cluster[#]		Number of psychiatric patients aged below 18 [1 to 4]	Number of patients aged below 18 diagnosed with[3,4,8]				
			Autism spectrum disorder	Attention-deficit hyperactivity disorder	Behavioural and emotional disorders	Schizophrenic spectrum disorder [5]	Depression/ Depressive disorders
2015-16	HKEC[6]	4 900	2 000	2 300	400	<50	100
	HKWC[6]						
	KCC[7]	9 000	2 500	3 400	400	200	100
	KWC[7]						
	KEC	4 300	1 800	1 900	400	100	100
	NTEC	6 400	1 700	1 400	100	<50	100
	NTWC	4 400	1 400	2 100	300	<50	100
	Overall	**28 800**	**9 300**	**11 100**	**1 600**	**400**	**400**
2016-17	HKEC[6]	5 500	2 200	2 600	400	<50	100
	HKWC[6]						
	KCC[7]	10 000	2 800	4 000	400	200	200
	KWC[7]						
	KEC	4 900	1 900	2 000	400	100	100
	NTEC	7 300	2 000	1 800	100	<50	100
	NTWC	4 700	1 600	2 300	300	<50	100
	Overall	**32 300**	**10 400**	**12 700**	**1 700**	**400**	**600**
2017-18	HKEC[6]	6 300	2 500	3 000	400	<50	100
	HKWC[6]						
	KCC[7]	10 700	3 100	4 300	400	200	300
	KWC[7]						
	KEC	5 400	2 000	2 200	500	<50	100
	NTEC	7 700	2 500	2 100	100	100	100
	NTWC	5 100	1 700	2 500	300	100	100
	Overall	**34 900**	**11 800**	**14 000**	**1 700**	**400**	**800**
2018-19	HKEC[6]	7 100	3 100	3 600	600	<50	200
	HKWC[6]						
	KCC[7]	11 100	3 300	4 700	500	200	400
	KWC[7]						
	KEC	5 800	2 100	2 300	500	100	100
	NTEC	8 400	3 100	2 900	300	100	100
	NTWC	5 800	2 000	2 700	300	<50	200
	Overall	**37 900**	**13 400**	**16 100**	**2 200**	**400**	**1 000**
2019-20 (projection as of 31 December 2019)	HKEC[6]	7 700	3 300	3 900	800	<50	200
	HKWC[6]						
	KCC[7]	11 300	3 300	4 800	600	100	400
	KWC[7]						
	KEC	6 000	2 100	2 400	500	<50	100
	NTEC	8 700	3 300	3 100	300	<50	100
	NTWC	6 100	2 100	2 800	400	<50	200
	Overall	**39 700**	**14 100**	**17 000**	**2 600**	**300**	**1 000**

The table below sets out the number of psychiatric patients aged between 18 to 64 treated and diagnosed with schizophrenic spectrum disorder in each hospital cluster under HA from 2015-16 to 2019-20 (projection as of 31 December 2019).

	2015-16		**2016-17**		**2017-18**		**2018-19**		**2019-20 (projection as of 31 December 2019)**	
Cluster#	**Number of psychiatric patients aged between 18 to 64 [1 to 4]**	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder[3 to 5&8]**	**Number of psychiatric patients aged between 18 to 64 [1 to 4]**	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder[3 to 5&8]**	**Number of psychiatric patients aged between 18 to 64 [1 to 4]**	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder[3 to 5&8]**	**Number of psychiatric patients aged between 18 to 64 [1 to 4]**	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder[3 to 5&8]**	**Number of psychiatric patients aged between 18 to 64 [1 to 4]**	**Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder[3 to 5&8]**
HKEC	14 600	2 800	14 800	2 900	14 900	2 800	15 100	2 800	15 300	2 700
HKWC	10 800	2 700	11 000	2 600	11 200	2 600	11 600	2 500	12 000	2 500
KCC	12 900	4 200	12 700	4 100	12 800	4 000	13 200	4 100	13 300	4 000
KEC	21 100	6 000	22 600	6 100	22 800	6 100	22 500	6 100	22 700	6 000
KWC	41 900	12 800	43 100	12 900	43 600	12 900	44 400	12 900	44 600	12 700
NTEC	26 600	6 200	27 400	6 400	28 800	6 500	30 300	6 600	30 400	6 700
NTWC	25 300	7 100	26 300	7 100	27 300	7 100	28 200	7 100	28 900	7 000
Overall	**149 200**	**40 100**	**153 900**	**40 400**	**157 500**	**40 500**	**161 400**	**40 600**	**163 400**	**40 300**

The table below sets out the number of psychiatric patients aged 65 or above and the number of patients aged 65 or above with dementia in psychiatry in each hospital cluster under HA from 2015-16 to 2019-20 (projection as of 31 December 2019).

	2015-16		**2016-17**		**2017-18**		**2018-19**		**2019-20 (projection as of 31 December 2019)**	
Cluster#	**Number of psychiatric patients aged 65 or above [1 to 4]**	**Number of patients aged 65 or above with dementia in psychiatry in HA[1 to 4&9] (Year 2015)**	**Number of psychiatric patients aged 65 or above [1 to 4]**	**Number of patients aged 65 or above with dementia in psychiatry in HA[1 to 4&9] (Year 2016)**	**Number of psychiatric patients aged 65 or above [1 to 4]**	**Number of patients aged 65 or above with dementia in psychiatry in HA[1 to 4&9] (Year 2017)**	**Number of psychiatric patients aged 65 or above [1 to 4]**	**Number of patients aged 65 or above with dementia in psychiatry in HA[1 to 4&9] (Year 2018 provisional figures)**	**Number of psychiatric patients aged 65 or above [1 to 4]**	**Number of patients aged 65 or above with dementia in psychiatry in HA[1 to 4&9] (Year 2019)**
HKEC	6 200	2 000	6 500	2 100	7 000	2 200	7 400	2 300	7 900	Not readily available
HKWC	3 700	800	4 000	900	4 300	900	4 500	1 100	4 900	Not readily available
KCC	4 900	1 800	5 100	1 800	5 300	1 800	5 600	2 000	6 000	Not readily available
KEC	6 000	1 600	6 900	1 700	7 400	2 100	7 600	2 100	8 300	Not readily available
KWC	16 100	5 800	17 100	6 200	18 100	6 300	19 100	6 700	20 200	Not readily available
NTEC	8 100	3 200	8 800	3 300	9 800	3 700	10 700	4 000	11 600	Not readily available
NTWC	6 500	2 200	7 000	2 300	7 800	2 400	8 400	2 500	9 200	Not readily available
Overall	**50 700**	**16 900**	**54 700**	**17 900**	**58 800**	**19 000**	**62 500**	**20 100**	**67 200**	**Not readily available**

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Refer to age as at 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.
5. In HA, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffering from other diagnosis are not included.

6. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
7. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.
8. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.
9. HA has aligned the method to estimate the number of patients with dementia by using diagnosis coding, drug dispensing and/or laboratory results information, and therefore such figures may not be comparable to those released in the past due to difference in methodology and data scope.

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)314

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5791)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in the table below the increases/decreases in quotas for general outpatient services in the past 3 years and the estimated increases/decreases for the next 2 years in each hospital cluster.

	2017-18	2018-19	2019-20	2020-21 (Estimate)	2021-22 (Estimate)
Hong Kong East					
Hong Kong West					
Kowloon East					
Kowloon Central					
Kowloon West					
New Territories East					
New Territories West					

Asked by: Hon Fernando CHEUNG Chiu-hung (LegCo internal reference no.:404)

Reply:

The Hospital Authority provides community-based primary care services through a wide range of services and activities delivered by General Out-patient Clinics (GOPCs). Patients under the care of GOPCs can be broadly divided into two main categories, namely chronic

disease patients with stable conditions (e.g. diabetes mellitus, hypertension) and episodic disease patients with relatively mild symptoms (e.g. influenza, colds).

The table below sets out the increase in general outpatient attendances from 2017-18 to 2020-21:

	Number of additional general outpatient attendances (Partial-year effect)	**Clusters involved**
2017-18	27 500 (Full-year effect in the following year: 44 000)	NTEC & NTWC
2018-19	55 000 (Full-year effect in the following year: 99 000)	KCC, KEC, KWC, NTEC & NTWC
2019-20	44 000 **(Target)** (Full-year effect in the following year: 99 000)	KCC, KEC, KWC, NTEC & NTWC
2020-21	9 500 **(Target)** (Full-year effect in the following year: 28 500)	KEC, NTEC & NTWC

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)315

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5792)

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

Subhead (No. & title): ()

Programme: (1) Health, (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) Please provide in table form the number of 'limited registered doctors' employed by the following institutions in the past 5 years.

	2015	2016	2017	2018	2019
The University of Hong Kong					
The Chinese University of Hong Kong					
Hospital Authority					
Department of Health					
Others (please specify)					

(2) Please provide in table form the number of 'limited registered doctors' employed by the Hospital Authority (HA) in the past 5 years.

	No. of registrants with first registration	No. of registrants as at year end
2015		
2016		
2017		
2018		

2019		
Total		

(3) Please provide in table form the number of job applications from non-locally trained doctors received by the HA and the number of applications for limited registration in the past 4 years.

	2016-17	2017-18	2018-19	2019-20
No. of job applications from non-locally trained doctors received by the HA				
No. of applications for limited registration from the HA to the Medical Council of Hong Kong				
No. of applications approved by the Medical Council of Hong Kong				
No. of non-locally trained doctors who accepted job offers from the HA				
No. of applicants for renewal of registration				
No. of applicants granted renewal of registration				

(4) Please provide in table form the country/area of medical qualification held by 'limited registered doctors' and the institutions they are serving.

	Britain	Australia/ New Zealand	USA	Canada	Mainland China	Others	Total (No. of doctors)

The University of Hong Kong							
The Chinese University of Hong Kong							
Hospital Authority							
Department of Health							
Others (please specify)							

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 405)

Reply:

(1)

The number of doctors with limited registration under the General Register of the Medical Council of Hong Kong ("MCHK") for the past five years is set out in the following table –

Promulgation	**Number of Registered Doctors under Limited Registration (as at 31 December)**				
	2015	**2016**	**2017**	**2018**	**2019**
No. 2	104	93	110	92	125
- University of Hong Kong	*(30)*	*(27)*	*(48)*	*(30)*	*(41)*
- The Chinese University of Hong Kong	*(62)*	*(52)*	*(48)*	*(50)*	*(57)*
- Hospital Authority	*(12)*	*(14)*	*(14)*	*(12)*	*(24)*
- Department of Health	*(-)*	*(-)*	*(-)*	*(-)*	*(3)*
No. 3 - Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	31	27	22	22	21
No. 4 - Clinics registered under the Medical Clinics Ordinance	13	12	10	9	8
No. 9 - Works contractor commissioned by the Highways Department	2	2	2	-	-

Promulgation	Number of Registered Doctors under Limited Registration (as at 31 December)				
	2015	2016	2017	2018	2019
under contract number HY/2012/08					
No. 10 - A firm of solicitors registered by the Law Society of Hong Kong	-	-	-	1	-
Total	**150**	**134**	**144**	**124**	**154**

(2)

The number of non-locally trained doctors employed by the Hospital Authority ("HA") with limited registration to address manpower shortage from 2015 – 2019 is set out in the table below –

Year	Number of registrants with first registration	Number of registrants as at year end [Note 1]
2015	3	10
2016	6	12
2017	5 [Note2]	12
2018	5	10
2019	13 [Note3]	22
Total	**32**	**-**

[Note 1] The number refers to the non-locally trained doctors employed under the Limited Registration Scheme started since 2011-12.

[Note 2] Including one non-locally trained doctor, who was previously employed by HA from September 2013 to September 2016. The doctor left the post upon completion of contract in September 2016 and was re-employed by HA afterwards. Relevant application for limited registration was approved by MCHK and came into force in January 2017.

[Note 3] Including one non-locally trained doctor, who was previously employed by HA from July 2013 to January 2017. The doctor resigned due to personal reason and was re-employed by HA afterwards. Relevant application for LR was approved by MCHK and came into force in April 2019.

(3)

Information on recruiting non-locally trained doctors to practise in Hong Kong with limited registration by the HA from 2016-17 to 2019-20 to address manpower shortage is set out in the following table –

	2016-17	2017-18	2018-19	2019-20 (As at 31 December 2019)
Number of job applications from non-locally trained doctors received by HA	33	90	154	106
Number of applications for limited registration submitted by HA to MCHK	1 submitted	4 submitted	14 submitted + 3 to be submitted[Note4]	8 submitted + 5 to be submitted[Note4]
Number of applications approved by MCHK	1	4	14	8
Number of non-locally trained doctors who accepted the job offer of HA	1	4	12 [Note5]	4 [Note5]
Number of applicants for renewal of registration	1	3	Not yet completed first year's contract service	-
Number of applicants granted renewal of registration	1	3		-

[Note 4] HA is preparing to submit 8 limited registration applications from the 2018-19 and 2019-20 exercise for non-locally trained doctors by batches according to their intended dates of reporting duty.
[Note 5] Another six non-locally trained doctors with limited registration application already approved planned to report duty in the first and second quarters of 2020.

(4)

According to MCHK, countries / regions where doctors under limited registration received medical training (as at 31 December 2019) is set out in the following table –

Promulgation	United Kingdom	Australia / New Zealand	United States	Canada	The Mainland of China	Others	Total No. of doctors (as at 31 December 2019)
No. 2							
- University of Hong Kong	9	1	4	3	16	8	**41**
- The Chinese University of Hong Kong	9	4	4	3	9	28	**57**
- Hospital Authority	17	3	1	-	-	3	**24**
- Department of Health	2	1	-	-	-	-	**3**

Promulgation	United Kingdom	Australia / New Zealand	United States	Canada	The Mainland of China	Others	Total No. of doctors (as at 31 December 2019)
No. 3 - Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	-	-	-	-	21	-	**21**
No. 4 - Clinics registered under the Medical Clinics Ordinance	-	-	-	-	7	1	**8**
Total	**37**	**9**	**9**	**6**	**53**	**40**	**154**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5793)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please provide in the following tables the respective numbers of non-locally trained doctors sitting and passing the Licensing Examination as well as the passing rates in 2018 and 2019, broken down by the countries/regions where they received their medical training.

Year	Part I: Examination in Professional Knowledge			Part II: Proficiency Test in Medical English			Part III: Clinical Examination		
2018 (1st sitting)	Number sitting the exam	Number passing the exam	Passing rate	Number sitting the exam	Number passing the exam	Passing rate	Number sitting the exam	Number passing the exam	Passing rate
	(e.g. Australia: the number)								
	(e.g. United Kingdom: the number)...								
Total									

Year	Part I: Examination in Professional Knowledge			Part II: Proficiency Test in Medical English			Part III: Clinical Examination		
2018 (2nd sitting)	Number sitting the exam	Number passing the exam	Passing rate	Number sitting the exam	Number passing the exam	Passing rate	Number sitting the exam	Number passing the exam	Passing rate
	(e.g. Australia: the number)								
	(e.g. United Kingdom: the number)...								
Total									

Year	Part I: Examination in Professional Knowledge			Part II: Proficiency Test in Medical English			Part III: Clinical Examination		
2019 (1st sitting)	Number sitting the exam	Number passing the exam	Passing rate	Number sitting the exam	Number passing the exam	Passing rate	Number sitting the exam	Number passing the exam	Passing rate
	(e.g. Australia: the number)								
	(e.g. United Kingdom: the number)...								
Total									

Year	Part I: Examination in Professional Knowledge			Part II: Proficiency Test in Medical English			Part III: Clinical Examination		
2019 (2nd sitting)	Number sitting the exam	Number passing the exam	Passing rate	Number sitting the exam	Number passing the exam	Passing rate	Number sitting the exam	Number passing the exam	Passing rate
	(e.g. Australia: the number)								
	(e.g. United Kingdom: the number)...								
Total									

(2) Among the non-locally trained doctors passing the Licensing Examination and currently practising in Hong Kong, how many work in the public and private medical sectors respectively?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 406)

Reply:

(1) The number of candidates who sat and passed the Licensing Examination of the Medical Council of Hong Kong in 2018 and 2019 by the jurisdictions of qualification held by candidates are set out in the following tables –

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2018 (First Sitting)	4	(Australia)	3	(Australia)	75	3	(Australia)	3	(Australia)	100	5	(Australia)	1	(Australia)	20
	1	(Brazil)	0	(Brazil)	0	1	(Brazil)	1	(Brazil)	100	1	(Canada)	1	(Canada)	100
	1	(Canada)	1	(Canada)	100	1	(Canada)	1	(Canada)	100	1	(India)	1	(India)	100
	1	(Hungary)	0	(Hungary)	0	1	(Hungary)	1	(Hungary)	100	4	(Ireland)	3	(Ireland)	75
	1	(India)	0	(India)	0	1	(India)	1	(India)	100	1	(Singapore)	1	(Singapore)	100
	5	(Ireland)	4	(Ireland)	80	2	(Ireland)	2	(Ireland)	100	1	(South Korea)	1	(South Korea)	100
	2	(Nepal)	0	(Nepal)	0	1	(Philippines)	1	(Philippines)	100	25	(The Mainland of China)	8	(The Mainland of China)	32
	1	(Netherlands)	0	(Netherlands)	0	4	(Taiwan, China)	4	(Taiwan, China)	100	13	(UK)	9	(UK)	69
	2	(Philippines)	0	(Philippines)	0	30	(The Mainland of China)	26	(The Mainland of China)	87	2	(USA)	0	(USA)	0
	7	(Taiwan, China)	0	(Taiwan, China)	0	6	(UK)	6	(UK)	100	1	(Venezuela)	0	(Venezuela)	0
	73	(The Mainland of China)	8	(The Mainland of China)	11	1	(USA)	1	(USA)	100					
	21	(UK)	6	(UK)	29	1	(Venezuela)	1	(Venezuela)	100					
	1	(USA)	1	(USA)	100										
	2	(Venezuela)	1	(Venezuela)	50										
Total	**122**		**24**		**20**	**52**		**48**		**92**	**54**		**25**		**46**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2018 (Second Sitting)	3	(Australia)	2	(Australia)	67	1	(Australia)	1	(Australia)	100	6	(Australia)	4	(Australia)	67
	1	(Brazil)	0	(Brazil)	0	2	(Ireland)	2	(Ireland)	100	3	(Ireland)	3	(Ireland)	100
	2	(India)	0	(India)	0	2	(Nepal)	2	(Nepal)	100	1	(Nepal)	1	(Nepal)	100
	5	(Ireland)	3	(Ireland)	60	2	(Philippines)	1	(Philippines)	50	2	(Taiwan, China)	0	(Taiwan, China)	0
	2	(Nepal)	1	(Nepal)	50	1	(Taiwan, China)	1	(Taiwan, China)	100	26	(The Mainland of China)	9	(The Mainland of China)	35
	3	(Philippines)	0	(Philippines)	0	38	(The Mainland of China)	29	(The Mainland of China)	76	14	(UK)	7	(UK)	50
	6	(Taiwan, China)	3	(Taiwan, China)	50	9	(UK)	9	(UK)	100	3	(USA)	2	(USA)	67
	74	(The Mainland of China)	16	(The Mainland of China)	22	1	(USA)	1	(USA)	100	1	(Venezuela)	0	(Venezuela)	0
	20	(UK)	14	(UK)	70										
	1	(USA)	1	(USA)	100										
Total	**117**		**40**		**34**	**56**		**46**		**82**	**56**		**26**		**46**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2019 (First Sitting)	11	(Australia)	6	(Australia)	55	8	(Australia)	8	(Australia)	100	6	(Australia)	2	(Australia)	33
	1	(Germany)	1	(Germany)	100	1	(Germany)	1	(Germany)	100	1	(Germany)	0	(Germany)	0
	2	(India)	0	(India)	0	2	(India)	2	(India)	100	2	(Ireland)	0	(Ireland)	0
	3	(Ireland)	0	(Ireland)	0	1	(Malaysia)	1	(Malaysia)	100	1	(New Zealand)	1	(New Zealand)	100
	1	(Malaysia)	0	(Malaysia)	0	2	(New Zealand)	2	(New Zealand)	100	1	(Poland)	0	(Poland)	0
	2	(New Zealand)	1	(New Zealand)	50	4	(Philippines)	3	(Philippines)	75	1	(Portugal)	0	(Portugal)	0
	1	(Pakistan)	0	(Pakistan)	0	1	(Portugal)	1	(Portugal)	100	3	(Taiwan, China)	0	(Taiwan, China)	0
	5	(Philippines)	0	(Philippines)	0	1	(Russia)	0	(Russia)	0	35	(The Mainland of China)	9	(The Mainland of China)	26
	1	(Portugal)	1	(Portugal)	100	2	(Taiwan, China)	2	(Taiwan, China)	100	18	(UK)	8	(UK)	44
	1	(Russia)	0	(Russia)	0	42	(The Mainland of China)	22	(The Mainland of China)	52	1	(USA)	0	(USA)	0
	5	(Taiwan, China)	1	(Taiwan, China)	20	14	(UK)	14	(UK)	100	1	(Venezuela)	1	(Venezuela)	100
	91	(The Mainland of China)	26	(The Mainland of China)	29	1	(USA)	1	(USA)	100					
	19	(UK)	16	(UK)	84	1	(Venezuela)	1	(Venezuela)	100					
	1	(USA)	1	(USA)	100										
	1	(Venezuela)	0	(Venezuela)	0										
Total	**145**		**53**		**37**	**80**		**58**		**73**	**70**		**21**		**30**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2019 (Second Sitting)	4	(Australia)	1	(Australia)	25	3	(Australia)	3	(Australia)	100	6	(Australia)	6	(Australia)	100
	1	(Denmark)	0	(Denmark)	0	1	(Denmark)	1	(Denmark)	100	1	(Germany)	0	(Germany)	0
	1	(France)	0	(France)	0	1	(France)	1	(France)	100	1	(India)	1	(India)	100
	3	(India)	2	(India)	67	1	(India)	1	(India)	100	3	(Ireland)	2	(Ireland)	67
	6	(Ireland)	1	(Ireland)	17	2	(Ireland)	2	(Ireland)	100	1	(Poland)	1	(Poland)	100
	1	(Malaysia)	0	(Malaysia)	0	1	(Mauritius)	1	(Mauritius)	100	1	(Portugal)	1	(Portugal)	100
	1	(Mauritius)	0	(Mauritius)	0	1	(New Zealand)	1	(New Zealand)	100	3	(Taiwan, China)	1	(Taiwan, China)	33
	1	(New Zealand)	0	(New Zealand)	0	1	(Taiwan, China)	1	(Taiwan, China)	100	37	(The Mainland of China)	13	(The Mainland of China)	35
	2	(Philippines)	0	(Philippines)	0	45	(The Mainland of China)	37	(The Mainland of China)	82	16	(UK)	6	(UK)	38
	4	(Taiwan, China)	0	(Taiwan, China)	0	1	(Turkey)	1	(Turkey)	100	1	(USA)	1	(USA)	100
	82	(The Mainland of China)	10	(The Mainland of China)	12	12	(UK)	12	(UK)	100					
	1	(Turkey)	0	(Turkey)	0										
	17	(UK)	4	(UK)	24										
Total	**124**		**18**		**15**	**69**		**61**		**88**	**70**		**32**		**46**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

(2) We do not have information regarding the details of practice of persons who have passed the Licensing Examination.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5794)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please provide the number of various types of beds under the charge of the medical departments of acute hospitals under the Hospital Authority as at 31 January 2020:

Cluster	Hospital	Total number of medical beds	Number of medical regular beds	Number of medical time-limited beds	Number of medical temporary beds
Hong Kong East	Pamela Youde Nethersole Eastern Hospital				
	Ruttonjee and Tang Shiu Kin Hospitals				
Hong Kong West	Queen Mary Hospital				
Kowloon East	United Christian Hospital				
	Tseung Kwan O Hospital				
Kowloon Central	Queen Elizabeth Hospital				

	Kwong Wah Hospital				
Kowloon West	Princess Margaret Hospital				
	Caritas Medical Centre				
	Yan Chai Hospital				
	North Lantau Hospital				
New Territories East	Prince of Wales Hospital				
	North District Hospital				
	Alice Ho Miu Ling Nethersole Hospital				
New Territories West	Tuen Mun Hospital				
	Pok Oi Hospital				

(2) Please provide a quarterly breakdown of medical in-patient bed occupancy rates, number of patient days of medical in-patients and number of day in-patient discharges in respect of medical patients in the following hospitals in 2019 and January 2020:

January to March 2019				
Cluster	Hospital	Medical in-patient bed occupancy rate	Number of patient days of medical in-patients	Number of day in-patient discharges in respect of medical patients
Hong Kong East	Pamela Youde Nethersole Eastern Hospital			
	Ruttonjee and Tang Shiu Kin Hospitals			

Hong Kong West	Queen Mary Hospital			
Kowloon East	United Christian Hospital			
	Tseung Kwan O Hospital			
Kowloon Central	Queen Elizabeth Hospital			
	Kwong Wah Hospital			
Kowloon West	Princess Margaret Hospital			
	Caritas Medical Centre			
	Yan Chai Hospital			
	North Lantau Hospital			
New Territories East	Prince of Wales Hospital			
	North District Hospital			
	Alice Ho Miu Ling Nethersole Hospital			
New Territories West	Tuen Mun Hospital			
	Pok Oi Hospital			

April to June 2019				
Cluster	Hospital	Medical in-patient bed occupancy rate	Number of patient days of medical in-patients	Number of day in-patient discharges in respect of medical patients

Hong Kong East	Pamela Youde Nethersole Eastern Hospital			
	Ruttonjee and Tang Shiu Kin Hospitals			
Hong Kong West	Queen Mary Hospital			
Kowloon East	United Christian Hospital			
	Tseung Kwan O Hospital			
Kowloon Central	Queen Elizabeth Hospital			
	Kwong Wah Hospital			
Kowloon West	Princess Margaret Hospital			
	Caritas Medical Centre			
	Yan Chai Hospital			
	North Lantau Hospital			
New Territories East	Prince of Wales Hospital			
	North District Hospital			
	Alice Ho Miu Ling Nethersole Hospital			
New Territories West	Tuen Mun Hospital			
	Pok Oi Hospital			

July to September 2019				
Cluster	Hospital	Medical in-patient bed occupancy rate	Number of patient days of medical in-patients	Number of day in-patient discharges in respect of medical patients
Hong Kong East	Pamela Youde Nethersole Eastern Hospital			
	Ruttonjee and Tang Shiu Kin Hospitals			
Hong Kong West	Queen Mary Hospital			
Kowloon East	United Christian Hospital			
	Tseung Kwan O Hospital			
Kowloon Central	Queen Elizabeth Hospital			
	Kwong Wah Hospital			
Kowloon West	Princess Margaret Hospital			
	Caritas Medical Centre			
	Yan Chai Hospital			
	North Lantau Hospital			
New Territories East	Prince of Wales Hospital			
	North District Hospital			

	Alice Ho Miu Ling Nethersole Hospital			
New Territories West	Tuen Mun Hospital			
	Pok Oi Hospital			

October to December 2019				
Cluster	Hospital	Medical in-patient bed occupancy rate	Number of patient days of medical in-patients	Number of day in-patient discharges in respect of medical patients
Hong Kong East	Pamela Youde Nethersole Eastern Hospital			
	Ruttonjee and Tang Shiu Kin Hospitals			
Hong Kong West	Queen Mary Hospital			
Kowloon East	United Christian Hospital			
	Tseung Kwan O Hospital			
Kowloon Central	Queen Elizabeth Hospital			
	Kwong Wah Hospital			
Kowloon West	Princess Margaret Hospital			
	Caritas Medical Centre			
	Yan Chai Hospital			

	North Lantau Hospital			
New Territories East	Prince of Wales Hospital			
	North District Hospital			
	Alice Ho Miu Ling Nethersole Hospital			
New Territories West	Tuen Mun Hospital			
	Pok Oi Hospital			

January 2020				
Cluster	Hospital	Medical in-patient bed occupancy rate	Number of patient days of medical in-patients	Number of day in-patient discharges in respect of medical patients
Hong Kong East	Pamela Youde Nethersole Eastern Hospital			
	Ruttonjee and Tang Shiu Kin Hospitals			
Hong Kong West	Queen Mary Hospital			
Kowloon East	United Christian Hospital			
	Tseung Kwan O Hospital			
Kowloon Central	Queen Elizabeth Hospital			
	Kwong Wah Hospital			

Kowloon West	Princess Margaret Hospital			
	Caritas Medical Centre			
	Yan Chai Hospital			
	North Lantau Hospital			
New Territories East	Prince of Wales Hospital			
	North District Hospital			
	Alice Ho Miu Ling Nethersole Hospital			
New Territories West	Tuen Mun Hospital			
	Pok Oi Hospital			

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 407)

Reply:
(1)

The table below sets out the number of hospital beds in the following hospitals for Medicine (MED) specialty under the Hospital Authority (HA) as at 31 December 2019.

Cluster	Hospital	Number of hospital beds for MED specialty
HKEC	PYNEH	661
	RTSKH	325
HKWC	QMH	397
KCC	KWH	403
	QEH	630
KEC	TKOH	391
	UCH	598
KWC	CMC	467
	NLTH	60
	PMH	758
	YCH	409
NTEC	AHNH	252
	NDH	361
	PWH	571

Cluster	Hospital	Number of hospital beds for MED specialty
NTWC	POH	316
	TMH	902

HA flexibly deploys beds according to the operational and clinical service needs. Individual wards may receive patients from different specialties and beds are provided for more than 1 specialty in mixed specialty wards. As such, temporary beds of other specialties would also support the MED specialty. The table below sets out the number of temporary beds added in major specialties in the following hospitals under HA as at 31 January 2020.

Cluster	Hospital	Number of temporary beds added
HKEC	PYNEH	43
	RTSKH	–
HKWC	QMH	4
KCC	KWH	–
	QEH	42
KEC	TKOH	–
	UCH	43
KWC	CMC	20
	NLTH	–
	PMH	24
	YCH	7
NTEC	AHNH	13
	NDH	–
	PWH	9
NTWC	POH	25
	TMH	114

(2)

The tables below set out:
i) the inpatient (IP) bed occupancy rate;
ii) number of IP patient days;
iii) number of IP discharges and deaths (IP D&D); and
iv) number of day inpatient discharges and deaths (DP D&D);
for MED specialty in the following hospitals under HA by quarter in 2019 and January 2020.

January – March 2019

Cluster	Hospital	MED IP bed occupancy rate	MED IP patient days	MED IP D&D	MED DP D&D
HKEC	PYNEH	100%	50 310	8 794	4 918
	RTSKH	105%	29 862	4 612	109
HKWC	QMH	98%	32 963	9 628	7 773
KCC	KWH	103%	32 058	6 803	3 519
	QEH	117%	66 311	11 110	10 417
KEC	TKOH	110%	36 463	5 904	2 813
	UCH	120%	48 740	8 414	6 648

Cluster	Hospital	MED IP bed occupancy rate	MED IP patient days	MED IP D&D	MED DP D&D
KWC	CMC	117%	46 847	7 504	1 552
	NLTH	88%	3 181	264	2
	PMH	101%	61 840	9 028	6 917
	YCH	101%	36 894	6 880	1 318
NTEC	AHNH	101%	23 534	3 739	4 311
	NDH	102%	32 949	4 836	1 190
	PWH	111%	51 875	9 003	6 833
NTWC	POH	109%	33 520	4 535	902
	TMH	114%	79 119	8 523	6 802

April – June 2019

Cluster	Hospital	MED IP bed occupancy rate	MED IP patient days	MED IP D&D	MED DP D&D
HKEC	PYNEH	100%	49 916	8 675	4 869
	RTSKH	99%	28 239	4 231	148
HKWC	QMH	97%	32 581	9 468	8 294
KCC	KWH	104%	32 605	6 521	3 702
	QEH	119%	66 281	11 003	10 498
KEC	TKOH	116%	38 775	6 066	3 058
	UCH	120%	47 394	8 131	6 793
KWC	CMC	118%	47 446	7 445	1 648
	NLTH	84%	3 064	277	–
	PMH	97%	60 245	9 423	7 519
	YCH	108%	39 256	7 121	1 296
NTEC	AHNH	101%	22 667	3 754	4 211
	NDH	99%	31 721	4 811	1 381
	PWH	110%	51 375	8 877	6 686
NTWC	POH	110%	34 115	4 632	907
	TMH	114%	80 485	8 183	6 665

July – September 2019

Cluster	Hospital	MED IP bed occupancy rate	MED IP patient days	MED IP D&D	MED DP D&D
HKEC	PYNEH	103%	49 363	8 858	5 133
	RTSKH	88%	25 458	4 004	159
HKWC	QMH	99%	32 774	9 096	8 701
KCC	KWH	101%	32 293	6 653	3 328
	QEH	119%	63 128	10 204	10 685
KEC	TKOH	110%	36 991	5 879	3 326
	UCH	116%	46 404	8 399	7 201
KWC	CMC	121%	48 347	7 425	1 825
	NLTH	82%	3 002	255	–
	PMH	93%	58 420	8 907	7 582
	YCH	104%	36 971	6 949	1 286

Cluster	Hospital	MED IP bed occupancy rate	MED IP patient days	MED IP D&D	MED DP D&D
NTEC	AHNH	104%	21 913	3 575	4 460
	NDH	97%	29 696	4 738	1 495
	PWH	100%	46 450	7 766	6 723
NTWC	POH	115%	36 148	4 576	1 020
	TMH	114%	81 228	8 979	6 998

October – December 2019 [Provisional figures]

Cluster	Hospital	MED IP bed occupancy rate	MED IP patient days	MED IP D&D	MED DP D&D
HKEC	PYNEH	105%	50 740	8 672	5 305
	RTSKH	89%	25 682	3 850	797
HKWC	QMH	99%	32 902	9 289	8 928
KCC	KWH	101%	32 274	6 434	3 355
	QEH	118%	62 416	10 376	10 199
KEC	TKOH	110%	37 151	5 638	3 285
	UCH	110%	50 115	8 699	7 395
KWC	CMC	124%	49 417	7 419	1 788
	NLTH	78%	3 412	288	3
	PMH	95%	59 717	9 055	7 568
	YCH	99%	35 797	6 406	1 202
NTEC	AHNH	105%	22 115	3 673	4 484
	NDH	97%	31 375	4 731	1 547
	PWH	101%	48 065	7 869	6 623
NTWC	POH	116%	33 220	4 227	986
	TMH	112%	80 788	8 559	6 750

January 2020 [Provisional figures]

Cluster	Hospital	MED IP bed occupancy rate	MED IP patient days	MED IP D&D	MED DP D&D
HKEC	PYNEH	103%	17 782	3 044	1 728
	RTSKH	88%	8 567	1 316	303
HKWC	QMH	92%	10 516	3 028	2 948
KCC	KWH	95%	10 234	2 279	1 168
	QEH	115%	20 606	3 645	3 392
KEC	TKOH	105%	11 944	1 811	1 130
	UCH	107%	16 418	3 043	2 617
KWC	CMC	124%	16 635	2 463	694
	NLTH	80%	1 486	123	–
	PMH	97%	20 539	3 190	2 607
	YCH	97%	12 143	2 083	428
NTEC	AHNH	102%	7 236	1 326	1 488
	NDH	96%	10 502	1 685	497
	PWH	98%	15 732	2 813	2 141

Cluster	Hospital	MED IP bed occupancy rate	MED IP patient days	MED IP D&D	MED DP D&D
NTWC	POH	119%	11 182	1 470	332
	TMH	110%	27 394	2 866	2 233

Note:
In HA, day IPs refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. IPs are those who are admitted into hospitals via Accident and Emergency Department or those who have stayed for more than 1 day. The calculation of the number of hospital beds and discharges and deaths includes that of both IPs and day IPs. The calculation of IP bed occupancy rate and IP patient days, on the other hand, does not include that of day IPs.

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

Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
RTSKH – Ruttonjee and Tang Shiu Kin Hospitals
QMH – Queen Mary Hospital
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)318

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5795)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please set out in the table below the numbers of beds, doctors and nurses in the emergency medical ward of the following hospitals in the past 5 years:

Hospital	Total number of beds in emergency medical ward	Number of doctors in emergency medical ward	Number of nurses in emergency medical ward
Pamela Youde Nethersole Eastern Hospital			
Ruttonjee and Tang Shiu Kin Hospitals			
Queen Mary Hospital			
United Christian Hospital			
Tseung Kwan O Hospital			
Queen Elizabeth Hospital			
Kwong Wah Hospital			
Princess Margaret Hospital			
Caritas Medical Centre			
Yan Chai Hospital			
North Lantau Hospital			
Prince of Wales Hospital			
North District Hospital			
Alice Ho Miu Ling Nethersole Hospital			
Tuen Mun Hospital			
Pok Oi Hospital			

(2) Please list the total population and population aged 65 or above in various hospital clusters in the following years:

	2018-19		2017-18		2016-17		2015-16		2014-15	
	Total population	Population aged 65 or above	Total population	Population aged 65 or above	Total population	Population aged 65 or above	Total population	Population aged 65 or above	Total population	Population aged 65 or above
Hong Kong East										
Hong Kong West										
Kowloon East										
Kowloon Central										
Kowloon West										
New Territories East										
New Territories West										

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 408)

Reply:

(1)

The Hospital Authority (HA) organises clinical services on a cluster basis. The patient journey may involve different points of care (e.g. acute, convalescent or rehabilitation) within the same cluster or hospital. Hence, information on the total number of hospital beds for Medicine specialty provides a better picture of the inpatient bed situation.

The table below sets out the number of hospital beds in each hospital for Medicine specialty under HA in 2015-16 to 2019-20 (as at 31 December 2019).

Cluster[#]	**Hospital**	**Number of hospital beds under HA for Medicine specialty**				
		2015-16 (as at 31 March 2016)	**2016-17 (as at 31 March 2017)**	**2017-18 (as at 31 March 2018)**	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
HKEC	PYNEH	561	561	561	621	661
	RTSKH	315	315	315	315	325
	SJH	28	28	28	28	28
	TWEH	36	35	35	35	35
	Sub-total	940	939	939	999	1 049
HKWC	FYKH	74	74	74	74	74
	GH	281	281	282	282	282
	QMH	396	396	395	395	397
	TWH	204	204	204	204	204
	Sub-total	955	955	955	955	957

Cluster[#]	Hospital	Number of hospital beds under HA for Medicine specialty				
		2015-16 (as at 31 March 2016)	2016-17 (as at 31 March 2017)	2017-18 (as at 31 March 2018)	2018-19 (as at 31 March 2019)	2019-20 (as at 31 December 2019)
KCC	HKBH	209	209	209	209	249
	KH	255	255	255	255	255
	KWH[#]	-	-	403	403	403
	OLMH[#]	-	-	147	147	154
	QEH	611	623	623	630	630
	WTSH[#]	-	-	248	248	248
	Sub-total	1 075	1 087	1 885	1 892	1 939
KEC	HHH	321	321	321	321	321
	TKOH	333	335	335	391	391
	UCH	516	526	526	562	598
	Sub-total	1 170	1 182	1 182	1 274	1 310
KWC	CMC	445	445	465	467	467
	KWH[#]	403	403	-	-	-
	NLTH	20	20	20	40	60
	OLMH[#]	147	147	-	-	-
	PMH	730	730	734	758	758
	WTSH[#]	248	248	-	-	-
	YCH	289	289	318	393	409
	Sub-total	2 282	2 282	1 537	1 658	1 694
NTEC	AHNH	242	252	252	252	252
	NDH	307	307	327	349	361
	PWH	465	490	496	556	571
	SH	233	253	253	253	273
	TPH	235	235	235	235	235
	Sub-total	1 482	1 537	1 563	1 645	1 692
NTWC	POH	297	316	316	354	316
	TMH	815	866	878	878	902
	TSWH*	-	-	-	2	90
	Sub-total	1 112	1 182	1 194	1 234	1 308
Overall HA		9 016	9 164	9 255	9 657	9 949

* Tin Shui Wai Hospital commenced inpatient service in November 2018.

KWH, OLMH and WTSH, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

HA organises its services on cluster basis and deploys an integrated and multi-disciplinary approach involving doctors and nurses. The adoption of a cluster-based and multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements within and across hospitals in the clusters. Manpower figures in respect of clusters are provided below. As healthcare professionals supporting the acute wards in the Medicine specialty also provide support for other services, the manpower for supporting acute wards cannot be separately quantified.

The table below sets out the number of doctors in the specialty of Medicine in each hospital cluster of HA in 2015-16 to 2019-20 (as at 31 December 2019).

Cluster	**2015-16** (as at 31 March 2016)	**2016-17** (as at 31 March 2017)	**2017-18** (as at 31 March 2018)	**2018-19** (as at 31 March 2019)	**2019-20** (as at 31 December 2019)
HKEC	159	157	157	160	167
HKWC	137	140	143	149	150
KCC	152	158	276	276	278
KEC	151	157	158	169	170
KWC	311	317	208	217	218
NTEC	193	204	207	215	225
NTWC	151	155	152	156	171
Cluster Total	**1 253**	**1 288**	**1 299**	**1 342**	**1 379**

The table below sets out the number of nurses in the specialty of Medicine in each hospital cluster of HA in 2015-16 to 2019-20 (as at 31 December 2019).

Cluster	**2015-16** (as at 31 March 2016)	**2016-17** (as at 31 March 2017)	**2017-18** (as at 31 March 2018)	**2018-19** (as at 31 March 2019)	**2019-20** (as at 31 December 2019)
HKEC	802	822	871	896	947
HKWC	699	691	695	721	765
KCC	727	843	1 422	1 481	1 473
KEC	940	939	1 015	1 105	1 194
KWC	1 540	1 502	1 001	1 031	1 061
NTEC	1 251	1 264	1 380	1 471	1 511
NTWC	797	873	869	899	978
Cluster Total	**6 756**	**6 935**	**7 255**	**7 604**	**7 930**

Note :

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. Doctors exclude Interns and Dental Officers.
3. KWH, OLMH and WTSH, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are

continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016 17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

(2)

The tables below set out the population and the population aged 65 or above in respect of each cluster of HA in 2015 to 2019.

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	763 800	140 500
Central & Western, Southern	HKWC	523 800	86 600
Kowloon City, Yau Tsim	KCC	540 000	94 100
Kwun Tong, Sai Kung	KEC	1 107 000	164 500
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 951 500	328 000
Sha Tin, Tai Po, North	NTEC	1 287 000	170 900
Tuen Mun, Yuen Long	NTWC	1 116 900	129 900
Overall Hong Kong		**7 291 300**	**1 114 600**

Population Estimates in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 600	128 700
Central & Western, Southern	HKWC	518 300	84 500
Kowloon City, Yau Tsim	KCC	561 100	85 200
Kwun Tong, Sai Kung	KEC	1 110 400	179 000
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 995 500	319 700
Sha Tin, Tai Po, North	NTEC	1 279 000	200 800
Tuen Mun, Yuen Long	NTWC	1 103 500	165 100
Overall Hong Kong		**7 336 600**	**1 163 200**

Population Estimates in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	765 700	131 300
Central & Western, Southern	HKWC	515 600	87 000
Kowloon City, Yau Tsim Mong,	KCC	1 179 800	196 600

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Wong Tai Sin			
Kwun Tong, Sai Kung	KEC	1 135 900	188 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 369 600	222 900
Sha Tin, Tai Po, North	NTEC	1 305 400	212 400
Tuen Mun, Yuen Long	NTWC	1 118 600	175 300
Overall Hong Kong		**7 391 700**	**1 214 600**

Population Estimates in 2018 (as at mid-2018)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 100	136 300
Central & Western, Southern	HKWC	518 700	91 000
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 178 900	204 600
Kwun Tong, Sai Kung	KEC	1 154 700	197 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 372 400	231 100
Sha Tin, Tai Po, North	NTEC	1 314 400	220 200
Tuen Mun, Yuen Long	NTWC	1 143 700	185 000
Overall Hong Kong		**7 451 000**	**1 266 200**

Projected Population in 2019 (as at mid-2019)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	761 100	139 800
Central & Western, Southern	HKWC	512 900	93 100
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 174 800	212 000
Kwun Tong, Sai Kung	KEC	1 169 400	208 000
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 408 900	245 700
Sha Tin, Tai Po, North	NTEC	1 318 700	229 800
Tuen Mun, Yuen Long	NTWC	1 155 400	196 200
Overall Hong Kong		**7 502 600**	**1 324 600**

Note:

1. The above population figures are based on the latest revised mid-year population estimates by the Census and 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.

2. KWH, OLMH and TWTSH, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December

2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

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

Hospital:
PYNEH – Pamela Youde Nethersole Eastern Hospital
RTSKH – Ruttonjee and Tang Shiu Kin Hospitals
SJH – St. John Hospital
TWEH – Tung Wah Eastern Hospital
FYKH – Tung Wah Group of Hospitals Fung Yiu King Hospital
GH – Grantham Hospital
QMH – Queen Mary Hospital
TWH – Tung Wah Hospital
HKBH – Hong Kong Buddhist Hospital
KH – Kowloon Hospital
KWH – Kwong Wah Hospital
OLMH – Our Lady of Maryknoll Hospital
QEH – Queen Elizabeth Hospital
WTSH – Tung Wah Group of Hospitals Wong Tai Sin Hospital
HHH – Haven of Hope Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
SH – Shatin Hospital
TPH – Tai Po Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)319

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5796)

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

Subhead (No. & title): ()

Programme: (-) Not specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of:
1. the numbers of persons newly assessed as having intellectual disability in each of the 18 District Council districts in the past 5 years, and their age and sex (please list the information by age group of a 10-year interval starting from the age of 0, as well as by severity from mild, moderate, severe to profound level);
2. the numbers of deaths of persons with intellectual disability in each of the 18 District Council districts in the past 5 years, and their age and sex (please list the information in 5 age groups, i.e. 0-6, 7-18, 19-40, 41-60 and 61 or above, as well as by severity from mild, moderate, severe to profound level).

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 409)

Reply:

The Hospital Authority does not have statistics on the number of persons newly assessed as having intellectual disability or the number of deaths of persons with intellectual disability in Hong Kong.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)320

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5797)

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

Subhead (No. & title): (514) Hospital Authority

Programme: Not Specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the number of cases in which medical procedures were administered to disabled persons by doctors' endorsement instead of guardianship orders in the past 5 years broken down by type of disabilities. If such figures are not available, what are the reasons?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 411)

Reply:

In situation where no guardian is appointed for a mentally incapacitated person (MIP), the Mental Health Ordinance (Cap. 136) provides that a treatment may be carried out by a registered medical practitioner if that treatment is considered necessary and in the best of interests of the MIP. The Hospital Authority (HA) does not have statistics on the number of treatments carried out by HA doctors under such circumstances.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)321

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5798)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. What are the numbers of registered physiotherapists, occupational therapists, speech therapists, prosthetists-orthotists, nurses, doctors, psychologists and health workers in Hong Kong in the past 5 years?
2. What are the numbers of practising physiotherapists, occupational therapists, speech therapists, prosthetists-orthotists, nurses, doctors, psychologists and health workers in Hong Kong in the past 5 years?
3. Among them, how many are practising at non-subvented service centres, subvented residential care homes for the elderly, subvented residential care homes for persons with disabilities, public hospitals and schools in Hong Kong respectively?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 412)

Reply:

1.
The number of doctors, nurses (registered and enrolled), occupational therapists and physiotherapists in the past 5 years are set out in the following table –

Profession	**Registration Type**	**Position as at 31 December**				
		2015	**2016**	**2017**	**2018**	**2019**
Doctor	Full Registration	13 726	14 013	14 290	14 651	15 004
	Limited Registration	150	136	144	124	154
	Provisional Registration	382	379	472	477	467
Nurse	Registered Nurse	37 670	39 178	40 505	42 485	44 601
	Enrolled Nurse	12 791	13 211	13 726	14 238	14 481
Occupational therapist		1 783	1 911	2 070	2 224	2 403
Physiotherapist		2 762	2 956	3 091	3 250	3 510

Note :
The above table shows the figures of the four types of registered healthcare professionals in the past five years and not the number of these registrants who were practising at the time.

We do not have information on the registered number of speech therapists, psychologists, prosthetist-orthotists and health workers in Hong Kong as they are not subject to statutory registration.

The Government introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions.

Under the AR Scheme, the Hong Kong Institute of Speech Therapists, the Hong Kong Association of Educational Psychologists and the Hong Kong Institute of Clinical Psychologists are the accredited healthcare professional bodies responsible for administering the registers for the speech therapists, educational psychologists and clinical psychologists respectively.

According to the information provided on the respective websites of these accredited professional bodies as at end-February 2020, the number of voluntary registrants in these professions is set out in the following table –

Accredited Professional Bodies	**Number of registrants**
Hong Kong Institute of Speech Therapists	212
Hong Kong Association of Educational Psychologists	25
Hong Kong Institute of Clinical Psychologists	83

2 & 3.

The Department of Health conducts Health Manpower Surveys ("HMS") on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare professionals practising in Hong Kong. According to the 2014 - 2017 HMS, the estimated distribution of health professionals who were practising in the respective local healthcare professions among different service sectors is set out in the following table –

Survey Year	**Healthcare Profession**	**Number of Healthcare Professionals ❖**	**Service Sector #**				
			Hospital Authority	**Government**	**Subvented Sector**	**Academic Sector**	**Private Sector**
2014	Clinical Psychologist	515*	27.6%	24.1%	8.9%	3.7%	35.7%
2014	Educational Psychologist	246*	-	19.1%	25.6%	28.5%	26.8%

Survey Year	Healthcare Profession	Number of Healthcare Professionals ❖	Service Sector #				
			Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014	Prosthetist–Orthotist	165*	76.4%	-	0.6%	1.2%	21.8%
2014	Speech Therapist	641*	12.8%	3.4%	40.4%	8.0%	35.4%
2015	Doctor	12 982‖	41.9%	5.2%	0.7%	3.1%	49.1%
2015	Enrolled Nurse	12 309†	40.0%	5.1%	20.1%	0.5%	34.2%
2016	Registered Nurse	38 719†	67.4%	6.7%	4.9%	3.0%	18.0%
2017	Occupational Therapist	1 908‡	47.9%	3.1%	33.2%	3.2%	12.6%
2017	Physiotherapist	2 941‡	37.8%	1.6%	19.3%	3.7%	37.7%

Notes:

❖ To tally with the HMS, the number of healthcare professionals is provided as at the respective reference date of the survey. For healthcare professionals who are subject to statutory registration, figures refer to the number of registrants provided by relevant statutory boards / councils. For healthcare professionals who are not subject to statutory registration, figures refer to the number of healthcare professionals employed by the surveyed institutions.

* Figures refer to the number of healthcare professionals employed by the surveyed institutions as at 31 March of the survey year.

‖ Figure refers to the number of doctors fully registered with the Medical Council of Hong Kong on the resident list under the Medical Registration Ordinance (Chapter 161) as at 31 August of the survey year.

† Figures refer to the number of nurses enrolled / registered with the Nursing Council of Hong Kong under the Nurses Registration Ordinance (Chapter 164) as at 31 August of the survey years.

‡ Figures refer to the number of healthcare professions registered with the respective boards under the Supplementary Medical Professions Ordinance (Chapter 359) as at 31 March of the survey year.

\# Figures for doctor, enrolled nurse, registered nurse, occupational therapist and physiotherapist refer to proportion of economically active respective healthcare professionals enumerated by the main field of practice and sector for the main job. Economically active healthcare professionals not indicating the sector for the main job were excluded. Among the respondents in the respective HMS, 10.0% doctors, 15.7% enrolled nurses, 17.9% registered nurses, 7.3% occupational therapists and 9.0% physiotherapists were economically inactive (economically inactive comprised those who were not practising in the respective profession in Hong Kong during the survey period, excluding those who had been on leave during the survey period and who were economically active but unemployed). The HMS on clinical psychologist, educational psychologist, prosthetist / orthotist and speech therapist was conducted via the employing institution, hence the issue of economic inactivity does not apply.

There may be slight discrepancy between the sum of individual items and the total due to rounding.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)322

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5799)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of:
1. the numbers of persons with intellectual disability who attended follow-up appointments in various specialties of public hospitals in each of the 18 District Council districts in the past 5 years (please provide a breakdown by 4 levels of intellectual disability, excluding the figures for outreach services);
2. the numbers of beneficiaries of outreach services by various specialties of public hospitals (please provide a breakdown by 4 levels of intellectual disability).

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 414)

Reply:

Patients with intellectual disability, depending on their clinical needs, may consult a variety of specialist services for follow-up and receive outreach services provided by various specialties in the Hospital Authority (HA). HA therefore does not have readily available breakdown on the follow-up attendances of these patients and the numbers of beneficiaries of outreach services.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)323**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5800)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the number of patients, their gender composition and age profile as well as types of disease under the Case Management Programme in each hospital cluster of the Hospital Authority (HA) in the past 10 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 415)

Reply:

The Hospital Authority (HA) has launched the Case Management Programme (the Programme) since 2010-11 by phases to provide intensive, continuous and personalised support for patients with severe mental illness. By 2014-15, the Programme had been extended to cover all the 18 districts in Hong Kong.

The table below sets out the number of cases handled by the Programme of HA from 2014-15 to 2019-20 (as at 31 December 2019):

	Number of cases handled under the Programme
2014-15	15 600
2015-16	15 400
2016-17	15 300
2017-18	16 000
2018-19	16 500
2019-20 (as at 31 December 2019)	16 200

HA does not have statistics on gender composition and age profile as well as types of disease of the cases handled under the Programme in each hospital cluster of HA in the past 10 years.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)324

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5801)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the information in each of the past 5 years:

1. the number of Accident & Emergency (A&E) attendances due to domestic violence by category of child abuse, elderly abuse and spousal abuse;
2. the number of domestic violence victims reporting to the Police at the Police Counter of A&E department after attending the A&E department of the Hospital Authority (HA) to have physical examination and medical treatment of the physical injuries;
3. the number of domestic violence victims on doctor's referral to see (i) medical social workers; (ii) psychiatrists or (iii) clinical psychologists for further assessment and follow-up; and
4. the Bureau's expenditure for providing acute medical care to domestic violence victims.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 416)

Reply:

(1)
The Hospital Authority (HA) does not maintain statistics on medical treatment arising from domestic violence. As general information for reference, the number of Accident & Emergency (A&E) attendances under the category of child abuse, elderly abuse and spousal abuse extracted from the record of A&E departments in the past five years are set out in the table below.

Year	Number of A&E attendances#		
	Child abuse	**Elderly abuse**	**Spousal abuse**
2015-16	244	60	782
2016-17	253	51	735
2017-18	247	57	702
2018-19	306	68	735
2019-20 (up to 31 December 2019) (Provisional figures)	156	42	561

There is limitation that the reporting would be subject to the interpretation of patients' clinical conditions and the cause of injury at the time of visit.

(2) - (4)

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. HA does not maintain statistics on the number of cases reported to the Police at the Police Counter.

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.

HA does not maintain separate statistics on domestic violence victims. The amount of resources deployed for providing medical treatment for the patients concerned is also not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5802)

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

Subhead (No. & title): (514) Hospital Authority

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:

Please inform this Committee of the following:

1. Please provide a breakdown by item of the number of applications approved and the expenditure incurred over the past 5 years under the Samaritan Fund managed by the Hospital Authority; and
2. Regarding the relaxation of the means test of the Samaritan Fund, what are the estimated number of patients to be benefited and additional expenditure involved?

Asked by: Hon CHEUNG Chiu-hung, Femando (LegCo internal reference no.: 417)

Reply:

1.

The tables below set out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund (SF) in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

Items	**2015-16**	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 237	317.5
Non-drugs:		
Cardiac Pacemakers	480	27.2
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 975	108.7
Intraocular Lens	1 296	1.9
Home use equipment and appliances	27	0.7

Items	2015-16	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Gamma knife surgeries in private hospital	0*	0*
Harvesting bone marrow in foreign countries	30	6.3
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	54	0.7
Total	**6 099**	**463.0**

* No application for this item was received.

Items	2016-17	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 555	332.4
Non-drugs:		
Cardiac Pacemakers	582	34.0
PTCA and other consumables for interventinal cardiology	2 299	132.0
Intraocular Lens	1 357	2.0
Home use equipment and appliances	41	1.2
Gamma knife surgeries in private hospital	4	0.4
Harvesting bone marrow in foreign countries	24	5.8
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	75	0.9
Total	**6 937**	**508.7**

Items	2017-18	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 384	331.7
Non-drugs:		
Cardiac Pacemakers	562	33.8
PTCA and other consumables for interventinal cardiology	2 395	140.3
Intraocular Lens	1 257	1.9
Home use equipment and appliances	21	0.6

Items	2017-18	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	32	5.9
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	93	1.4
Total	**6 745**	**515.7**

Items	2018-19	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 866	421.8
Non-drugs:		
Cardiac Pacemakers	656	41.1
PTCA and other consumables for interventinal cardiology	2 589	157.1
Intraocular Lens	1 210	1.9
Home use equipment and appliances	30	0.6
Gamma knife surgeries in private hospital	0*	0*
Harvesting bone marrow in foreign countries	28	6.3
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	87	1.7
Total	**7 466**	**630.5**

* No application for this item was received.

Items	2019-20 (Up to 31 December 2019)	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	3 434	468.6
Non-drugs:		
Cardiac Pacemakers	556	37.0
PTCA and other consumables for	2 429	153.7

Items	2019-20 (Up to 31 December 2019)	
	Number of applications approved	**Amount of subsidies granted ($ million)**
interventinal cardiology		
Intraocular Lens	856	1.3
Home use equipment and appliances	25	0.5
Gamma knife surgeries in private hospital	2	0.3
Harvesting bone marrow in foreign countries	31	5.8
Myoelectric prosthesis / custom-made prosthesis / appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	68	1.3
Total	**7 401**	**668.5**

The above data does not include those withdrawn / cancelled applications.

2.

The Government and the Hospital Authority (HA) introduced measures in early 2019 to enhance the means test mechanism for the Safety Net (i.e. SF and Community Care Fund Medical Assistance Programmes). The enhancement measures include modifying the calculation of annual disposable financial resources for drug subsidy application by counting only 50% of the patients' household net assets and refining the definition of "household" adopted in financial assessment.

Based on the data of drug subsidy applications of Safety Net approved from mid-June 2017 to February 2018, it was estimated that the enhancement measures would lower patient contribution for around 1 005 existing applications per year. Apart from the existing applications, by assuming a 30% increase in the number of non-Comprehensive Social Security Assistance applications for drug subsidy under Safety Net after implementation of the enhancement measures, it was roughly estimated that there would be around 40% increase in total annual drug subsidy.

The Government and the HA have been closely monitoring the impact of the enhancement measures on patients' applications and would review their effectiveness in due course.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)326**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5803)

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

Subhead (No. & title): (514) Hospital Authority

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:

Please inform this Committee of the following:

1. the wastage rate (including attrition and retirement) by cluster, specialty, medical specialty type and rank in various clusters of the Hospital Authority (HA) in the past 5 financial years (in table form);
2. the overall ratios of doctors, doctors in the public sector and doctors in the private sector to population by cluster and the ratios of total number of doctors to population in the past 5 financial years;
3. whether the Government has 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 or which countries will be used for reference?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 418)

Reply:

(1)

The tables below set out the attrition rate of full-time doctors and nurses by major specialties and rank in each cluster of the Hospital Authority (HA) in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019).

Doctors

2015-16

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
HKEC	Accident & Emergency	-	-	3.9%
	Anaesthesia	25.5%	-	-
	Family Medicine	-	14.1%	2.2%

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Intensive Care Unit	-	-	-
	Medicine	-	1.6%	1.3%
	Neurosurgery	-	-	16.7%
	Obstetrics & Gynaecology	-	31.6%	-
	Ophthalmology	-	-	9.5%
	Orthopaedics & Traumatology	21.8%	17.3%	14.2%
	Paediatrics	-	-	6.5%
	Pathology	-	-	-
	Psychiatry	-	-	-
	Radiology	11.5%	18.6%	-
	Surgery	12.5%	-	-
	Others	25.5%	-	6.7%
	Total	**6.6%**	**4.0%**	**2.9%**
HKWC	Accident & Emergency	36.4%	9.3%	17.5%
	Anaesthesia	7.1%	4.4%	10.5%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	-	5.9%
	Intensive Care Unit	-	-	34.8%
	Medicine	8.8%	8.5%	5.2%
	Neurosurgery	60.0%	-	-
	Obstetrics & Gynaecology	-	-	6.7%
	Ophthalmology	-	26.7%	-
	Orthopaedics & Traumatology	-	24.7%	-
	Paediatrics	9.0%	16.4%	-
	Pathology	-	-	-
	Psychiatry	-	-	23.5%
	Radiology	25.3%	9.0%	5.5%
	Surgery	15.4%	5.2%	2.2%
	Others	-	16.4%	12.4%
	Total	**8.9%**	**7.7%**	**6.3%**
KCC	Accident & Emergency	-	5.8%	4.2%
	Anaesthesia	-	4.4%	-
	Cardio-thoracic Surgery	-	15.0%	-
	Family Medicine	-	-	2.1%
	Intensive Care Unit	-	18.5%	-
	Medicine	-	-	1.2%
	Neurosurgery	-	16.4%	-
	Obstetrics & Gynaecology	20.0%	45.0%	16.9%
	Ophthalmology	-	13.9%	-
	Orthopaedics & Traumatology	24.0%	-	-
	Paediatrics	-	6.4%	4.8%
	Pathology	-	15.5%	13.0%
	Psychiatry	-	13.2%	-
	Radiology	-	-	-
	Surgery	-	-	-
	Others	10.8%	7.3%	-
	Total	**3.7%**	**6.5%**	**1.9%**
KEC	Accident & Emergency	27.3%	-	9.9%
	Anaesthesia	-	5.9%	17.0%
	Family Medicine	-	-	4.2%
	Intensive Care Unit	-	-	-
	Medicine	10.4%	2.0%	3.8%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	17.6%	-	7.2%
	Ophthalmology	-	-	-
	Orthopaedics & Traumatology	-	-	4.1%
	Paediatrics	-	8.3%	-
	Pathology	16.7%	12.0%	17.9%
	Psychiatry	34.3%	-	-
	Radiology	23.1%	-	-
	Surgery	10.3%	-	3.3%
	Others	-	10.1%	-
	Total	**11.1%**	**2.3%**	**4.5%**
KWC	Accident & Emergency	-	2.1%	2.9%
	Anaesthesia	20.2%	-	6.0%
	Family Medicine	-	3.9%	4.6%

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Intensive Care Unit	-	7.7%	-
	Medicine	8.5%	3.5%	6.6%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	30.0%	6.0%	-
	Ophthalmology	-	20.9%	-
	Orthopaedics & Traumatology	7.8%	7.8%	2.7%
	Paediatrics	8.1%	-	4.6%
	Pathology	21.2%	5.9%	-
	Psychiatry	-	3.6%	-
	Radiology	7.3%	18.6%	4.8%
	Surgery	11.4%	-	3.2%
	Others	-	14.2%	4.8%
	Total	**9.4%**	**4.6%**	**3.9%**
NTEC	Accident & Emergency	-	-	-
	Anaesthesia	-	3.6%	-
	Cardio-thoracic Surgery	-	-	28.6%
	Family Medicine	-	-	2.9%
	Intensive Care Unit	-	-	13.8%
	Medicine	-	3.5%	2.8%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	13.6%	-
	Ophthalmology	-	18.5%	-
	Orthopaedics & Traumatology	-	4.8%	-
	Paediatrics	-	-	3.0%
	Pathology	12.5%	-	-
	Psychiatry	-	-	-
	Radiology	-	-	6.9%
	Surgery	-	9.6%	-
	Others	-	5.6%	-
	Total	**0.8%**	**3.2%**	**2.0%**
NTWC	Accident & Emergency	-	-	8.2%
	Anaesthesia	-	-	3.9%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	14.4%	6.8%
	Intensive Care Unit	-	19.4%	-
	Medicine	6.1%	2.4%	-
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	27.0%	9.1%
	Ophthalmology	-	-	-
	Orthopaedics & Traumatology	-	-	-
	Paediatrics	19.7%	8.7%	-
	Pathology	-	-	-
	Psychiatry	10.1%	7.6%	9.5%
	Radiology	20.7%	14.1%	5.5%
	Surgery	-	6.1%	10.7%
	Others	-	-	5.5%
	Total	**5.1%**	**5.2%**	**4.5%**

2016-17

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
HKEC	Accident & Emergency	38.1%	-	7.0%
	Anaesthesia	-	6.9%	6.6%
	Family Medicine	-	-	9.1%
	Intensive Care Unit	-	-	-
	Medicine	12.4%	6.8%	2.5%
	Neurosurgery	-	-	18.8%
	Obstetrics & Gynaecology	-	31.6%	30.4%
	Ophthalmology	-	18.2%	-
	Orthopaedics & Traumatology	21.8%	-	-
	Paediatrics	-	-	-
	Pathology	16.4%	13.0%	19.0%
	Psychiatry	-	8.6%	23.1%
	Radiology	-	8.2%	-
	Surgery	40.0%	13.5%	-

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Others	-	10.8%	7.2%
	Total	**11.7%**	**6.9%**	**5.7%**
HKWC	Accident & Emergency	-	-	-
	Anaesthesia	6.3%	8.7%	3.2%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	-	3.4%
	Intensive Care Unit	-	-	-
	Medicine	4.1%	-	9.3%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	-	7.6%
	Ophthalmology	-	-	-
	Orthopaedics & Traumatology	-	-	9.4%
	Paediatrics	24.7%	6.9%	-
	Pathology	12.6%	-	7.7%
	Psychiatry	-	22.2%	7.1%
	Radiology	-	16.9%	6.2%
	Surgery	8.2%	10.0%	2.2%
	Others	-	-	6.2%
	Total	**5.9%**	**4.9%**	**5.0%**
KCC	Accident & Emergency	34.3%	-	3.9%
	Anaesthesia	10.0%	8.5%	-
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	12.2%	4.3%
	Intensive Care Unit	-	-	-
	Medicine	9.6%	3.9%	-
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	-	-
	Ophthalmology	-	21.7%	-
	Orthopaedics & Traumatology	22.4%	6.9%	-
	Paediatrics	-	-	-
	Pathology	11.8%	9.5%	-
	Psychiatry	-	22.6%	5.1%
	Radiology	9.2%	5.7%	-
	Surgery	20.2%	5.7%	-
	Others	20.0%	-	-
	Total	**10.6%**	**5.9%**	**1.1%**
KEC	Accident & Emergency	-	14.5%	3.1%
	Anaesthesia	-	16.5%	-
	Family Medicine	-	-	7.6%
	Intensive Care Unit	-	-	-
	Medicine	14.0%	5.8%	2.5%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	15.6%	-	-
	Ophthalmology	-	26.4%	-
	Orthopaedics & Traumatology	16.7%	15.2%	4.1%
	Paediatrics	-	-	4.4%
	Pathology	28.6%	30.4%	16.2%
	Psychiatry	-	11.1%	-
	Radiology	-	-	-
	Surgery	-	8.1%	-
	Others	19.7%	-	-
	Total	**9.1%**	**8.6%**	**3.1%**
KWC	Accident & Emergency	-	4.1%	6.8%
	Anaesthesia	-	2.4%	2.9%
	Family Medicine	-	-	7.8%
	Intensive Care Unit	-	-	4.6%
	Medicine	5.5%	4.4%	4.5%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	-	8.1%
	Ophthalmology	-	11.4%	8.2%
	Orthopaedics & Traumatology	14.5%	3.8%	5.4%
	Paediatrics	-	-	7.1%
	Pathology	11.6%	-	-
	Psychiatry	12.4%	10.8%	2.7%
	Radiology	20.7%	16.4%	-
	Surgery	9.9%	7.3%	1.5%

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Others	33.3%	7.7%	4.6%
	Total	**8.2%**	**4.6%**	**4.9%**
NTEC	Accident & Emergency	12.6%	-	3.4%
	Anaesthesia	13.0%	-	9.4%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	-	9.1%
	Intensive Care Unit	-	-	7.3%
	Medicine	7.3%	5.0%	4.5%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	-	6.1%
	Ophthalmology	-	-	5.8%
	Orthopaedics & Traumatology	20.5%	5.1%	-
	Paediatrics	11.7%	-	13.1%
	Pathology	-	7.0%	8.1%
	Psychiatry	18.5%	-	-
	Radiology	-	6.3%	-
	Surgery	5.9%	9.8%	3.6%
	Others	20.5%	-	3.8%
	Total	**8.4%**	**2.7%**	**5.2%**
NTWC	Accident & Emergency	-	-	2.4%
	Anaesthesia	-	-	-
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	-	3.5%
	Intensive Care Unit	-	-	-
	Medicine	5.4%	2.2%	3.4%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	-	-
	Ophthalmology	-	12.6%	8.7%
	Orthopaedics & Traumatology	-	-	3.5%
	Paediatrics	16.4%	16.2%	22.9%
	Pathology	15.4%	13.2%	-
	Psychiatry	20.0%	3.5%	-
	Radiology	-	14.0%	-
	Surgery	-	-	-
	Others	-	10.2%	11.3%
	Total	**4.7%**	**3.5%**	**3.3%**

2017-18

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
HKEC	Accident & Emergency	-	-	6.8%
	Anaesthesia	-	7.7%	6.8%
	Family Medicine	-	-	4.5%
	Intensive Care Unit	-	-	-
	Medicine	5.9%	13.1%	2.4%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	27.3%	-	-
	Ophthalmology	-	-	9.8%
	Orthopaedics & Traumatology	-	-	6.3%
	Paediatrics	19.4%	-	12.2%
	Pathology	-	17.4%	18.8%
	Psychiatry	25.0%	-	6.1%
	Radiology	11.2%	8.6%	-
	Surgery	-	6.5%	3.6%
	Others	18.8%	13.2%	-
	Total	**7.2%**	**6.2%**	**4.4%**
HKWC	Accident & Emergency	-	-	7.7%
	Anaesthesia	11.4%	13.8%	12.9%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	16.7%	7.6%
	Intensive Care Unit	-	-	15.8%
	Medicine	16.8%	2.5%	-
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	16.7%	15.0%	-
	Ophthalmology	-	26.1%	-

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Orthopaedics & Traumatology	-	-	4.6%
	Paediatrics	-	13.2%	4.2%
	Pathology	-	-	7.6%
	Psychiatry	-	21.6%	7.5%
	Radiology	-	45.5%	-
	Surgery	29.8%	19.9%	-
	Others	16.7%	-	6.2%
	Total	**9.3%**	**11.2%**	**3.8%**
KCC	Accident & Emergency	-	-	2.6%
	Anaesthesia	7.5%	2.8%	-
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	-	9.5%
	Intensive Care Unit	27.3%	-	-
	Medicine	9.7%	4.8%	2.2%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	12.1%	-	18.8%
	Ophthalmology	-	14.9%	11.5%
	Orthopaedics & Traumatology	-	10.1%	4.0%
	Paediatrics	9.1%	3.7%	2.8%
	Pathology	7.9%	-	5.4%
	Psychiatry	27.3%	-	22.0%
	Radiology	6.4%	23.2%	-
	Surgery	6.0%	13.8%	-
	Others	-	-	-
	Total	**6.9%**	**5.5%**	**4.5%**
KEC	Accident & Emergency	-	12.3%	8.7%
	Anaesthesia	16.9%	17.1%	10.6%
	Family Medicine	-	-	4.6%
	Intensive Care Unit	-	-	-
	Medicine	9.3%	3.8%	4.9%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	14.5%	-	-
	Ophthalmology	-	29.6%	-
	Orthopaedics & Traumatology	17.1%	28.6%	-
	Paediatrics	-	-	4.6%
	Pathology	14.3%	18.2%	13.6%
	Psychiatry	-	11.6%	13.1%
	Radiology	33.6%	21.1%	-
	Surgery	18.2%	-	3.5%
	Others	-	-	-
	Total	**12.3%**	**7.8%**	**4.8%**
KWC	Accident & Emergency	-	5.4%	9.5%
	Anaesthesia	15.8%	13.0%	4.6%
	Family Medicine	-	4.2%	6.7%
	Intensive Care Unit	-	-	7.0%
	Medicine	3.7%	5.7%	2.9%
	Neurosurgery	-	50.0%	-
	Obstetrics & Gynaecology	-	11.2%	21.1%
	Ophthalmology	35.3%	33.3%	8.5%
	Orthopaedics & Traumatology	9.4%	-	-
	Paediatrics	11.9%	-	-
	Pathology	7.2%	-	12.3%
	Psychiatry	12.4%	7.0%	2.8%
	Radiology	-	33.1%	-
	Surgery	-	10.7%	2.2%
	Others	-	15.6%	-
	Total	**5.5%**	**8.5%**	**4.7%**
NTEC	Accident & Emergency	27.6%	3.5%	-
	Anaesthesia	25.3%	-	3.2%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	-	11.0%
	Intensive Care Unit	-	-	14.4%
	Medicine	10.7%	5.0%	6.0%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	12.2%	-
	Ophthalmology	-	51.4%	-

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Orthopaedics & Traumatology	10.3%	10.7%	5.8%
	Paediatrics	21.4%	4.7%	3.4%
	Pathology	-	-	7.1%
	Psychiatry	15.0%	14.2%	2.7%
	Radiology	-	6.3%	-
	Surgery	5.6%	4.7%	1.9%
	Others	-	5.3%	3.8%
	Total	**8.8%**	**5.7%**	**4.7%**
NTWC	Accident & Emergency	-	-	4.5%
	Anaesthesia	-	-	3.5%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	4.8%	12.1%
	Intensive Care Unit	-	-	-
	Medicine	5.0%	6.5%	5.8%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	27.3%	16.9%	12.6%
	Ophthalmology	-	12.6%	-
	Orthopaedics & Traumatology	-	-	14.8%
	Paediatrics	-	-	-
	Pathology	14.5%	-	-
	Psychiatry	-	6.7%	-
	Radiology	10.8%	47.4%	-
	Surgery	16.3%	5.9%	-
	Others	32.4%	10.4%	-
	Total	**8.2%**	**5.6%**	**4.7%**

2018-19

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
HKEC	Accident & Emergency	14.5%	-	7.0%
	Anaesthesia	19.4%	24.3%	11.6%
	Family Medicine	-	-	7.5%
	Intensive Care Unit	-	-	-
	Medicine	5.9%	5.4%	2.4%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	35.3%	-
	Ophthalmology	-	36.9%	10.0%
	Orthopaedics & Traumatology	-	8.4%	-
	Paediatrics	16.7%	-	-
	Pathology	-	-	-
	Psychiatry	25.0%	-	5.5%
	Radiology	10.9%	8.7%	-
	Surgery	12.6%	13.6%	3.5%
	Others	17.1%	13.0%	5.9%
	Total	**9.2%**	**7.6%**	**3.9%**
HKWC	Accident & Emergency	33.3%	8.2%	-
	Anaesthesia	12.4%	8.8%	10.9%
	Cardio-thoracic Surgery	18.8%	-	-
	Family Medicine	-	7.4%	17.3%
	Intensive Care Unit	52.2%	-	14.1%
	Medicine	-	4.8%	1.2%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	16.7%	-	-
	Ophthalmology	-	27.3%	12.2%
	Orthopaedics & Traumatology	20.0%	-	9.4%
	Paediatrics	14.9%	7.7%	4.1%
	Pathology	11.3%	-	6.7%
	Psychiatry	-	-	-
	Radiology	12.9%	25.0%	-
	Surgery	9.9%	11.2%	4.5%
	Others	33.3%	38.3%	14.7%
	Total	**12.0%**	**8.1%**	**5.3%**
KCC	Accident & Emergency	-	7.0%	5.1%
	Anaesthesia	15.9%	8.1%	-
	Cardio-thoracic Surgery	58.5%	-	18.8%

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Family Medicine	60.0%	-	7.1%
	Intensive Care Unit	-	-	-
	Medicine	10.0%	4.5%	4.4%
	Neurosurgery	34.3%	9.5%	-
	Obstetrics & Gynaecology	-	12.9%	11.3%
	Ophthalmology	-	8.1%	-
	Orthopaedics & Traumatology	8.5%	5.0%	-
	Paediatrics	6.7%	8.4%	2.2%
	Pathology	6.5%	-	-
	Psychiatry	-	-	5.0%
	Radiology	12.6%	27.7%	-
	Surgery	5.7%	3.3%	3.5%
	Others	8.0%	11.1%	6.8%
	Total	**10.0%**	**6.9%**	**4.0%**
KEC	Accident & Emergency	17.6%	4.3%	13.7%
	Anaesthesia	16.7%	10.7%	4.8%
	Family Medicine	-	-	6.1%
	Intensive Care Unit	-	-	-
	Medicine	4.3%	7.5%	1.2%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	15.4%	-	-
	Ophthalmology	66.7%	11.5%	-
	Orthopaedics & Traumatology	16.4%	28.1%	3.5%
	Paediatrics	61.0%	-	4.8%
	Pathology	-	46.2%	13.5%
	Psychiatry	-	17.8%	14.4%
	Radiology	-	11.4%	-
	Surgery	10.0%	24.2%	3.3%
	Others	-	27.5%	-
	Total	**11.0%**	**11.2%**	**4.7%**
KWC	Accident & Emergency	-	2.6%	7.6%
	Anaesthesia	14.8%	9.4%	4.6%
	Family Medicine	-	7.1%	11.2%
	Intensive Care Unit	-	9.5%	-
	Medicine	7.7%	2.8%	2.7%
	Neurosurgery	52.2%	-	12.4%
	Obstetrics & Gynaecology	-	22.6%	9.9%
	Ophthalmology	33.3%	-	-
	Orthopaedics & Traumatology	8.8%	9.5%	3.0%
	Paediatrics	12.9%	-	-
	Pathology	-	-	-
	Psychiatry	-	3.5%	-
	Radiology	10.0%	16.9%	-
	Surgery	7.6%	3.5%	6.2%
	Others	-	-	4.3%
	Total	**7.1%**	**5.1%**	**4.8%**
NTEC	Accident & Emergency	-	3.4%	3.0%
	Anaesthesia	22.4%	10.0%	7.0%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	4.1%	3.0%
	Intensive Care Unit	-	10.5%	-
	Medicine	14.5%	8.4%	1.6%
	Neurosurgery	36.4%	-	-
	Obstetrics & Gynaecology	34.8%	11.5%	-
	Ophthalmology	34.3%	-	12.5%
	Orthopaedics & Traumatology	19.8%	28.8%	11.9%
	Paediatrics	10.7%	-	10.5%
	Pathology	-	-	-
	Psychiatry	34.3%	4.6%	5.6%
	Radiology	-	18.4%	-
	Surgery	23.1%	23.7%	4.1%
	Others	18.6%	14.4%	-
	Total	**15.5%**	**9.6%**	**3.9%**
NTWC	Accident & Emergency	-	-	2.1%
	Anaesthesia	-	12.7%	-
	Cardio-thoracic Surgery	-	-	-

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Family Medicine	60.0%	9.5%	3.3%
	Intensive Care Unit	-	-	-
	Medicine	5.2%	4.1%	4.6%
	Neurosurgery	33.3%	-	10.7%
	Obstetrics & Gynaecology	-	15.0%	5.8%
	Ophthalmology	-	12.9%	8.1%
	Orthopaedics & Traumatology	-	61.5%	3.9%
	Paediatrics	-	8.9%	4.6%
	Pathology	-	-	-
	Psychiatry	10.7%	-	6.9%
	Radiology	-	35.3%	5.1%
	Surgery	8.9%	11.9%	4.6%
	Others	-	35.6%	5.5%
	Total	**4.6%**	**10.5%**	**4.2%**

2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
HKEC	Accident & Emergency	16.2%	-	3.7%
	Anaesthesia	16.9%	-	-
	Family Medicine	-	8.2%	5.1%
	Intensive Care Unit	-	-	-
	Medicine	5.9%	3.6%	3.5%
	Neurosurgery	44.4%	-	14.3%
	Obstetrics & Gynaecology	-	17.1%	9.3%
	Ophthalmology	-	16.9%	10.1%
	Orthopaedics & Traumatology	-	18.0%	5.7%
	Paediatrics	-	-	12.4%
	Pathology	-	-	-
	Psychiatry	23.1%	-	5.3%
	Radiology	10.1%	18.3%	-
	Surgery	-	-	3.9%
	Others	-	14.1%	5.8%
	Total	**6.8%**	**5.0%**	**4.5%**
HKWC	Accident & Emergency	-	-	7.7%
	Anaesthesia	6.3%	17.6%	7.0%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	-	18.5%
	Intensive Care Unit	52.2%	-	18.2%
	Medicine	4.2%	6.9%	2.4%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	16.4%	-	-
	Ophthalmology	-	-	12.5%
	Orthopaedics & Traumatology	-	-	4.7%
	Paediatrics	9.2%	9.6%	-
	Pathology	10.1%	-	6.8%
	Psychiatry	-	-	-
	Radiology	-	9.3%	5.5%
	Surgery	-	10.3%	2.4%
	Others	16.7%	15.0%	7.0%
	Total	**6.0%**	**6.3%**	**4.8%**
KCC	Accident & Emergency	20.0%	11.0%	5.3%
	Anaesthesia	-	21.5%	4.1%
	Cardio-thoracic Surgery	-	35.3%	-
	Family Medicine	-	4.8%	8.4%
	Intensive Care Unit	19.0%	-	12.4%
	Medicine	3.4%	8.9%	8.3%
	Neurosurgery	34.8%	18.2%	5.5%
	Obstetrics & Gynaecology	11.2%	20.1%	7.5%
	Ophthalmology	-	14.1%	5.8%
	Orthopaedics & Traumatology	18.2%	5.0%	-
	Paediatrics	24.5%	5.9%	5.2%
	Pathology	11.1%	6.1%	-
	Psychiatry	-	10.4%	4.8%
	Radiology	12.6%	17.8%	-

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Surgery	5.1%	6.3%	1.6%
	Others	-	6.4%	-
	Total	**10.2%**	**10.5%**	**5.2%**
KEC	Accident & Emergency	20.3%	-	2.7%
	Anaesthesia	-	5.2%	-
	Family Medicine	-	-	18.5%
	Intensive Care Unit	-	-	-
	Medicine	8.5%	5.5%	3.4%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	-	7.1%
	Ophthalmology	-	22.6%	-
	Orthopaedics & Traumatology	14.6%	8.5%	6.5%
	Paediatrics	30.8%	6.7%	5.2%
	Pathology	-	48.0%	-
	Psychiatry	-	12.1%	5.9%
	Radiology	10.2%	-	-
	Surgery	21.6%	20.1%	3.3%
	Others	-	8.8%	10.3%
	Total	**9.6%**	**7.5%**	**6.0%**
KWC	Accident & Emergency	26.1%	5.2%	9.0%
	Anaesthesia	-	-	4.4%
	Family Medicine	-	-	6.1%
	Intensive Care Unit	-	-	-
	Medicine	-	7.0%	3.5%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	-	11.4%	-
	Ophthalmology	-	-	-
	Orthopaedics & Traumatology	8.9%	20.0%	2.9%
	Paediatrics	-	5.5%	-
	Pathology	-	-	5.3%
	Psychiatry	26.7%	7.1%	8.1%
	Radiology	20.0%	18.2%	-
	Surgery	-	13.8%	4.3%
	Others	-	7.6%	4.4%
	Total	**5.6%**	**6.6%**	**4.6%**
NTEC	Accident & Emergency	13.0%	3.4%	9.1%
	Anaesthesia	12.1%	9.6%	-
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	-	3.7%	6.0%
	Intensive Care Unit	-	10.9%	6.2%
	Medicine	3.5%	3.2%	1.6%
	Neurosurgery	50.0%	-	-
	Obstetrics & Gynaecology	16.7%	11.4%	-
	Ophthalmology	34.3%	54.5%	6.8%
	Orthopaedics & Traumatology	18.2%	17.3%	2.8%
	Paediatrics	-	-	3.4%
	Pathology	11.4%	-	6.0%
	Psychiatry	29.6%	9.0%	15.5%
	Radiology	-	19.9%	-
	Surgery	5.9%	9.3%	4.1%
	Others	42.1%	10.0%	-
	Total	**11.8%**	**7.8%**	**4.0%**
NTWC	Accident & Emergency	14.3%	3.6%	6.1%
	Anaesthesia	15.8%	-	-
	Cardio-thoracic Surgery	-	-	
	Family Medicine	-	4.7%	1.6%
	Intensive Care Unit	-	-	-
	Medicine	-	-	5.7%
	Neurosurgery	-	-	12.5%
	Obstetrics & Gynaecology	-	12.9%	-
	Ophthalmology	-	26.1%	8.1%
	Orthopaedics & Traumatology	25.8%	24.0%	-
	Paediatrics	-	-	-
	Pathology	32.4%	40.9%	-
	Psychiatry	-	-	4.6%
	Radiology	19.5%	32.9%	5.0%

Cluster	Major Specialty	Attrition rate of full-time doctors		
		Consultant	SMO/AC	MO/R
	Surgery	8.6%	-	2.4%
	Others	-	-	11.1%
	Total	**8.0%**	**5.5%**	**3.7%**

Nurses

2015-16

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
HKEC	Accident & Emergency	-	-	9.2%	15.2%
	Intensive Care Unit	-	4.4%	5.5%	-
	Medicine	-	4.5%	6.6%	9.4%
	Obstetrics & Gynaecology	-	-	8.9%	30.0%
	Orthopaedics & Traumatology	57.1%	-	10.6%	12.5%
	Paediatrics	-	-	5.2%	-
	Psychiatry	-	4.1%	2.2%	11.3%
	Surgery	-	2.5%	5.9%	13.1%
	Others	11.7%	8.6%	6.3%	8.7%
	Total	**7.5%**	**4.4%**	**6.4%**	**9.8%**
HKWC	Accident & Emergency	-	-	11.1%	-
	Intensive Care Unit	-	-	5.8%	-
	Medicine	-	6.8%	3.5%	12.9%
	Obstetrics & Gynaecology	-	-	7.0%	-
	Orthopaedics & Traumatology	-	5.3%	7.0%	-
	Paediatrics	-	2.3%	7.6%	-
	Psychiatry	-	3.1%	1.9%	22.4%
	Surgery	16.7%	2.2%	4.6%	9.6%
	Others	-	3.2%	5.4%	6.5%
	Total	**2.4%**	**3.5%**	**5.2%**	**10.1%**
KCC	Accident & Emergency	-	-	8.9%	-
	Intensive Care Unit	-	4.2%	6.9%	-
	Medicine	-	3.0%	6.1%	8.5%
	Obstetrics & Gynaecology	-	2.6%	4.8%	-
	Orthopaedics & Traumatology	-	4.6%	5.5%	-
	Paediatrics	-	2.1%	2.8%	36.4%
	Psychiatry	-	2.1%	2.3%	3.3%
	Surgery	-	4.5%	3.2%	16.9%
	Others	9.3%	4.5%	6.0%	7.7%
	Total	**4.5%**	**3.5%**	**5.4%**	**7.4%**
KEC	Accident & Emergency	-	3.8%	2.2%	-
	Intensive Care Unit	-	6.5%	7.2%	-
	Medicine	18.5%	2.5%	4.5%	12.8%
	Obstetrics & Gynaecology	-	8.7%	18.0%	-
	Orthopaedics & Traumatology	-	-	7.1%	38.3%
	Paediatrics	-	-	9.3%	14.0%
	Psychiatry	-	3.2%	1.3%	15.7%
	Surgery	-	2.8%	5.1%	8.8%
	Others	3.9%	6.4%	2.8%	9.0%
	Total	**5.0%**	**3.8%**	**5.4%**	**12.5%**
KWC	Accident & Emergency	-	1.4%	5.3%	9.7%
	Intensive Care Unit	23.1%	2.1%	1.2%	-
	Medicine	-	2.0%	5.5%	10.4%
	Obstetrics & Gynaecology	-	-	7.3%	-
	Orthopaedics & Traumatology	-	4.2%	4.7%	-
	Paediatrics	-	1.5%	6.6%	30.8%
	Psychiatry	11.4%	4.4%	1.5%	4.2%
	Surgery	-	2.0%	2.7%	11.5%
	Others	6.1%	4.5%	5.3%	8.5%
	Total	**5.4%**	**2.9%**	**4.8%**	**8.2%**
NTEC	Accident & Emergency	-	2.5%	6.8%	-
	Intensive Care Unit	-	-	6.1%	-
	Medicine	-	2.0%	7.1%	10.1%
	Obstetrics & Gynaecology	42.9%	2.2%	5.8%	46.2%

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
	Orthopaedics & Traumatology	-	-	2.0%	-
	Paediatrics	-	2.3%	2.8%	11.4%
	Psychiatry	-	4.8%	0.8%	3.2%
	Surgery	-	3.0%	2.8%	7.8%
	Others	-	1.4%	2.9%	5.0%
	Total	**1.9%**	**2.0%**	**4.6%**	**6.9%**
NTWC	Accident & Emergency	-	-	1.8%	-
	Intensive Care Unit	-	-	9.4%	-
	Medicine	-	2.2%	5.3%	8.1%
	Obstetrics & Gynaecology	-	2.9%	13.0%	-
	Orthopaedics & Traumatology	-	3.0%	2.1%	-
	Paediatrics	-	2.7%	17.9%	8.4%
	Psychiatry	21.8%	9.3%	1.7%	5.3%
	Surgery	-	-	7.2%	14.3%
	Others	15.5%	2.3%	3.9%	4.9%
	Total	**9.1%**	**3.4%**	**5.3%**	**5.8%**

2016-17

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
HKEC	Accident & Emergency	-	3.4%	2.8%	17.4%
	Intensive Care Unit	-	-	6.3%	-
	Medicine	-	4.4%	8.0%	4.1%
	Obstetrics & Gynaecology	-	4.6%	3.8%	28.6%
	Orthopaedics & Traumatology	-	-	4.3%	9.2%
	Paediatrics	-	4.8%	9.1%	-
	Psychiatry	-	6.1%	1.4%	9.8%
	Surgery	-	7.0%	13.0%	14.1%
	Others	-	3.2%	4.3%	7.1%
	Total	**-**	**4.0%**	**6.1%**	**7.1%**
HKWC	Accident & Emergency	-	15.4%	16.9%	-
	Intensive Care Unit	-	5.0%	12.2%	-
	Medicine	-	6.6%	4.3%	7.0%
	Obstetrics & Gynaecology	-	9.4%	6.7%	-
	Orthopaedics & Traumatology	-	10.7%	14.0%	10.0%
	Paediatrics	-	11.3%	14.0%	-
	Psychiatry	-	3.0%	9.5%	21.8%
	Surgery	-	1.1%	6.5%	9.9%
	Others	5.6%	7.5%	9.6%	8.7%
	Total	**2.3%**	**6.5%**	**8.3%**	**9.0%**
KCC	Accident & Emergency	-	4.2%	9.9%	-
	Intensive Care Unit	-	-	5.5%	-
	Medicine	26.1%	3.0%	7.2%	17.5%
	Obstetrics & Gynaecology	-	10.6%	7.9%	-
	Orthopaedics & Traumatology	-	-	8.4%	26.4%
	Paediatrics	-	4.0%	5.2%	17.4%
	Psychiatry	-	4.1%	1.6%	8.8%
	Surgery	-	1.4%	7.1%	6.2%
	Others	13.4%	5.2%	5.1%	12.3%
	Total	**10.7%**	**4.0%**	**6.1%**	**13.0%**
KEC	Accident & Emergency	-	-	8.1%	43.4%
	Intensive Care Unit	-	-	1.6%	-
	Medicine	-	3.0%	5.8%	19.0%
	Obstetrics & Gynaecology	-	3.6%	6.6%	54.5%
	Orthopaedics & Traumatology	-	14.7%	4.6%	22.0%
	Paediatrics	-	3.1%	7.6%	-
	Psychiatry	-	-	-	32.6%
	Surgery	-	2.6%	3.3%	27.5%
	Others	7.8%	4.6%	3.5%	6.3%
	Total	**4.8%**	**3.5%**	**4.8%**	**15.5%**
KWC	Accident & Emergency	-	5.4%	7.6%	22.0%
	Intensive Care Unit	-	-	3.6%	-
	Medicine	-	3.9%	5.8%	11.7%

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
	Obstetrics & Gynaecology	35.3%	5.1%	7.3%	-
	Orthopaedics & Traumatology	-	-	4.5%	16.2%
	Paediatrics	26.1%	7.4%	6.2%	-
	Psychiatry	12.9%	3.7%	0.9%	8.3%
	Surgery	-	3.0%	2.3%	16.8%
	Others	3.9%	2.0%	6.4%	4.9%
	Total	**5.3%**	**3.3%**	**5.3%**	**8.9%**
NTEC	Accident & Emergency	-	-	4.8%	-
	Intensive Care Unit	-	-	7.6%	-
	Medicine	-	3.4%	6.4%	12.1%
	Obstetrics & Gynaecology	-	4.3%	4.0%	-
	Orthopaedics & Traumatology	-	6.5%	3.9%	3.7%
	Paediatrics	-	6.8%	6.7%	16.6%
	Psychiatry	50.0%	1.5%	1.5%	2.2%
	Surgery	-	-	7.9%	10.1%
	Others	8.3%	1.8%	4.5%	6.4%
	Total	**5.5%**	**2.6%**	**5.5%**	**8.2%**
NTWC	Accident & Emergency	-	2.6%	6.5%	7.1%
	Intensive Care Unit	-	-	7.3%	-
	Medicine	-	4.7%	3.4%	9.3%
	Obstetrics & Gynaecology	-	8.5%	6.4%	-
	Orthopaedics & Traumatology	48.0%	3.0%	2.0%	9.5%
	Paediatrics	-	2.6%	5.2%	12.9%
	Psychiatry	19.4%	4.4%	3.0%	7.1%
	Surgery	-	2.3%	2.3%	4.4%
	Others	4.7%	1.6%	4.4%	5.4%
	Total	**6.3%**	**3.4%**	**4.1%**	**7.2%**

2017-18

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
HKEC	Accident & Emergency	-	-	4.1%	32.0%
	Intensive Care Unit	-	4.2%	4.1%	-
	Medicine	-	3.6%	5.4%	10.4%
	Obstetrics & Gynaecology	-	-	3.9%	-
	Orthopaedics & Traumatology	-	4.4%	8.5%	9.5%
	Paediatrics	-	4.7%	7.1%	-
	Psychiatry	-	3.9%	2.7%	5.0%
	Surgery	-	4.5%	7.4%	18.0%
	Others	5.4%	5.3%	4.0%	8.2%
	Total	**2.3%**	**3.9%**	**5.0%**	**9.6%**
HKWC	Accident & Emergency	-	7.9%	8.6%	-
	Intensive Care Unit	-	10.6%	7.5%	-
	Medicine	31.2%	9.7%	6.9%	3.8%
	Obstetrics & Gynaecology	-	12.6%	5.3%	-
	Orthopaedics & Traumatology	50.0%	5.8%	10.6%	-
	Paediatrics	-	2.3%	4.6%	14.0%
	Psychiatry	50.0%	12.2%	1.8%	24.4%
	Surgery	-	4.2%	6.7%	10.6%
	Others	5.4%	3.1%	5.4%	9.9%
	Total	**11.5%**	**6.4%**	**6.1%**	**8.3%**
KCC	Accident & Emergency	-	-	9.5%	-
	Intensive Care Unit	52.2%	5.3%	5.2%	-
	Medicine	9.2%	4.1%	5.2%	10.7%
	Obstetrics & Gynaecology	-	4.2%	7.8%	-
	Orthopaedics & Traumatology	-	-	5.2%	25.5%
	Paediatrics	40.0%	6.6%	4.9%	18.3%
	Psychiatry	-	4.1%	3.8%	5.8%
	Surgery	14.3%	4.4%	6.0%	30.9%
	Others	2.3%	4.2%	5.3%	9.6%
	Total	**6.5%**	**4.1%**	**5.6%**	**10.7%**
KEC	Accident & Emergency	-	-	8.2%	-
	Intensive Care Unit	-	-	4.7%	-

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
	Medicine	-	3.5%	2.8%	12.9%
	Obstetrics & Gynaecology	-	7.3%	5.4%	52.2%
	Orthopaedics & Traumatology	50.0%	3.7%	3.5%	7.4%
	Paediatrics	-	5.9%	5.9%	12.9%
	Psychiatry	-	-	2.2%	13.3%
	Surgery	-	2.5%	3.8%	-
	Others	3.9%	3.7%	4.6%	8.3%
	Total	**4.8%**	**3.2%**	**4.1%**	**10.1%**
KWC	Accident & Emergency	-	1.6%	7.1%	-
	Intensive Care Unit	-	-	6.3%	-
	Medicine	14.5%	4.0%	5.0%	14.6%
	Obstetrics & Gynaecology	-	-	7.2%	-
	Orthopaedics & Traumatology	-	5.0%	1.6%	20.7%
	Paediatrics	-	5.1%	3.4%	-
	Psychiatry	13.2%	5.6%	2.2%	4.6%
	Surgery	-	4.8%	5.7%	7.2%
	Others	13.0%	5.8%	4.9%	4.8%
	Total	**9.6%**	**4.5%**	**4.7%**	**8.1%**
NTEC	Accident & Emergency	-	4.9%	6.3%	-
	Intensive Care Unit	-	5.2%	7.4%	-
	Medicine	-	3.3%	5.5%	11.7%
	Obstetrics & Gynaecology	-	8.6%	8.1%	-
	Orthopaedics & Traumatology	33.3%	2.2%	3.8%	10.3%
	Paediatrics	-	4.5%	5.2%	9.0%
	Psychiatry	-	2.9%	2.1%	2.3%
	Surgery	-	7.0%	4.7%	2.6%
	Others	15.8%	5.2%	4.4%	4.7%
	Total	**8.8%**	**4.6%**	**5.2%**	**7.1%**
NTWC	Accident & Emergency	25.5%	7.0%	6.0%	6.8%
	Intensive Care Unit	-	-	5.5%	-
	Medicine	-	5.1%	5.7%	17.1%
	Obstetrics & Gynaecology	-	2.8%	5.1%	-
	Orthopaedics & Traumatology	-	5.9%	3.1%	14.3%
	Paediatrics	100.0%	9.7%	5.6%	-
	Psychiatry	-	1.4%	0.8%	2.8%
	Surgery	-	-	3.7%	16.3%
	Others	-	2.6%	5.0%	7.8%
	Total	**4.0%**	**3.5%**	**4.4%**	**8.3%**

2018-19

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
HKEC	Accident & Emergency	-	9.5%	5.3%	30.8%
	Intensive Care Unit	-	4.2%	8.3%	-
	Medicine	-	5.8%	6.8%	12.6%
	Obstetrics & Gynaecology	-	9.2%	14.1%	150.0%
	Orthopaedics & Traumatology	-	3.9%	2.2%	9.8%
	Paediatrics	-	4.8%	4.4%	-
	Psychiatry	-	3.9%	7.4%	14.8%
	Surgery	-	4.4%	5.5%	20.5%
	Others	10.5%	5.7%	4.0%	7.0%
	Total	**4.4%**	**5.6%**	**5.9%**	**12.2%**
HKWC	Accident & Emergency	-	-	8.0%	-
	Intensive Care Unit	-	5.1%	7.8%	-
	Medicine	15.8%	4.4%	6.8%	10.2%
	Obstetrics & Gynaecology	-	6.3%	11.1%	-
	Orthopaedics & Traumatology	-	5.9%	4.7%	-
	Paediatrics	-	6.5%	3.1%	33.8%
	Psychiatry	66.7%	11.4%	8.5%	14.1%
	Surgery	16.7%	5.2%	6.6%	20.2%
	Others	23.6%	7.9%	7.8%	11.1%
	Total	**16.8%**	**6.3%**	**7.0%**	**12.4%**
KCC	Accident & Emergency	-	2.5%	13.0%	17.4%

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
	Intensive Care Unit	-	-	7.9%	-
	Medicine	-	6.2%	5.8%	10.3%
	Obstetrics & Gynaecology	-	11.3%	7.7%	-
	Orthopaedics & Traumatology	-	2.6%	5.2%	-
	Paediatrics	28.6%	6.2%	10.0%	38.4%
	Psychiatry	-	3.8%	2.1%	10.3%
	Surgery	26.7%	6.1%	5.4%	15.8%
	Others	13.8%	5.7%	6.2%	10.1%
	Total	**11.3%**	**5.8%**	**6.4%**	**10.9%**
KEC	Accident & Emergency	-	3.5%	6.8%	-
	Intensive Care Unit	-	-	8.6%	-
	Medicine	-	3.3%	4.4%	11.3%
	Obstetrics & Gynaecology	-	3.4%	13.4%	54.5%
	Orthopaedics & Traumatology	-	6.8%	7.0%	23.4%
	Paediatrics	-	2.9%	4.3%	30.4%
	Psychiatry	-	2.7%	-	-
	Surgery	70.6%	-	7.7%	8.4%
	Others	21.7%	6.4%	7.1%	9.8%
	Total	**15.7%**	**3.8%**	**6.1%**	**10.8%**
KWC	Accident & Emergency	-	6.3%	7.6%	-
	Intensive Care Unit	-	8.3%	3.8%	-
	Medicine	27.3%	5.3%	7.3%	11.1%
	Obstetrics & Gynaecology	50.0%	19.5%	2.4%	-
	Orthopaedics & Traumatology	33.3%	-	2.3%	4.6%
	Paediatrics	-	-	16.8%	18.5%
	Psychiatry	18.8%	8.1%	3.4%	3.9%
	Surgery	25.0%	7.4%	4.2%	11.2%
	Others	4.8%	5.3%	5.3%	12.9%
	Total	**10.8%**	**6.1%**	**5.8%**	**8.5%**
NTEC	Accident & Emergency	25.5%	-	4.9%	-
	Intensive Care Unit	-	2.6%	4.1%	-
	Medicine	9.8%	5.5%	6.6%	11.6%
	Obstetrics & Gynaecology	80.0%	2.1%	6.3%	-
	Orthopaedics & Traumatology	-	4.3%	4.9%	22.4%
	Paediatrics	-	7.0%	4.5%	10.5%
	Psychiatry	-	1.4%	1.9%	-
	Surgery	-	5.3%	3.5%	8.6%
	Others	7.4%	3.0%	5.4%	5.7%
	Total	**10.3%**	**3.8%**	**5.2%**	**8.1%**
NTWC	Accident & Emergency	-	2.1%	2.5%	-
	Intensive Care Unit	-	-	10.3%	24.5%
	Medicine	15.6%	2.5%	7.7%	12.5%
	Obstetrics & Gynaecology	-	-	13.7%	-
	Orthopaedics & Traumatology	-	2.9%	6.2%	-
	Paediatrics	-	2.3%	8.6%	5.9%
	Psychiatry	16.7%	3.4%	2.8%	4.0%
	Surgery	-	8.9%	5.0%	12.1%
	Others	4.4%	3.0%	4.9%	8.7%
	Total	**6.0%**	**3.0%**	**6.0%**	**7.5%**

2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
HKEC	Accident & Emergency	-	18.1%	5.1%	32.9%
	Intensive Care Unit	-	4.0%	3.1%	-
	Medicine	8.9%	4.9%	7.8%	7.6%
	Obstetrics & Gynaecology	-	-	9.8%	
	Orthopaedics & Traumatology	-	7.8%	2.0%	9.8%
	Paediatrics	-	4.7%	4.3%	41.4%
	Psychiatry	50.0%	7.8%	1.9%	10.2%
	Surgery	-	8.4%	4.2%	22.7%
	Others	5.3%	7.5%	5.8%	7.2%
	Total	**6.5%**	**6.8%**	**5.6%**	**9.7%**

Cluster	Major Specialty	Attrition rate of full-time nurses			
		DOM/SNO and above	APN/NS/NO/WM	Registered Nurse	Enrolled Nurse/ Others
HKWC	Accident & Emergency	-	-	5.5%	-
	Intensive Care Unit	-	5.2%	6.2%	-
	Medicine	-	2.8%	5.8%	8.0%
	Obstetrics & Gynaecology	-	3.1%	11.2%	-
	Orthopaedics & Traumatology	-	-	4.6%	-
	Paediatrics	-	9.1%	4.0%	17.1%
	Psychiatry	-	5.3%	4.7%	5.2%
	Surgery	-	4.0%	4.3%	9.1%
	Others	22.5%	6.8%	5.2%	7.8%
	Total	**9.3%**	**4.8%**	**5.5%**	**7.9%**
KCC	Accident & Emergency	38.7%	7.5%	8.0%	-
	Intensive Care Unit	-	-	1.7%	-
	Medicine	16.7%	4.7%	5.9%	15.2%
	Obstetrics & Gynaecology	-	5.5%	6.5%	-
	Orthopaedics & Traumatology	-	-	2.6%	-
	Paediatrics	-	1.0%	6.1%	27.6%
	Psychiatry	75.0%	5.6%	2.6%	6.3%
	Surgery	12.5%	4.8%	6.4%	33.3%
	Others	18.3%	3.0%	6.8%	15.2%
	Total	**17.3%**	**3.7%**	**6.0%**	**14.7%**
KEC	Accident & Emergency	-	-	4.4%	14.6%
	Intensive Care Unit	-	-	5.2%	-
	Medicine	-	2.1%	3.8%	8.5%
	Obstetrics & Gynaecology	-	3.3%	10.6%	-
	Orthopaedics & Traumatology	66.7%	-	3.9%	14.8%
	Paediatrics	-	2.8%	4.4%	-
	Psychiatry	-	4.9%	1.8%	-
	Surgery	-	4.6%	10.6%	8.2%
	Others	3.8%	4.0%	10.7%	10.5%
	Total	**4.9%**	**2.7%**	**6.2%**	**8.9%**
KWC	Accident & Emergency	-	4.5%	4.5%	11.1%
	Intensive Care Unit	-	-	5.3%	-
	Medicine	-	5.4%	8.2%	16.9%
	Obstetrics & Gynaecology	50.0%	20.5%	9.4%	-
	Orthopaedics & Traumatology	-	-	3.7%	19.4%
	Paediatrics	-	-	12.3%	-
	Psychiatry	-	8.5%	3.3%	4.0%
	Surgery	21.8%	1.4%	4.6%	9.8%
	Others	4.7%	5.9%	7.2%	14.9%
	Total	**5.1%**	**5.4%**	**6.6%**	**11.3%**
NTEC	Accident & Emergency	-	7.2%	4.9%	-
	Intensive Care Unit	-	-	5.2%	-
	Medicine	10.5%	3.6%	4.7%	13.4%
	Obstetrics & Gynaecology	-	2.0%	9.9%	-
	Orthopaedics & Traumatology	-	4.3%	3.7%	7.7%
	Paediatrics	34.3%	2.5%	4.7%	39.7%
	Psychiatry	-	2.6%	1.1%	2.3%
	Surgery	-	2.6%	5.4%	15.4%
	Others	3.6%	5.0%	3.0%	5.8%
	Total	**5.1%**	**3.7%**	**4.4%**	**9.7%**
NTWC	Accident & Emergency	-	1.9%	3.0%	14.2%
	Intensive Care Unit	-	-	7.5%	-
	Medicine	14.3%	2.8%	5.8%	8.9%
	Obstetrics & Gynaecology	-	-	10.8%	-
	Orthopaedics & Traumatology	-	-	4.2%	8.6%
	Paediatrics	-	-	4.6%	18.8%
	Psychiatry	16.7%	5.3%	2.7%	4.8%
	Surgery	-	2.2%	3.6%	11.6%
	Others	4.2%	4.3%	4.9%	10.9%
	Total	**5.8%**	**3.1%**	**4.9%**	**8.5%**

The table below sets out the attrition rate of full-time Allied Health, Management/Administration, Supporting (Care-related) and other staff groups in each cluster of HA in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019).

Cluster	Staff group	2015-16	2016-17	2017-18	2018-19	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)
HKEC	Allied Health	4.1%	4.4%	2.2%	5.5%	4.7%
	Management / Administration	13.1%	7.9%	6.9%	6.7%	5.7%
	Supporting (Care-related)	16.0%	16.5%	16.5%	15.4%	14.9%
	Others	12.3%	13.3%	14.2%	14.0%	13.5%
HKWC	Allied Health	3.8%	4.6%	4.9%	6.7%	3.6%
	Management / Administration	8.7%	7.6%	2.9%	5.0%	4.8%
	Supporting (Care-related)	20.2%	16.6%	16.7%	15.8%	11.5%
	Others	13.1%	12.8%	14.0%	11.8%	13.0%
KCC	Allied Health	3.7%	4.4%	4.5%	4.9%	3.8%
	Management / Administration	8.1%	9.4%	10.0%	7.9%	5.6%
	Supporting (Care-related)	15.5%	16.0%	14.1%	14.4%	13.9%
	Others	16.2%	15.1%	16.4%	16.2%	14.6%
KEC	Allied Health	3.2%	3.6%	4.7%	4.5%	5.2%
	Management / Administration	3.4%	4.0%	11.5%	5.6%	5.3%
	Supporting (Care-related)	13.6%	12.5%	14.7%	14.6%	12.7%
	Others	12.4%	12.5%	11.2%	13.0%	12.1%
KWC	Allied Health	3.7%	3.5%	4.5%	5.7%	5.2%
	Management / Administration	7.1%	5.6%	9.1%	9.1%	6.5%
	Supporting (Care-related)	12.4%	12.3%	12.9%	13.4%	11.0%
	Others	13.3%	11.8%	13.6%	14.2%	12.7%
NTEC	Allied Health	3.1%	3.8%	3.7%	4.9%	6.3%
	Management / Administration	8.6%	11.1%	7.5%	7.1%	7.2%
	Supporting (Care-related)	14.5%	17.5%	16.5%	15.3%	14.2%
	Others	13.2%	14.8%	15.2%	15.4%	14.9%
NTWC	Allied Health	2.7%	4.1%	3.9%	5.2%	3.9%
	Management / Administration	4.0%	7.1%	2.0%	5.9%	4.8%
	Supporting (Care-related)	12.4%	12.4%	13.6%	12.1%	12.1%
	Others	13.3%	10.6%	14.4%	13.0%	11.8%

(2)

The tables below set out the number and ratio of doctors serving in HA per 1 000 population by cluster in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (as at 31 December 2019). Corresponding data in respect of doctors working in the private sector is not available.

2015-16

Cluster	**Number of doctors and ratio per 1 000 population**		**Catchment districts**
	Doctors	**Ratio to overall population**	
HKEC	595	0.8	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	624	1.2	Central & Western, Southern
KCC	731	1.4	Kowloon City, Yau Tsim
KEC	676	0.6	Kwun Tong, Sai Kung
KWC	1 352	0.7	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	921	0.7	Sha Tin, Tai Po, North
NTWC	748	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 648**	**0.8**	

2016-17

Cluster	**Number of doctors and ratio per 1 000 population**		**Catchment districts**
	Doctors	**Ratio to overall population**	
HKEC	594	0.8	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	646	1.2	Central & Western, Southern
KCC	740	1.3	Kowloon City, Yau Tsim
KEC	682	0.6	Kwun Tong, Sai Kung
KWC	1 375	0.7	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	941	0.7	Sha Tin, Tai Po, North
NTWC	793	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 770**	**0.8**	

2017-18

Cluster	**Number of doctors and ratio per 1 000 population**		**Catchment districts**
	Doctors	**Ratio to overall population**	
HKEC	614	0.8	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	643	1.2	Central & Western, Southern
KCC	1 167	1.0	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	684	0.6	Kwun Tong, Sai Kung
KWC	985	0.7	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	960	0.7	Sha Tin, Tai Po, North
NTWC	793	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 846**	**0.8**	

2018-19

Cluster	Number of doctors and ratio per 1 000 population		Catchment districts
	Doctors	Ratio to overall population	
HKEC	622	0.8	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	630	1.2	Central & Western, Southern
KCC	1 235	1.0	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	698	0.6	Kwun Tong, Sai Kung
KWC	1 000	0.7	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	963	0.7	Sha Tin, Tai Po, North
NTWC	802	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 952**	**0.8**	

2019-20 (as at 31 December 2019)

Cluster	Number of doctors and ratio per 1 000 population		Catchment districts
	Doctors	Ratio to overall population	
HKEC	640	0.8	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	667	1.3	Central & Western, Southern
KCC	1 275	1.0	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	724	0.6	Kwun Tong, Sai Kung
KWC	1 034	0.7	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 014	0.8	Sha Tin, Tai Po, North
NTWC	851	0.7	Tuen Mun, Yuen Long
Cluster Total	**6 204**	**0.8**	

(3)

Owing to an ageing population and an over-burdened public healthcare system, the shortfall in the supply of healthcare professionals has been serious in the public sector. The Government has been adopting a multi-pronged approach to tackle the manpower shortage problem including increasing healthcare training places; providing funding to upgrade and increase healthcare training capacities; supporting the manpower initiatives of HA; and actively promoting and facilitating practice of qualified non-locally trained healthcare professionals in Hong Kong. The Government has also kick-started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower, and the results are expected to be available within 2020.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations of the healthcare professions, so as to explore other measures to increase the supply of healthcare professionals.

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 (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%

4. 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.

5. The "Doctors" group includes consultants, Senior Medical Officers / Associate Consultants, Medical Officers / Residents, Visiting Medical Officers, but excluding Interns and Dental Officers.

6. The "Nursing" group includes Senior Nursing Officers, Department Operations Managers, Ward Managers / Nursing Officers / Advanced Practice Nurses, Registered Nurses, Enrolled Nurses, Midwives, etc.

7. The "Allied Health" group includes Radiographers, Medical Technologists / Medical Laboratory Technicians, Occupational Therapists, Physiotherapists, Pharmacists, Medical Social Workers, etc.

8. The "Management / administration" group includes Cluster Executives, Chief Executive, Cluster General Managers, Directors, Deputy Directors, Hospital Chief Executives, Chief Hospital Administrators, Chief Information Officers, Chief Treasury Accountants, Legal Counsels, Senior Supplies Officers, Statisticians, etc.

9. The "Supporting (care-related)" group includes Health Care Assistants, Ward Attendants, Patient Care Assistants, etc.

10. The "Others" group includes Assistant Laundry Managers, Clerical Assistants, Data Processors, Operation Assistants, Executive Assistants, etc.

11. The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

12. The ratios of doctors 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 considered;

    (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.

13. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

14. Hong Kong Children's Hospital (HKCH) in KCC is a specialty hospital providing territory-wide paediatric services and serving as a tertiary referral centre for complex cases. Manpower of HKCH is therefore excluded when calculating the manpower ratios (i.e. number of staff per 1 000 population) in KCC, but included when calculating the overall HA manpower ratios.

Abbreviations

SMO/AC – Senior Medical Officer / Associate Consultant
MO/R – Medical Officer / Resident
DOM – Department Operations Manager
SNO – Senior Nursing Officer
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer
WM – Ward Manager
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 -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)327**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5804)

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

Subhead (No. & title): (514) Hospital Authority

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:

Please set out information covering the past 5 years on the following:

(a) the number of Accident and Emergency (A&E) attendances under the Hospital Authority (HA) arising from industrial accidents and the actual expenditure involved; and

(b) the number of A&E attendances under the HA arising from traffic accidents and the actual expenditure involved.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 419)

Reply:

(a)

The table below sets out the number of attendances of the Accident & Emergency (A&E) Departments of the Hospital Authority (HA) arising from industrial trauma and the corresponding estimated cost incurred for A&E services in the past 5 years (up to 31 December 2019).

	Industrial trauma	
	Number of A&E attendances	**Estimated Cost ($ million)**
2015-16	66 755	82
2016-17	65 980	86
2017-18	62 061	86
2018-19	60 263	92
2019-20 (Up to 31 December 2019) [Provisional figures]	42 231	70

The above costs are calculated on the basis of number of A&E attendances arising from industrial trauma and the HA actual/projected average cost per A&E attendance in the corresponding year.

(b)

The table below sets out the number of attendances of the A&E Departments of HA arising from traffic trauma and the corresponding estimated cost incurred for A&E services in the past 5 years (up to 31 December 2019).

	Traffic trauma	
	Number of A&E attendances	**Estimated Cost ($ million)**
2015-16	24 011	30
2016-17	23 485	31
2017-18	23 408	33
2018-19	23 363	36
2019-20 (Up to 31 December 2019) [Provisional figures]	18 334	30

The above costs are calculated on the basis of number of A&E attendances arising from traffic trauma and the HA actual/projected average cost per A&E attendance in the corresponding year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5805)

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

Subhead(No. & title): (514) Hospital Authority

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the following:

(1) the actual expenditure as at 31 December 2019 on the Chinese Medicine Development Fund since its operation in May 2019, and the estimated expenditure for the coming year;

(2) the expenditures involved in respect of 18 Chinese Medicine Centres for Training and Research in Hong Kong in the past 5 years;

(3) the estimated or actual expenditures on awarding contracts to contractors selected through tendering for the operation of the Chinese Medicine Hospital.

Asked by: Hon CHEUNG Chiu-hung, Fernando(LegCo internal reference no.:420)

Reply:

(1)

There are two types of support programmes under the Chinese Medicine Development Fund (the Fund). The Enterprise Support Programme provides matching funds for individual Chinese medicine practitioners (CMPs) and clinics, members of the Chinese medicine (CM) industry and CM drug traders to enhance the professional and manufacturing standards as well as management quality of CM drug and help them with registration of proprietary Chinese medicines (pCms) in accordance with statutory requirements, such as offering technical and hardware support to manufacturers of pCms to assist them in conforming with the Good Manufacturing Practices standard. The Industry Support Programme provides funding for non-profit making organisations (NPMOs), professional bodies, trade and academic associations and research institutions to support training programmes and courses to nurture talent for the future Chinese Medicine Hospital (CMH) and facilitate development of CM, conduct applied or policy research on CM, and organise various CM promotional activities. Besides, a CM resources platform has been established under the Fund to provide practical information to the industry.

Since the launch of the Fund in June 2019, the programmes on registration of pCms, CM-related training, research and promotional activity have been well received by the industry. The Advisory Committee on the Fund has already approved a total of about $10 million on the above programmes and will continue to vet and process more applications in 2020-21. The details of the approved applications are uploaded on the Fund's website (www.cmdevfund.hk). In short, a sum of around $10 million has been approved for applications under the pCm Registration Support Scheme, the CM Industry Training Funding Scheme & CM Promotion Funding Scheme and the CM Applied Studies and Research Funding Scheme.

The annual funding allocation and expenditure under different programmes will depend on the actual number of applications and amounts of grants approved, subject to recommendations by the Advisory Committee taking into account prevailing market conditions and stakeholders/industry needs. For 2020-21, the Food and Health Bureau has earmarked $161.49 million for operating the Fund.

(2)
The 18 Chinese Medicine Centres for Training and Research (renamed as Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) on 1 March 2020) have been established in each district to promote the development of "evidence-based" CM and provide training placements for graduates of local CM degree programme. Each CMCTR operates on a tripartite collaboration model involving the Hospital Authority (HA), a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. With CM incorporated as an integral part of the healthcare system in Hong Kong, the 18 CMCTRs are providing Government subsidised CM services at district level starting from March 2020.

The Government has earmarked $94.5 million from 2015-16 to 2017-18, $112 million in 2018-19 and $147 million in 2019-20 respectively for HA for the operation of the CMCTRs, maintenance of the Toxicology Reference Laboratory, quality assurance and central procurement of CM herbs, development and provision of training in "evidence-based" CM, enhancement and maintenance of the CM Information System.

(3)

The tendering exercise for selection of a suitable NPMO as contractor for the operation of the CMH adopts a two-staged process. The stage one Prequalification was launched in September 2019. The assessment of applications is now underway. It is planned that the second stage tendering will be launched in mid-2020. It is expected that a suitable NPMO will be identified by the end of 2020. As the tendering exercise is still in progress, the requested information is not available at the current stage.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)329**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5806)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health and Medical Research Fund, please list in table form the research projects and infrastructure with funding support and the amount of funding approved. Are there any research projects on uncommon disorders? If yes, what are the details? If no, what are the reasons?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.:421)

Reply:

Since the establishment of the Health and Medical Research Fund (HMRF) in 2011, the approved commitment is as follows:

	Number of projects	**Amount (in $million)**
Investigator-initiated research projects	1,403	1,381
Research fellowship	28	27
Government-commissioned research programmes	49	542
Health care and promotion projects	25	24.3

The approved funding covered infrastructure and facilities for the purpose of conducting research projects, such as the development of essential research infrastructure and building of comprehensive research capacity for conducting Phase 1 clinical trials, strengthening Bio-Safety Level III laboratory facilities and advanced laboratory apparatus for experiments. Details of the approved projects, including the project titles, responsible research institutions, approved funding and latest position, are available from the Research Fund Secretariat website at https://rfs.fhb.gov.hk.

The HMRF has supported research projects on uncommon disorders under the thematic priorities of clinical genetics, clinical trials, paediatrics and neuroscience including congenital myelin disorders, choledochal cysts, Niemann-Pick disease, Rett syndrome, Hirschsprung's disease, retinitis pigmentosa, retinoblastoma, tuberous sclerosis, biliary atresia, Guillain–Barré syndrome, severe combined immunodeficiency, Huntington's disease, familial cardiac laminopathy and ataxia telangiectasia.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)330**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5807)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the following for the past 5 years:
1. the number of vehicles used for Non-emergency Ambulance Transfer Service (NEATS) in each hospital and cluster under the Hospital Authority (HA), the staff establishment and staff vacancy rates of NEATS;
2. the respective numbers of patients in each hospital who used NEATS for follow-up appointments or for discharge from hospital, the utilisation rates of and the numbers of people who were rejected by NEATS.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 422)

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. Patients' eligibility for the service is assessed by the clinical staff, and requests made by patients who are assessed by the clinical staff to be eligible for the service will not be rejected. Eligible patients can make booking for NEATS on a first-come-first served basis. HA will endeavour to schedule the vehicles to meet patients' needs as far as possible.

HA constantly assesses its manpower requirement and flexibly deploys staff having regard to the service and operational needs. The table below sets out the number of NEATS vehicles and staff involved in the past 5 years.

Year	Number of NEATS vehicles	Number of staff
2015-16	198	647
2016-17	212	674
2017-18	217	697

Year	Number of NEATS vehicles	Number of staff
2018-19	231	760
2019-20	238	890

The usage rate of NEATS varies among hospitals and clusters. The table below sets out the number of patient-trips served for outpatient appointments (including specialist outpatient clinics and day rehabilitation services) and discharge from hospitals in the past 5 years:

Year	Number of patient trips served for outpatient	Number of patient trips served for discharge
2015-16	250 678	171 057
2016-17	257 145	177 384
2017-18	244 759	188 737
2018-19	232 433	189 960
2019-20	235 628 (projection as at 31 December 2019)	201 528 (projection as at 31 December 2019)

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)331

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5808)

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

Subhead (No. & title): (514) Hospital Authority

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:

In respect of the past 5 years, please inform this Committee of:

(1) the total numbers of patients aged under and over 18 who overstayed in hospitals due to problems in residential placement for the elderly and the disabled respectively with a breakdown by cluster under the Hospital Authority (HA);
(2) the total numbers of patients aged under and over 18 who overstayed in hospitals for reasons other than medical condition, the ages of the eldest and youngest patients, the average age of patients, and the shortest, longest and average lengths of overstay.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 423)

Reply:

(1) and (2)

The Hospital Authority (HA) does not maintain statistics on the number of patients aged under or over 18 years old overstaying in hospitals due to problems in residential placement and reasons other than medical condition. However, HA conducts relevant surveys on overstaying children aged under 18 years old from time to time.

The table below sets out the number of children aged under 18 years old overstaying in hospitals due to the placement problems in the past 4 years.

Time period of the surveys	Number of child awaiting for placement
June 2016	38
December 2016	36
June 2017	31
December 2017	14
June 2018	17
December 2018	17

Time period of the surveys	Number of child awaiting for placement
June 2019	15
December 2019	7

The table below sets out the details of children aged under 18 years old who were medically fit for discharge but overstaying in hospitals in the past 4 years.

Time period of the surveys	Number of overstaying children who were medically fit for discharge	Average length of overstaying in days
June 2016	61	42
December 2016	43	58
June 2017	46	57
December 2017	26	42
June 2018	33	41
December 2018	26	43
June 2019	28	27
December 2019	21	63

Most of the overstaying children were under 6 years of age.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)332

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5809)

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

Subhead (No. & title): (514) Hospital Authority

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 the use of physical restrainers in hospitals under the Hospital Authority, will the Government inform this Committee of the following for the past 5 years:
1. the number of times that physical restrainers were used on persons under 18 by hospital in each cluster and the type of physical restrainers; and
2. the average number of hours per day that physical restrainers were used on persons under 18 by hospital in each cluster and the type of physical restrainers?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 424)

Reply:

The Hospital Authority (HA) has put in place a corporate guideline since 2008 to specify the safety principles in the use of restraint devices in patient care as a last resort to prevent imminent danger of physical harm or protect the safety of the patients or others when less restrictive options of management have failed. Based on risk assessment, the attending paediatrician of the clinical team should document the reasons and decision for restraint on the medical record. The clinical team would also monitor the patients closely and evaluate regularly the need to continue the restraint.

HA does not maintain statistics on the usage of restraint devices.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5810)

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

Subhead (No. & title): (514) Hospital Authority

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:

Please inform this Committee of:

(1) the respective numbers of doctors, nurses and allied health professionals serving in the Hospital Authority as a whole and in individual hospital clusters in the past 5 years, and the corresponding numbers of new recruits, turnover rates, rates of shortfall (including retirement) each year;

(2) their ratios to the overall population and population aged 65 or above.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 425)

Reply:

(1)

The table below sets out the number of doctors, nurses and allied health (AH) professionals by clusters in the Hospital Authority (HA) in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20.

Cluster	**Doctors**	**Nurses**	**AH Professionals**
2015-16			
HKEC	595	2 613	791
HKWC	624	2 788	913
KCC	731	3 304	1 028
KEC	676	2 698	750
KWC	1 352	5 730	1 646
NTEC	921	4 053	1 179
NTWC	748	3 356	889
Cluster Total	**5 648**	**24 542**	**7 195**

Cluster	Doctors	Nurses	AH Professionals
2016-17			
HKEC	594	2 679	799
HKWC	646	2 821	960
KCC	740	3 333	1 065
KEC	682	2 750	782
KWC	1 375	5 746	1 696
NTEC	941	4 090	1 231
NTWC	793	3 514	964
Cluster Total	**5 770**	**24 933**	**7 497**
2017-18			
HKEC	614	2 780	832
HKWC	643	2 862	972
KCC	1 167	5 257	1 569
KEC	684	2 921	804
KWC	985	4 260	1 264
NTEC	960	4 362	1 283
NTWC	793	3 627	1 017
Cluster Total	**5 846**	**26 068**	**7 740**
2018-19			
HKEC	622	2 855	847
HKWC	630	2 891	971
KCC	1 235	5 522	1 695
KEC	698	3 120	847
KWC	1 000	4 506	1 275
NTEC	963	4 565	1 310
NTWC	802	3 756	1 037
Cluster Total	**5 952**	**27 214**	**7 982**
2019-20 (as at 31 December 2019)			
HKEC	640	2 984	860
HKWC	667	3 061	989
KCC	1 275	5 943	1 786
KEC	724	3 331	889
KWC	1 034	4 752	1 311
NTEC	1 014	4 694	1 353
NTWC	851	3 975	1 082
Cluster Total	**6 204**	**28 740**	**8 270**

The table below sets out the intake number of doctors, nurse and AH professionals by clusters in HA in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20.

Cluster	Staff Group	Intake Number (including both Full-time (FT) and Part-time (PT))				
		2015-16	2016-17	2017-18	2018-19	2019-20 (April - December 2019)
HKEC	Doctors	48	47	58	59	50
	Nursing	264	212	244	239	240
	AH	76	45	57	58	57
HKWC	Doctors	61	64	60	61	64
	Nursing	247	206	250	262	307
	AH	68	91	62	90	55
KCC	Doctors	60	54	88	120	102
	Nursing	258	241	412	451	491
	AH	79	83	112	125	138
KEC	Doctors	55	44	65	76	61
	Nursing	225	190	261	316	299
	AH	73	58	56	76	87
KWC	Doctors	108	97	78	86	79
	Nursing	403	370	387	460	351
	AH	140	111	106	90	102
NTEC	Doctors	84	79	93	92	101
	Nursing	326	245	391	389	316
	AH	109	98	86	92	117
NTWC	Doctors	72	82	76	76	95
	Nursing	318	293	269	306	363
	AH	69	101	88	87	69

The table below sets out the FT attrition rate of doctors, nurses and AH professionals by clusters in HA in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20.

Cluster	Staff Group	FT Attrition (Wastage) Rate				
		2015-16	2016-17	2017-18	2018-19	2019-20 (January-December 2019)
HKEC	Doctors	3.8%	6.9%	5.3%	5.9%	5.0%
	Nursing	6.5%	5.7%	5.3%	6.6%	6.4%
	AH	4.1%	4.4%	2.2%	5.5%	4.7%
HKWC	Doctors	7.2%	5.2%	7.0%	7.3%	5.5%
	Nursing	5.4%	7.9%	6.5%	7.7%	5.7%
	AH	3.8%	4.6%	4.9%	6.7%	3.6%

Cluster	Staff Group	FT Attrition (Wastage) Rate				
		2015-16	2016-17	2017-18	2018-19	2019-20 (January-December 2019)
KCC	Doctors	3.7%	4.2%	5.2%	5.8%	7.7%
	Nursing	5.2%	6.5%	5.8%	6.8%	6.5%
	AH	3.7%	4.4%	4.5%	4.9%	3.8%
KEC	Doctors	4.6%	5.8%	6.8%	7.7%	7.0%
	Nursing	5.9%	5.6%	4.5%	6.2%	5.7%
	AH	3.2%	3.6%	4.7%	4.5%	5.2%
KWC	Doctors	4.8%	5.2%	6.1%	5.2%	5.4%
	Nursing	4.8%	5.3%	5.1%	6.3%	6.8%
	AH	3.7%	3.5%	4.5%	5.7%	5.2%
NTEC	Doctors	2.2%	4.9%	5.6%	7.3%	6.3%
	Nursing	4.3%	5.3%	5.4%	5.4%	4.9%
	AH	3.1%	3.8%	3.7%	4.9%	6.3%
NTWC	Doctors	4.8%	3.5%	5.5%	6.1%	4.8%
	Nursing	5.0%	4.4%	4.8%	5.6%	5.0%
	AH	2.7%	4.1%	3.9%	5.2%	3.9%

The attrition rate for FT doctor in 2019-20 is 6.1% (rolling 12 months from 1 January 2019 to 31 December 2019), equivalent to 364 FT doctors.

Regarding nursing manpower, the attrition rate for FT nurse as of 2019-20 is 5.9% (rolling 12 months from 1 January 2019 to 31 December 2019), equivalent to 1 523 FT nurses.

For manpower of AH grades, the attrition rate for FT AH staff in 2019-20 is 4.7% (rolling 12 months from 1 January 2019 to 31 December 2019), equivalent to 376 FT AH professionals.

(2)

The tables below set out the population and the population aged 65 or above in respect of each cluster of HA from 2015 to 2019.

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	763 800	140 500
Central & Western, Southern	HKWC	523 800	86 600
Kowloon City, Yau Tsim	KCC	540 000	94 100
Kwun Tong, Sai Kung	KEC	1 107 000	164 500

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 951 500	328 000
Sha Tin, Tai Po, North	NTEC	1 287 000	170 900
Tuen Mun, Yuen Long	NTWC	1 116 900	129 900
Overall Hong Kong		**7 291 300**	**1 114 600**

Population Estimates in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 600	128 700
Central & Western, Southern	HKWC	518 300	84 500
Kowloon City, Yau Tsim	KCC	561 100	85 200
Kwun Tong, Sai Kung	KEC	1 110 400	179 000
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 995 500	319 700
Sha Tin, Tai Po, North	NTEC	1 279 000	200 800
Tuen Mun, Yuen Long	NTWC	1 103 500	165 100
Overall Hong Kong		**7 336 600**	**1 163 200**

Population Estimates in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	765 700	131 300
Central & Western, Southern	HKWC	515 600	87 000
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 179 800	196 600
Kwun Tong, Sai Kung	KEC	1 135 900	188 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 369 600	222 900
Sha Tin, Tai Po, North	NTEC	1 305 400	212 400
Tuen Mun, Yuen Long	NTWC	1 118 600	175 300
Overall Hong Kong		**7 391 700**	**1 214 600**

Population Estimates in 2018 (as at mid-2018)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 100	136 300
Central & Western, Southern	HKWC	518 700	91 000
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 178 900	204 600
Kwun Tong, Sai Kung	KEC	1 154 700	197 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 372 400	231 100
Sha Tin, Tai Po, North	NTEC	1 314 400	220 200
Tuen Mun, Yuen Long	NTWC	1 143 700	185 000
Overall Hong Kong		**7 451 000**	**1 266 200**

Projected Population in 2019 (as at mid-2019)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	761 100	139 800
Central & Western, Southern	HKWC	512 900	93 100
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 174 800	212 000
Kwun Tong, Sai Kung	KEC	1 169 400	208 000
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 408 900	245 700
Sha Tin, Tai Po, North	NTEC	1 318 700	229 800
Tuen Mun, Yuen Long	NTWC	1 155 400	196 200
Overall Hong Kong		**7 502 600**	**1 324 600**

The tables below set out the number of doctors, nurses and AH professionals in each cluster, as well as their ratio per 1 000 population in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

2015-16

Cluster	Number of doctors, nurses and AH professionals and ratio per 1 000 population									Catchment districts
	Doctors	Ratio to overall population	Ratio to population aged 65+	Nurses	Ratio to overall population	Ratio to population aged 65+	AH Professionals	Ratio to overall population	Ratio to population aged 65+	
HKEC	595	0.8	4.2	2 613	3.4	18.6	791	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	624	1.2	7.2	2 788	5.3	32.2	913	1.7	10.5	Central & Western, Southern
KCC	731	1.4	7.8	3 304	6.1	35.1	1 028	1.9	10.9	Kowloon City, Yau Tsim
KEC	676	0.6	4.1	2 698	2.4	16.4	750	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 352	0.7	4.1	5 730	2.9	17.5	1 646	0.8	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island

NTEC	921	0.7	5.4	4 053	3.1	23.7	1 179	0.9	6.9	Sha Tin, Tai Po, North
NTWC	748	0.7	5.8	3 356	3.0	25.8	889	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 648**	**0.8**	**5.1**	**24 542**	**3.4**	**22.0**	**7 195**	**1.0**	**6.5**	

2016-17

Cluster	Number of doctors, nurses and AH professionals and ratio per 1 000 population									Catchment districts
	Doctors	Ratio to overall population	Ratio to population aged 65+	Nurses	Ratio to overall population	Ratio to population aged 65+	AH Professionals	Ratio to overall population	Ratio to population aged 65+	
HKEC	594	0.8	4.6	2 679	3.5	20.8	799	1.0	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	646	1.2	7.6	2 821	5.4	33.4	960	1.9	11.4	Central & Western, Southern
KCC	740	1.3	8.7	3 333	5.9	39.1	1 065	1.9	12.5	Kowloon City, Yau Tsim
KEC	682	0.6	3.8	2 750	2.5	15.4	782	0.7	4.4	Kwun Tong, Sai Kung
KWC	1 375	0.7	4.3	5 746	2.9	18.0	1 696	0.9	5.3	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	941	0.7	4.7	4 090	3.2	20.4	1 231	1.0	6.1	Sha Tin, Tai Po, North
NTWC	793	0.7	4.8	3 514	3.2	21.3	964	0.9	5.8	Tuen Mun, Yuen Long
Cluster Total	**5 770**	**0.8**	**5.0**	**24 933**	**3.4**	**21.4**	**7 497**	**1.0**	**6.4**	

2017-18

Cluster	Number of doctors, nurses and AH professionals and ratio per 1 000 population									Catchment districts
	Doctors	Ratio to overall population	Ratio to population aged 65+	Nurses	Ratio to overall population	Ratio to population aged 65+	AH Professionals	Ratio to overall population	Ratio to population aged 65+	
HKEC	614	0.8	4.7	2 780	3.6	21.2	832	1.1	6.3	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	643	1.2	7.4	2 862	5.6	32.9	972	1.9	11.2	Central & Western, Southern
KCC	1 167	1.0	5.9	5 257	4.4	26.5	1 569	1.3	7.9	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	684	0.6	3.6	2 921	2.6	15.5	804	0.7	4.3	Kwun Tong, Sai Kung
KWC	985	0.7	4.4	4 260	3.1	19.1	1 264	0.9	5.7	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	960	0.7	4.5	4 362	3.3	20.5	1 283	1.0	6.0	Sha Tin, Tai Po, North
NTWC	793	0.7	4.5	3 627	3.2	20.7	1 017	0.9	5.8	Tuen Mun, Yuen Long
Cluster Total	**5 846**	**0.8**	**4.8**	**26 068**	**3.5**	**21.5**	**7 740**	**1.0**	**6.4**	

2018-19

Cluster	Number of doctors, nurses and AH professionals and ratio per 1 000 population									Catchment districts
	Doctors	Ratio to overall population	Ratio to population aged 65+	Nurses	Ratio to overall population	Ratio to population aged 65+	AH Professionals	Ratio to overall population	Ratio to population aged 65+	
HKEC	622	0.8	4.6	2 855	3.7	20.9	847	1.1	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	630	1.2	6.9	2 891	5.6	31.8	971	1.9	10.7	Central & Western, Southern
KCC	1 235	1.0	5.6	5 522	4.5	26.1	1 695	1.3	7.6	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	698	0.6	3.5	3 120	2.7	15.8	847	0.7	4.3	Kwun Tong, Sai Kung
KWC	1 000	0.7	4.3	4 506	3.3	19.5	1 275	0.9	5.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	963	0.7	4.4	4 565	3.5	20.7	1 310	1.0	5.9	Sha Tin, Tai Po, North
NTWC	802	0.7	4.3	3 756	3.3	20.3	1 037	0.9	5.6	Tuen Mun, Yuen Long
Cluster Total	**5 952**	**0.8**	**4.7**	**27 214**	**3.7**	**21.5**	**7 982**	**1.1**	**6.3**	

2019-20 (as at 31 December 2019)

Cluster	Number of doctors, nurses and AH professionals and ratio per 1 000 population									Catchment districts
	Doctors	Ratio to overall population	Ratio to population aged 65+	Nurses	Ratio to overall population	Ratio to population aged 65+	AH Professionals	Ratio to overall population	Ratio to population aged 65+	
HKEC	640	0.8	4.6	2 984	3.9	21.3	860	1.1	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	667	1.3	7.2	3 061	6.0	32.9	989	1.9	10.6	Central & Western, Southern
KCC	1 275	1.0	5.4	5 943	4.8	26.8	1 786	1.4	7.6	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	724	0.6	3.5	3 331	2.8	16.0	889	0.8	4.3	Kwun Tong, Sai Kung
KWC	1 034	0.7	4.2	4 752	3.4	19.3	1 311	0.9	5.3	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 014	0.8	4.4	4 694	3.6	20.4	1 353	1.0	5.9	Sha Tin, Tai Po, North
NTWC	851	0.7	4.3	3 975	3.4	20.3	1 082	0.9	5.5	Tuen Mun, Yuen Long
Cluster Total	**6 204**	**0.8**	**4.7**	**28 740**	**3.8**	**21.7**	**8 270**	**1.1**	**6.2**	

Note:

1. The manpower figures are calculated on FT equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

2. Doctors exclude Interns and Dental Officers.

3. Intake refers to total number of permanent and contract staff joining HA on headcount basis during the period. Transfer, promotion and staff movement within HA will not be regarded as Intake.

4. Intake number of Doctors includes number of Interns appointed as Residents.

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

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

7. Since April 2013, Attrition (Wastage) for the HA FT and PT workforce has been separately monitored and presented, i.e. FT Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.

8. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

9. The above population figures are based on the latest revised mid-year population estimates by the Census and 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.

10. The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census and Statistics Department and the latest projection by the Planning Department.

11. The ratios of doctors, nurses and AH professionals 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 in 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 considered;

(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.

12. Hong Kong Children's Hospital (HKCH) in KCC is a specialty hospital providing territory-wide paediatric services and serving as a tertiary referral centre for complex cases. Manpower of HKCH is therefore excluded when calculating the manpower ratios (i.e. number of staff per 1 000 population) in KCC, but included when calculating the overall HA manpower ratios.

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)334

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5811)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower planning of allied health (AH) professionals, please inform this Committee of the following:

1. the employment status of AH professionals in the past 5 years, including the statistics on AH professionals employed by the Government, subvented organisations and private sector, the turnover rates of those working for the Government and subvented organisations, and their average length of service.
2. With an ageing population, the demand for healthcare and social services will only get stronger over time. What is the Government's projection of the demand for AH professionals for various services in the next decade? Can the demand be met under the existing Government policies?
3. How many AH professional positions and vacancies are there in the whole sector?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 426)

Reply:

(1) The Department of Health ("DH") conducts Health Manpower Surveys ("HMS") on a regular basis to obtain information on the characteristics and employment status of healthcare professionals practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare professionals included in the health services functional constituency and the 2017 HMS on occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers, the estimated distribution of allied health professionals who were practising in the respective local healthcare professions among different service sectors is set out in the following tables –

Healthcare Professionals	Number of Healthcare Professionals ❖*	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Audiologist	93	25.8%	7.5%	5.4%	-	61.3%
Audiology Technician	31	19.4%	-	6.5%	-	74.2%
Chiropodist / Podiatrist	63	57.1%	-	3.2%	-	39.7%
Clinical Psychologist	515	27.6%	24.1%	8.9%	3.7%	35.7%
Dental Hygienist	332	-	2.7%	-	5.4%	91.9%
Dental Surgery Assistant	3 727	0.3%	8.3%	1.2%	3.8%	86.4%
Dental Technician / Technologist	354	0.8%	13.3%	-	8.5%	77.4%
Dental Therapist	284	-	100.0%	-	-	-
Dietitian	387	34.9%	4.4%	5.9%	0.8%	54.0%
Dispenser	2 201	51.3%	2.7%	3.8%	0.3%	41.8%
Educational Psychologist	246	-	19.1%	25.6%	28.5%	26.8%
Mould Laboratory Technician	46	56.5%	-	-	-	43.5%
Orthoptist	59	25.4%	3.4%	-	-	71.2%
Prosthetist / Orthotist	165	76.4%	-	0.6%	1.2%	21.8%
Scientific Officer (Medical)	224	25.9%	49.1%	-	12.5%	12.5%
Speech Therapist	641	12.8%	3.4%	40.4%	8.0%	35.4%

Healthcare Professionals	Number of registered healthcare professionals ❖+	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2017 HMS						
Occupational Therapist	1 908	47.9%	3.1%	33.2%	3.2%	12.6%
Physiotherapist	2 941	37.8%	1.6%	19.3%	3.7%	37.7%
Medical Laboratory Technologist	3 426	49.9%	8.4%	7.0%	34.7%	
Optometrist	2 158	2.8%	5.9%			91.3%
Radiographer (Diagnostic)	1 817	47.5%	5.1%			47.5%
Radiographer (Therapeutic)	363	55.8%	-		44.2%	

Notes：

❖ To tally with the HMS, the number of healthcare professionals is provided as at the respective reference date of the survey.

* Figures refer to number of the healthcare professionals employed by the surveyed institutions as at 31 March of the survey year.

\+ Figures refer to the number of healthcare professions registered with the respective boards under the Supplementary Medical Professions Ordinance (Chapter 359) as at 31 March of the survey year.

There may be slight discrepancy between the sum of individual items and the total due to rounding.

We do not have information on the turnover rates of allied health professionals in subvented organisations and private sector. For those employed by the DH and the Hospital Authority, the turnover rates range between 0% and 18.2% in 2019 except for the Dental Technician Grade in HA which was 30% due to the very small size of the grade.

(2) Under the Strategic Review of Healthcare Manpower Planning and Professional Development promulgated in 2017, it is projected that there is a general shortage of occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers, of which the manpower supply of medical laboratory technologists and radiographers is projected to be in slight shortage but close to equilibrium while there will be sufficient manpower of occupational therapists under the existing service levels and models after taking into account the self-financing training places.

Owing to an ageing population and an over-burdened public healthcare system, the shortfall in the supply of healthcare professionals has been serious in the public sector. The Government has been adopting a multi-pronged approach to tackle the manpower shortage problem including increasing healthcare training places; providing funding to upgrade and increase healthcare training capacities; supporting the manpower initiatives of the Hospital Authority; and actively promoting and facilitating practice of

qualified non-locally trained healthcare professionals in Hong Kong. The Government has also kick-started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower, and the results are expected to be available within 2020. Subject to the findings of the manpower projection, the Government will consider whether to further increase the number of healthcare training places and formulate relevant policies on sustaining the manpower of the healthcare professions.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations of the healthcare professions, so as to explore other measures to increase the supply of healthcare professionals.

(3) We do not have statistics on the number of allied health professional positions and vacancies in the whole sector.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)335

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5812)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the following:

1. What were the details for the past 5 year of the assistance provided to patients through the Expanded Access Programme or compassionate programmes under the Hospital Authority, including the diseases covered, the number of patients benefitted, the expenditure involved and the time taken to introduce new drugs?
2. What are the details for the coming year of the assistance to be provided to patients through the Expanded Access Programme or compassionate programmes under the Hospital Authority, including the diseases covered, the number of patients benefitted, the estimated expenditure and the estimated time required for introducing new drugs?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 427)

Reply:

1. & 2.

The Government and 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. HA makes use of the recurrent funding from the Government, the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programme to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders.

To facilitate assessment of new drugs for listing on the HA Drug Formulary, enable early access by individual patients to new drug treatments and explore the long-term arrangements for provision of ultra-expensive drugs for patients with specific diseases, HA would liaise with pharmaceutical companies on providing special drug programmes, having regard to the exceptional circumstances of specific individual patients.

Currently, HA makes use of the designated funding from the Government to provide a special drug programme for treatment of specific lysosomal storage disorders (LSDs) through enzyme replacement therapy (ERT).

In view of the rising demand for patients with uncommon disorders to receive ultra-expensive drug treatments, the Government and HA rolled out in August 2017 a CCF Medical Assistance Programme, namely "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" (the CCF Ultra-expensive Drugs Programme). HA Expert Panels on the respective drugs under these arrangements assess the clinical benefits of drug treatments on a case-by-case basis according to specific patients' clinical conditions and established treatment guidelines.

The following table sets out the number of HA patients with special drug programmes who were on drug treatment in HA under the above-said arrangements as at 31 December 2019:

Uncommon Disorders	**Number of HA patients on drug treatment (as at 31 December 2019)**
1. LSD	
a) Pompe	10
b) Gaucher	3
c) Fabry	11
d) Mucopolysaccharidosis (MPS) Type I	2
e) MPS Type IV	2
f) MPS Type VI	1
2. Paroxysmal Nocturnal Haemoglobinuria (PNH)	10
3. Atypical Haemolytic Uraemic Syndrome (aHUS)	3
4. Spinal Muscular Atrophy (SMA)	13 Note 1
5. Familial Amyloid Polyneuropathy (FAP)	1 Note 2

Note:

1. An Expanded Access Programme (EAP) was implemented in May 2018 to provide free treatment for patients with infantile onset SMA and the EAP programme ended in December 2018. These patients have continued to receive their drug treatment under the CCF Ultra-expensive Drugs Programme since 2019.
2. The drug Tafamidis for treatment of FAP has been included into the coverage of the CCF Ultra-expensive Drugs Programme with effect from 13 July 2019.

The following table sets out the expenditure incurred on the provision of ERT in the past 5 years from 2015-16 to 2019-20:

2015-16 ($ Million)	**2016-17 ($ Million)**	**2017-18 ($ Million)**	**2018-19 ($ Million)**	**2019-20 (up to 31 December 2019) ($ Million)**
48.3	52.8	54.4	55.9	45.8

The following table sets out the number of applications approved and the amount of subsidies granted under the CCF Ultra-expensive Drugs Programme since its implementation in August 2017 (up to 31 December 2019):

Treatment with Ultra-expensive Drugs	**Number of applications approved**	**Amount of subsidies granted ($ million)**
a) Eculizumab for PNH [Note 1]	28	113.41
b) Eculizumab for aHUS [Note 2]	3	11.04
c) Nusinersen for SMA [Note 3]	13	33.20
d) Tafamidis for FAP [Note 4]	1	0.88
TOTAL	**45**	**158.53**

Note:

1. From 1 August 2017 to 31 December 2019
2. From 25 November 2017 to 31 December 2019
3. From 25 September 2018 to 31 December 2019
4. From 13 July 2019 to 31 December 2019

HA will continue to liaise with individual drug companies on provision of special drug programmes on specific diseases, including uncommon disorders. HA will also put forth suitable drugs recommended under the established mechanism to the CCF Task Force Chairperson for consideration of inclusion in the CCF Ultra-expensive Drugs Programme to provide subsidy for patients.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)336

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5813)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the following concerning the Drug Formulary over the past 5 years:

(1) the numbers of drugs in each category, i.e. General drugs, Special drugs, Self-financed items with safety net and Self-financed items without safety net, the numbers of cases they were prescribed and the expenditures involved;
(2) the numbers of Self-financed items repositioned as Special or General drugs and the expenditures involved; and
(3) the numbers of Special drugs repositioned as General drugs and the expenditures involved. What are the estimated numbers of drugs in each category, i.e. General drugs, Special drugs, Self-financed items with safety net and Self-financed items without safety net, the numbers of cases they will be prescribed and the estimated expenditures involved in the coming year?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 428)

Reply:

(1)

The table below sets out the number of General drugs, Special drugs, Self-financed items, drugs covered by the safety net provided through the Samaritan Fund and drugs supported by the Community Care Fund (CCF) Medical Assistance Programme in the Hospital Authority Drug Formulary (HADF) in the past 5 years from 2015-16 to 2019-20:

Number of drugs

Drug Category	January 2016	January 2017	January 2018	January 2019	January 2020
General drugs	891	869	824	880	888
Special drugs	343	360	363	372	407
Self-financed items	74	71	68	75	65
Drugs covered by the Samaritan Fund	22	26	29	33	42
Drugs covered by the CCF Medical Assistance Programme	10	13	17	20	27
Total *	**1 340**	**1 339**	**1 301**	**1 380**	**1 429**

* A drug may fall in more than 1 category (General, Special, Self-financed, Self-financed with safety net) in the HADF due to different therapeutic indications or dose presentations. The figures are gross summation of drugs in all categories in the HADF.

As drugs may have various clinical indications which may fall into different categories (General, Special, Self-financed or Self-financed with safety net), the Hospital Authority (HA) is unable to provide the respective numbers of cases prescribed under the different categories.

The table below sets out the amount of drug consumption expenditures on General and Special drugs in the HADF (i.e. the expenditure on General drugs and Special drugs prescribed to patients at standard fees and charges) in the past 5 years from 2015-16 to 2019-20.

	2015-16	2016-17	2017-18	2018-19	2019-20
Drug consumption expenditure on General and Special drugs in the HADF ($ million)	4,570	5,020	5,372	5,662	6,206*

* Projection based on the expenditure figure as at 31 December 2019

(2) & (3)

The table below sets out the number of Self-financed items repositioned as Special or General drugs and the number of Special drugs repositioned as General drugs in the HADF in the past 5 years from 2015-16 to 2019-20.

	2015-16	2016-17	2017-18	2018-19	2019-20
Number of Self-financed items repositioned as Special or General drugs	5	4	5	3	16
Number of Special drugs repositioned as General drugs	9	0	8	1	0

HA does not maintain statistics on the expenditure involved in the repositioning of Self-financed items as Special or General drugs and the repositioning of Special drugs as General drugs in the HADF.

Since appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics, HA is unable to project the number of drugs in each category of the HADF, the number of prescriptions and the estimated expenditure involved in 2020-21.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)337

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5814)

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

Subhead (No. & title): (85C) Prince Philip Dental Hospital

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government inform this Committee of the following:

(1) the number of dentists who completed the special dental training courses offered by the Prince Philip Dental Hospital in the previous financial year, with a breakdown by type of practice (including public healthcare system, social welfare organisations and private practice); and

(2) regarding the courses mentioned in question 1, the expenditure and training cost per capita for the previous financial year, and the estimated expenditure for the coming year?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 429)

Reply:

(1) Four dentists from social welfare organisations completed the training in special care dentistry offered by the Prince Philip Dental Hospital (PPDH) in last year. The cumulative total since 2017-18 is 11.

(2) The total expenditure involved for the training of four dentists and one dental surgery assistant (DSA) was around $0.28 million in the past year. Sufficient provision will be made to PPDH for the training of dentists and DSAs in the coming year.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)338

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5815)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise this Committee of the following information in the past 5 years:

(1) the actual cost of community health services provided by the Hospital Authority (HA);

(2) concerning elderly patients and patients with disability using community health services, the number of (i) home visits by community nurses; (ii) geriatric outreach attendances; (iii) psychiatric outreach attendances; (iv) psychogeriatric outreach attendances and (v) allied health (community) attendances in each hospital cluster under the HA;

(3) a breakdown of the manpower providing community health services;

(4) the estimated expenditure for the coming year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 430)

Reply:

The Hospital Authority (HA) provides a spectrum of comprehensive medical services including inpatient, outpatient, day patient, community and infirmary services through multi-disciplinary team approach. Services are provided based on patients' needs.

Regarding the community support for patients (including elderly patients and patients with disability), HA provides various community health services including (i) community nurse attendances; (ii) geriatric outreach attendances; (iii) psychiatric outreach attendances; (iv) psychogeriatric outreach attendances; and (v) allied health (community) attendances. Relevant statistics by hospital cluster in the past 5 years are set out in the tables below.

	Number of community nurse attendances							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
2015-16	104 068	55 097	75 537	164 298	251 393	121 360	83 696	855 449
2016-17	99 343	56 685	80 927	168 585	253 278	126 483	81 925	867 226
2017-18	96 968	56 953	177 059	171 659	156 748	126 109	92 114	877 610
2018-19	97 178	57 341	180 959	174 674	156 835	126 987	96 694	890 668
2019-20 (up to 31 December 2019) [Provisional figures]	72 230	42 655	136 330	129 818	119 395	100 201	67 797	668 426

	Number of geriatric outreach attendances							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
2015-16	119 344	42 243	67 866	44 069	193 344	75 337	95 574	637 777
2016-17	108 188	49 707	69 847	44 818	199 939	79 833	109 656	661 988
2017-18	104 885	55 993	153 407	46 546	130 668	78 621	115 349	685 469
2018-19	96 107	58 231	150 314	49 376	130 392	81 961	113 490	679 871
2019-20 (up to 31 December 2019) [Provisional figures]	72 961	43 151	116 251	35 947	95 804	62 927	81 397	508 438

	Number of psychiatric outreach attendances							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
2015-16	22 587	19 414	19 296	30 460	87 560	41 647	61 771	282 735
2016-17	23 248	19 756	19 166	31 749	88 125	44 018	64 123	290 185
2017-18	23 367	19 666	20 110	31 450	91 857	42 783	62 888	292 121
2018-19	23 440	21 553	20 108	34 020	98 504	45 521	63 181	306 327
2019-20 (up to 31 December 2019) [Provisional figures]	17 920	15 280	15 279	23 856	76 827	32 887	46 829	228 878

	Number of psychogeriatric outreach attendances							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
2015-16	11 072	13 959	8 957	10 015	27 058	13 490	12 952	97 503
2016-17	10 947	13 389	8 828	10 352	28 408	14 820	12 930	99 674
2017-18	11 119	13 440	9 124	10 103	27 073	14 394	13 187	98 440
2018-19	11 141	13 503	9 037	9 818	29 394	14 718	13 182	100 793
2019-20 (up to 31 December 2019) [Provisional figures]	8 872	10 951	6 458	7 449	21 716	11 279	9 807	76 532

	Number of allied health (community) attendances							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
2015-16	3 156	3 575	4 716	1 902	5 720	10 610	5 694	35 373
2016-17	3 299	3 736	4 051	1 929	5 316	10 985	6 756	36 072
2017-18	3 241	3 527	5 186	1 626	4 473	11 288	7 085	36 426
2018-19	3 041	3 595	5 070	1 508	4 677	10 895	7 217	36 003
2019-20 (up to 31 December 2019) [Provisional figures]	2 169	2 544	3 403	1 109	3 637	8 278	5 457	26 597

The table below sets out the costs of community health services provided by HA from 2015-16 to 2018-19. Cost information for 2019-20 and 2020-21 is not yet available.

Year	Service Cost ($ million)
2015-16	1,470
2016-17	1,601
2017-18	1,648
2018-19	1,802

As at 31 December 2019, there were 6 214 doctors, 28 779 nurses and 8 346 allied health professionals working in HA. HA's community health services are provided through multi-disciplinary teams by different departments and/or specialties with flexible deployment of staff to cope with service needs and operational requirements. Some healthcare professionals may also work in different clinical settings for inpatient, ambulatory and/or community health care services. Breakdown of the manpower providing community health services is therefore not available.

Note:

1. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services/manpower statistics and financial information continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

2. The service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for clinical support services (such as pharmacy); and other operating costs (such as medical supplies and travelling expenses).

3. The manpower figures are calculated on a full-time equivalent basis including permanent, contract and temporary staff in HA.

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)339

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5816)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the following items in each hospital cluster in the past 5 financial years (please set out the specific figures and percentages in table form):

(1) the numbers of patient days and attendances of all eligible service users and those eligible service users aged below 18, 18-64, 65 or above in terms of various healthcare services, including general care (acute and convalescent), specialist outpatient (SOP) (clinical), general outpatient (GOP), and accident and emergency (A&E) services, etc.;

(2) the numbers of patient days and attendances of all non-eligible service users and those non-eligible service users aged below 18, 18-64, 65 or above in terms of various healthcare services, including general care (acute and convalescent), SOP (clinical), GOP, and A&E services, etc.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 431)

Reply:

(1)

The tables below set out the total numbers of patient days (General (acute & convalescent)) and attendances of eligible persons [1] (EPs) in each hospital cluster of the Hospital Authority (HA), as well as their respective percentage share in respect of patients aged below 18, from 18 to 64 and 65 or above, from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of EPs	Total number (all ages)	652 436	710 519	986 843	735 647	1 509 104	1 141 923	868 421
	% by patients aged below 18	6%	10%	7%	8%	8%	10%	8%
	% by patients aged from 18 to 64	30%	39%	32%	31%	32%	36%	40%
	% by patients aged 65 or above	64%	51%	61%	61%	60%	55%	53%
Specialist outpatient (clinical) attendances of EPs	Total number (all ages)	805 850	831 819	1 011 325	819 313	1 700 099	1 110 903	937 250
	% by patients aged below 18	3%	9%	6%	9%	7%	8%	8%
	% by patients aged from 18 to 64	53%	56%	56%	56%	57%	60%	64%
	% by patients aged 65 or above	43%	35%	37%	35%	36%	31%	29%
General outpatient attendances of EPs	Total number (all ages)	580 732	386 467	568 557	969 059	1 679 138	962 529	818 713
	% by patients aged below 18	3%	2%	5%	6%	5%	4%	5%
	% by patients aged from 18 to 64	55%	54%	55%	57%	54%	59%	66%
	% by patients aged 65 or above	42%	44%	40%	37%	41%	37%	29%
Accident and Emergency attendances of EPs	Total number (all ages)	227 357	125 742	185 950	313 110	615 400	381 612	339 641
	% by patients aged below 18	11%	11%	12%	15%	16%	16%	16%
	% by patients aged from 18 to 64	56%	53%	52%	54%	56%	58%	60%
	% by patients aged 65 or above	32%	36%	37%	31%	27%	27%	23%

2016-17

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of EPs	Total number (all ages)	669 156	736 188	1 006 736	773 722	1 571 876	1 212 340	910 397
	% by patients aged below 18	6%	10%	8%	8%	9%	10%	8%
	% by patients aged from 18 to 64	31%	40%	32%	31%	32%	36%	40%
	% by patients aged 65 or above	63%	50%	61%	61%	60%	55%	52%
Specialist outpatient (clinical) attendances of EPs	Total number (all ages)	825 564	854 853	1 025 221	868 493	1 753 916	1 166 134	1 015 426
	% by patients aged below 18	3%	10%	7%	9%	7%	8%	8%
	% by patients aged from 18 to 64	53%	55%	56%	55%	56%	59%	62%

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	% by patients aged 65 or above	44%	35%	38%	35%	37%	32%	30%

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
General outpatient attendances of EPs	Total number (all ages)	607 549	393 069	578 359	997 581	1 701 936	971 874	851 644
	% by patients aged below 18	3%	2%	4%	5%	5%	4%	5%
	% by patients aged from 18 to 64	54%	53%	55%	57%	54%	57%	64%
	% by patients aged 65 or above	42%	45%	41%	38%	41%	39%	32%
Accident and Emergency attendances of EPs	Total number (all ages)	223 117	126 852	184 968	313 774	616 471	381 499	337 446
	% by patients aged below 18	11%	11%	12%	15%	17%	16%	16%
	% by patients aged from 18 to 64	55%	53%	51%	53%	56%	57%	60%
	% by patients aged 65 or above	34%	36%	37%	32%	27%	27%	24%

2017-18

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of EPs	Total number (all ages)	689 846	754 847	1 570 808	824 048	1 123 952	1 269 310	989 063
	% by patients aged below 18	6%	10%	8%	7%	7%	9%	8%
	% by patients aged from 18 to 64	30%	38%	30%	29%	31%	35%	38%
	% by patients aged 65 or above	65%	52%	62%	63%	61%	56%	54%
Specialist outpatient (clinical) attendances of EPs	Total number (all ages)	835 180	861 655	1 456 482	881 570	1 342 910	1 199 849	1 051 892
	% by patients aged below 18	3%	9%	6%	9%	7%	8%	7%
	% by patients aged from 18 to 64	52%	54%	56%	55%	54%	58%	61%
	% by patients aged 65 or above	45%	36%	38%	36%	39%	34%	32%
General outpatient attendances of EPs	Total number (all ages)	609 206	391 906	1 170 678	973 630	1 075 407	983 816	858 898
	% by patients aged below 18	3%	2%	5%	5%	4%	4%	4%
	% by patients aged from 18 to 64	54%	53%	53%	55%	54%	56%	61%
	% by patients aged 65 or above	43%	46%	43%	40%	42%	40%	35%
Accident and Emergency attendances of EPs	Total number (all ages)	213 074	122 711	306 894	293 208	473 615	368 513	365 690
	% by patients aged below 18	10%	11%	13%	15%	16%	15%	17%
	% by patients aged from 18 to	54%	52%	52%	51%	55%	55%	59%

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	64							
	% by patients aged 65 or above	36%	38%	35%	35%	29%	30%	24%

2018-19

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of EPs	Total number (all ages)	699 569	744 956	1 601 822	843 551	1 136 039	1 280 193	1 003 363
	% by patients aged below 18	5%	10%	7%	7%	7%	9%	7%
	% by patients aged from 18 to 64	30%	38%	31%	29%	31%	34%	39%
	% by patients aged 65 or above	65%	52%	62%	64%	62%	58%	54%
Specialist outpatient (clinical) attendances of EPs	Total number (all ages)	844 933	867 993	1 488 376	894 804	1 371 122	1 255 228	1 092 689
	% by patients aged below 18	3%	10%	6%	9%	7%	8%	7%
	% by patients aged from 18 to 64	51%	53%	55%	53%	53%	56%	59%
	% by patients aged 65 or above	46%	38%	39%	38%	41%	36%	33%
General outpatient attendances of EPs	Total number (all ages)	592 163	382 755	1 140 585	985 251	1 037 798	1 033 333	870 258
	% by patients aged below 18	3%	2%	4%	4%	4%	4%	3%
	% by patients aged from 18 to 64	52%	51%	52%	53%	53%	55%	59%
	% by patients aged 65 or above	46%	47%	44%	43%	44%	42%	38%
Accident and Emergency attendances of EPs	Total number (all ages)	210 833	121 040	299 399	280 195	464 059	353 164	385 570
	% by patients aged below 18	9%	10%	12%	13%	15%	13%	16%
	% by patients aged from 18 to 64	53%	51%	52%	51%	55%	54%	60%
	% by patients aged 65 or above	37%	39%	36%	36%	30%	32%	25%

2019-20 (up to 31 December 2019) (Provisional figures)

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days 2 (General (acute & convalescent)) of EPs	Total number (all ages)	530 477	555 617	1 238 355	653 665	888 008	975 752	767 477
	% by patients aged below 18	5%	9%	9%	7%	7%	8%	7%
	% by patients aged from 18 to 64	29%	39%	30%	29%	31%	34%	38%

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	% by patients aged 65 or above	66%	52%	61%	64%	62%	59%	55%
Specialist outpatient (clinical) attendances of EPs	Total number (all ages)	646 673	668 517	1 142 512	676 934	1 044 625	957 567	838 677
	% by patients aged below 18	3%	9%	7%	8%	7%	7%	7%
	% by patients aged from 18 to 64	50%	52%	54%	53%	52%	56%	59%
	% by patients aged 65 or above	46%	38%	39%	39%	41%	37%	34%
General outpatient attendances of EPs	Total number (all ages)	436 030	284 640	850 008	718 368	786 301	770 582	673 473
	% by patients aged below 18	3%	2%	4%	4%	4%	3%	4%
	% by patients aged from 18 to 64	51%	51%	51%	52%	52%	53%	59%
	% by patients aged 65 or above	46%	47%	44%	45%	44%	44%	38%
Accident and Emergency attendances of EPs	Total number (all ages)	155 409	92 582	219 808	211 752	359 048	268 358	312 946
	% by patients aged below 18	9%	10%	12%	13%	15%	13%	16%
	% by patients aged from 18 to 64	53%	51%	52%	50%	55%	54%	59%
	% by patients aged 65 or above	38%	38%	36%	37%	30%	33%	25%

(2)

The tables below set out the total numbers of patient days (General (acute & convalescent)) and attendances of non-eligible persons (NEPs) in each hospital cluster of HA, as well as their respective percentage share in respect of patients aged below 18, from 18 to 64 and 65 or above, from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of NEPs	Total number (all ages)	2 562	2 593	6 966	1 004	8 054	1 951	3 995
	% by patients aged below 18	31%	19%	16%	19%	17%	23%	28%
	% by patients aged from 18 to 64	51%	72%	71%	58%	62%	59%	59%
	% by patients aged 65 or above	10%	8%	13%	21%	19%	18%	11%
Specialist outpatient (clinical) attendances of NEPs	Total number (all ages)	265	492	1 337	219	1 377	301	1 436
	% by patients aged below 18	10%	11%	6%	33%	9%	20%	9%
	% by patients aged from 18 to 64	83%	83%	92%	58%	84%	70%	87%
	% by patients aged 65 or above	6%	6%	2%	9%	7%	9%	4%

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
General outpatient attendances of NEPs	Total number (all ages)	212	69	1 811	54	235	49	332
	% by patients aged below 18	12%	4%	7%	13%	18%	2%	17%
	% by patients aged from 18 to 64	76%	84%	93%	72%	73%	88%	75%
	% by patients aged 65 or above	12%	12%	1%	15%	9%	10%	7%
Accident and Emergency attendances of NEPs	Total number (all ages)	3 144	2 183	6 264	1 577	10 064	2 222	7 527
	% by patients aged below 18	18%	17%	16%	33%	19%	25%	13%
	% by patients aged from 18 to 64	72%	71%	79%	54%	74%	64%	84%
	% by patients aged 65 or above	7%	8%	5%	11%	6%	9%	2%

2016-17

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of NEPs	Total number (all ages)	2 668	2 850	7 477	1 786	8 111	2 151	4 252
	% by patients aged below 18	20%	21%	17%	31%	22%	19%	25%
	% by patients aged from 18 to 64	63%	70%	71%	53%	57%	63%	67%
	% by patients aged 65 or above	14%	9%	12%	11%	20%	17%	6%
Specialist outpatient (clinical) attendances of NEPs	Total number (all ages)	300	370	1 648	282	1 776	315	1 537
	% by patients aged below 18	19%	16%	10%	28%	12%	21%	10%
	% by patients aged from 18 to 64	75%	81%	89%	61%	81%	70%	89%
	% by patients aged 65 or above	5%	2%	1%	11%	7%	9%	2%
General outpatient attendances of NEPs	Total number (all ages)	226	61	1 234	72	299	55	265
	% by patients aged below 18	13%	3%	9%	0%	13%	4%	11%
	% by patients aged from 18 to 64	76%	89%	91%	88%	79%	87%	71%
	% by patients aged 65 or above	11%	8%	0%	13%	9%	9%	18%
Accident and Emergency attendances of NEPs	Total number (all ages)	3 094	2 198	6 449	1 609	10 978	2 144	7 184
	% by patients aged below 18	20%	19%	16%	31%	19%	26%	14%
	% by patients aged from 18 to 64	69%	69%	79%	55%	75%	63%	82%
	% by patients aged 65 or above	7%	8%	5%	11%	5%	9%	3%

2017-18

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of NEPs	Total number (all ages)	2 224	2 400	9 488	1 812	4 972	2 293	4 560
	% by patients aged below 18	29%	25%	20%	46%	16%	36%	26%
	% by patients aged from 18 to 64	58%	59%	64%	35%	64%	45%	65%
	% by patients aged 65 or above	12%	14%	16%	17%	18%	18%	7%
Specialist outpatient (clinical) attendances of NEPs	Total number (all ages)	280	379	2 314	239	1 266	323	1 420
	% by patients aged below 18	29%	16%	9%	29%	10%	12%	11%
	% by patients aged from 18 to 64	65%	80%	90%	61%	81%	82%	87%
	% by patients aged 65 or above	5%	3%	1%	9%	9%	6%	2%
General outpatient attendances of NEPs	Total number (all ages)	207	74	1 060	63	196	35	262
	% by patients aged below 18	14%	7%	7%	5%	13%	6%	10%
	% by patients aged from 18 to 64	80%	89%	93%	76%	83%	83%	77%
	% by patients aged 65 or above	7%	4%	1%	19%	4%	11%	13%
Accident and Emergency attendances of NEPs	Total number (all ages)	2 715	2 149	9 502	1 390	7 569	1 947	6 690
	% by patients aged below 18	19%	16%	17%	27%	22%	26%	16%
	% by patients aged from 18 to 64	68%	68%	78%	55%	70%	62%	79%
	% by patients aged 65 or above	9%	9%	5%	13%	7%	10%	3%

2018-19

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of NEPs	Total number (all ages)	2 082	2 299	9 520	1 882	5 676	1 457	3 259
	% by patients aged below 18	11%	12%	16%	43%	17%	32%	21%
	% by patients aged from 18 to 64	66%	73%	69%	36%	60%	49%	70%
	% by patients aged 65 or above	19%	14%	15%	18%	20%	16%	7%
Specialist outpatient (clinical) attendances of NEPs	Total number (all ages)	265	376	2 164	199	1 361	241	1 365
	% by patients aged below 18	16%	19%	11%	26%	9%	13%	10%
	% by patients aged from 18 to 64	73%	77%	88%	59%	82%	76%	87%

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	% by patients aged 65 or above	11%	4%	1%	12%	9%	11%	3%
General outpatient attendances of NEPs	Total number (all ages)	169	51	931	61	220	46	304
	% by patients aged below 18	11%	4%	8%	11%	10%	2%	5%
	% by patients aged from 18 to 64	79%	92%	91%	66%	89%	83%	81%
	% by patients aged 65 or above	10%	4%	0%	23%	1%	15%	13%
Accident and Emergency attendances of NEPs	Total number (all ages)	2 689	2 157	9 060	1 232	7 135	1 799	6 014
	% by patients aged below 18	18%	14%	18%	30%	22%	25%	17%
	% by patients aged from 18 to 64	70%	70%	77%	52%	69%	62%	79%
	% by patients aged 65 or above	9%	10%	6%	16%	8%	11%	3%

2019-20 (up to 31 December 2019) (Provisional figures)

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Patient days [2] (General (acute & convalescent)) of NEPs	Total number (all ages)	1 443	1 746	6 009	1 050	3 420	1 190	3 164
	% by patients aged below 18	11%	24%	16%	32%	12%	20%	19%
	% by patients aged from 18 to 64	70%	67%	69%	51%	67%	61%	73%
	% by patients aged 65 or above	16%	8%	14%	10%	21%	18%	6%
Specialist outpatient (clinical) attendances of NEPs	Total number (all ages)	192	290	1 553	188	1 014	171	1 078
	% by patients aged below 18	13%	19%	10%	27%	11%	15%	9%
	% by patients aged from 18 to 64	76%	78%	89%	58%	78%	80%	88%
	% by patients aged 65 or above	10%	3%	1%	13%	11%	5%	3%
General outpatient attendances of NEPs	Total number (all ages)	113	37	662	46	155	42	298
	% by patients aged below 18	10%	8%	11%	13%	2%	2%	15%
	% by patients aged from 18 to 64	83%	92%	88%	70%	94%	83%	73%
	% by patients aged 65 or above	7%	0%	1%	17%	4%	14%	11%
Accident and Emergency attendances of NEPs	Total number (all ages)	1 620	1 340	5 514	847	4 758	1 234	4 074
	% by patients aged below 18	15%	14%	16%	28%	21%	24%	18%
	% by patients aged from 18 to	72%	69%	78%	55%	69%	64%	76%

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	64							
	% by patients aged 65 or above	8%	9%	6%	13%	9%	10%	3%

Note:

1. EP is defined as patients who fall into the categories of being (a) holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Cap. 177); (b) children who are Hong Kong resident and under 11 years of age; and (c) other persons approved by the Chief Executive of HA. The statistics of EP also includes other groups of patients such as civil servant eligible persons, eligible persons of HA staff medical benefits as well as recipients of Comprehensive Social Security Assistance Scheme and Higher Old Age Living Allowance.

2. Patient days include inpatient patient days and day inpatient discharges and deaths. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident and Emergency Department or those who have stayed for more than 1 day. The calculation of the number of patient days includes that of both inpatients and day inpatients.

3. Percentage share of patient's age groups may not add up to 100% due to rounding or inclusion of patients with unknown age.

4. Other patients such as private patients and patients with fees exempted by the Government or law are not included.

5. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

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

(Question Serial No. 5817)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the following items in respect of each hospital cluster in the past 5 financial years (please set out specific figures and percentages in a table form):

(1) the numbers of attendances of all eligible persons and those eligible persons aged below 18, 18 to 64, 65 or above of different triage categories in each Accident and Emergency (A&E) department; and

(2) the numbers of attendances of all non-eligible persons and those non-eligible persons aged below 18, 18 to 64, 65 or above of different triage categories in each A&E department.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 432)

Reply:

(1)

The tables below set out the number of Accident & Emergency (A&E) attendances of eligible persons [1] (EPs) in each hospital cluster under the Hospital Authority (HA), as well as the respective percentage share in respect of patients aged below 18, 18 to 64 and 65 or above, from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

	A&E Attendances of EPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	227 357	125 742	185 950	313 110	615 400	381 612	339 641
% by patients aged below 18	11%	11%	12%	15%	16%	16%	16%
% by patients aged from 18 to 64	56%	53%	52%	54%	56%	58%	60%
% by patients aged 65 or above	32%	36%	37%	31%	27%	27%	23%

2016-17

	A&E Attendances of EPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	223 117	126 852	184 968	313 774	616 471	381 499	337 446
% by patients aged below 18	11%	11%	12%	15%	17%	16%	16%
% by patients aged from 18 to 64	55%	53%	51%	53%	56%	57%	60%
% by patients aged 65 or above	34%	36%	37%	32%	27%	27%	24%

2017-18

	A&E Attendances of EPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	213 074	122 711	306 894	293 208	473 615	368 513	365 690
% by patients aged below 18	10%	11%	13%	15%	16%	15%	17%
% by patients aged from 18 to 64	54%	52%	52%	51%	55%	55%	59%
% by patients aged 65 or above	36%	38%	35%	35%	29%	30%	24%

2018-19

	A&E Attendances of EPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	210 833	121 040	299 399	280 195	464 059	353 164	385 570
% by patients aged below 18	9%	10%	12%	13%	15%	13%	16%
% by patients aged from 18 to 64	53%	51%	52%	51%	55%	54%	60%
% by patients aged 65 or above	37%	39%	36%	36%	30%	32%	25%

2019-20 (up to 31 December 2019) [Provisional figures]

	A&E Attendances of EPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	155 409	92 582	219 808	211 752	359 048	268 358	312 946
% by patients aged below 18	9%	10%	12%	13%	15%	13%	16%
% by patients aged from 18 to 64	53%	51%	52%	50%	55%	54%	59%
% by patients aged 65 or above	38%	38%	36%	37%	30%	33%	25%

(2)

The tables below set out the number of A&E attendances of non-eligible persons (NEPs) in each hospital cluster of HA, as well as the respective percentage share in respect of patients aged below 18, 18 to 64 and 65 or above, from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

	A&E Attendances of NEPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	3 144	2 183	6 264	1 577	10 064	2 222	7 527
% by patients aged below 18	18%	17%	16%	33%	19%	25%	13%
% by patients aged from 18 to 64	72%	71%	79%	54%	74%	64%	84%
% by patients aged 65 or above	7%	8%	5%	11%	6%	9%	2%

2016-17

	A&E Attendances of NEPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	3 094	2 198	6 449	1 609	10 978	2 144	7 184
% by patients aged below 18	20%	19%	16%	31%	19%	26%	14%
% by patients aged from 18 to 64	69%	69%	79%	55%	75%	63%	82%
% by patients aged 65 or above	7%	8%	5%	11%	5%	9%	3%

2017-18

	A&E Attendances of NEPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	2 715	2 149	9 502	1 390	7 569	1 947	6 690
% by patients aged below 18	19%	16%	17%	27%	22%	26%	16%
% by patients aged from 18 to 64	68%	68%	78%	55%	70%	62%	79%
% by patients aged 65 or above	9%	9%	5%	13%	7%	10%	3%

2018-19

	A&E Attendances of NEPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	2 689	2 157	9 060	1 232	7 135	1 799	6 014
% by patients aged below 18	18%	14%	18%	30%	22%	25%	17%
% by patients aged from 18 to 64	70%	70%	77%	52%	69%	62%	79%
% by patients aged 65 or above	9%	10%	6%	16%	8%	11%	3%

2019-20 (up to 31 December 2019) [Provisional figures]

	A&E Attendances of NEPs						
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**
Number of A&E Attendances (All ages)	1 620	1 340	5 514	847	4 758	1 234	4 074
% by patients aged below 18	15%	14%	16%	28%	21%	24%	18%
% by patients aged from 18 to 64	72%	69%	78%	55%	69%	64%	76%
% by patients aged 65 or above	8%	9%	6%	13%	9%	10%	3%

Note:

1. EP is defined as patients who fall into the categories of being (a) holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Cap. 177); (b) children who are Hong Kong resident and under 11 years of age; and (c) other persons approved by the Chief Executive of HA. The statistics of EP also includes other groups of patients such as civil servant eligible persons, eligible persons of HA staff medical benefits as well as recipients of Comprehensive Social Security Assistance Scheme and Higher Old Age Living Allowance.

2. Percentage share of patient's age groups may not add up to 100% due to rounding or inclusion of patients with unknown age.

3. Other patients such as private patients and patients with fee exempted by Government or law are not included.

4. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned

communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

Abbreviations

HKEC – Hong Kong East Cluster
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NTWC – New Territories West Cluster

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)341

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5824)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government inform this Committee of the following:

(1) in table form, the number and proportion of age of patients treated and diagnosed with postnatal depression in each hospital cluster under the Hospital Authority in the past 5 years;

(2) the numbers of patients with postnatal depression who have received community health services, including (i) home visits by community nurses, and (ii) outreach visits, in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.:450)

Reply:

(1)

The Comprehensive Child Development Service (CCDS) was launched as a joint initiative led by the Labour and Welfare Bureau with support from the Department of Health (DH), the Hospital Authority (HA), the Education Bureau and the Social Welfare Department, aiming to identify, at an early stage, various health and social needs of children (aged 0 to 5) and their families, and to provide the necessary services so as to foster the healthy development of children.

The service is premised on the principle that early identification and intervention, and multi-disciplinary (Paediatrics, Psychiatry, Obstetrics and Gynaecology, Social Work and Clinical Psychology) collaboration are conductive to the protection and development of children. The service model makes use of HA service units, Maternal and Child Health Centres of DH and other service units to identify and intervene at early stage at-risk pregnant women, mothers with postnatal depression, families with psychological needs and pre-primary children with physical, developmental and behavioral problems.

In each HA cluster, CCDS service is provided by a multi-disciplinary team of healthcare providers comprising Paediatricians, Psychiatrists, Registered Nurses in Midwifery and Psychiatric Nurses. In addition, 2 Clinical Psychologists are providing support to the whole programme. The HA CCDS team aims to achieve early identification of at-risk pregnant women/mothers (teenage pregnancy, mental illness and substance abuse), to provide follow-up services to them and their children, and to refer them to other appropriate health and social service providers under CCDS as necessary.

The table below sets out the number of at-risk pregnant women identified respectively under HA CCDS in the past 5 years.

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [Provisional figures]**
Number of at-risk pregnant women identified respectively under HA CCDS	2 311	2 533	2 413	2 651	1 859

(2)

The table below sets out the number of psychiatric outreach attendances in HA from 2015-16 to 2019-20 (up to 31 December 2019). Breakdown by patients with postnatal depression is not available.

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [Provisional figures]**
Number of psychiatric outreach attendances	282 735	290 185	292 121	306 327	228 878

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 6630)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It has been over a year since the motion on "requesting the Government to set up crisis support centres for sexual violence victims and abused children in public hospitals" moved by Dr Hon Pierre CHAN and amended by Hon Alice MAK and Dr Hon Fernando CHEUNG was passed by the Legislative Council on 13 December 2018. It is mentioned in last year's Budget that the Government would study the provision and enhancement of designated rooms or facilities. The Bureau also indicated, in the meeting of the Panel on Welfare Services on 9 December 2019, that the issue was being studied. However, both Rainlily and CEASE Crisis Centre, organisations which provide relevant support services, have pointed out explicitly that none of their cases underwent necessary procedures, including medical treatment, collection of evidence, giving statement, receiving counselling services, in the same designated room in the accident and emergency (A&E) departments of hospitals. Has any provision been earmarked by the Government for implementing this measure in 2020-21? If yes, what are the estimated expenditure items and the names of the hospital(s) to be equipped with such facilities? If no, what are the actions or plans made by Government regarding the setting up of crisis support centres for sexual violence victims and abused children in the public hospitals?

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2003)

Reply:

To provide support for sexual violence victims, the Social Welfare Department (SWD) launched in 2007 a "one-stop" service model for handling sexual violence cases. Designated social workers will provide 24-hour outreach service for the victims, and will coordinate and arrange continuous supporting and follow-up services (such as emotional counselling, medical treatment, forensic examinations and statement taking) for them according to their preferences and needs. The aim is to provide victims with the necessary services in a convenient, safe, private and supportive environment with a view to minimising the need for victims to repeat accounts of their unpleasant experience.

The Hospital Authority (HA) has arranged 1 designated room and 1 back-up room in each of the 18 public hospitals providing Accident and Emergency (A&E) services over the territory, to enable sexual violence victims attending the A&E department of these hospitals to receive "one-stop" services in hospital areas according to their needs. When a victim requires medical treatment at a public hospital and with the victim's consent, frontline staff will as far as possible arrange medical care, forensic examination, counselling, and statement-taking in the designated room so as to save the victim from the plight of travelling and speed up the investigation process. Through the provision of designated rooms in 18 public hospitals, the current arrangements could render timely assistance to victims who require medical care, as compared with the proposal of establishing a total of 3 support centres in Hong Kong Island, Kowloon and the New Territories respectively.

HA, together with the SWD and other relevant government departments, will arrange regular visits to the designated rooms in the 18 public hospitals to ensure that the provision of such facilitates is in line with the principle of providing a convenient, safe and private environment to the victims. In view of the increasing demand for healthcare services, HA needs to ensure optimal use of existing space to meet public demands for various healthcare services. Nonetheless, in the longer term, HA would actively study the provision and enhancement of designated rooms or facilities in newly built or renovated hospitals for patients in need, including sexual violence victims.

HA is willing to explore service enhancement for rendering assistance to sexual violence victims and will dovetail with the policy direction on crisis support for victims of sexual violence as appropriate.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)343**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6636)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Currently, the general outpatient services provided by the Hospital Authority (HA) are only available for booking over the phone. Does the HA have any plans to develop an online appointment system? If yes, please provide the timetable. If no, what are the reasons?

The telephone appointment system can only handle bookings for consultation timeslots in the next 24 hours at one single general outpatient clinic. Hence, patients have to make several calls or even tens of calls to be allocated consultation quotas. Does the HA have any plans to deal with this problem?

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2020)

Reply:

Consultation timeslots at general outpatient clinics (GOPCs) in the next 24 hours are available for booking through the Hospital Authority's (HA's) telephone appointment system (TAS) for patients with episodic diseases. Taking into consideration the feedback from the public, HA has introduced a number of measures to improve the operation of the TAS over the past few years. In 2019, the TAS has been further enhanced to connect the patient registration record of the various districts such that patients can make GOPC appointment once they have registered in a GOPC or used hospital or clinic services of HA without the need to register in different districts separately.

HA will continue to keep in view the operation of the TAS, and introduce improvement measures as appropriate. HA is actively developing a mobile application for making GOPC appointments, with a target to launch in 2020-2021 after engaging stakeholders in the development.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)344

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6645)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In 2011, the Government set up the Health and Medical Research Fund (HMRF) by consolidating the former Health and Health Services Research Fund and the former Research Fund for the Control of Infectious Diseases, the latter having been established in the wake of the SARS outbreak.

Recent years have seen growing challenges posed by infectious diseases (e.g. Wuhan pneumonia), zoonotic diseases (e.g. swine influenza and avian influenza), and non-zoonotic diseases (e.g. African swine fever). In this connection, will the Government inform this Committee of the following:

(a) Does the Government have any plans to revise the scope of HMRF taking into account the latest development, to show the Bureau's serious concern over the impact of food safety and environmental hygiene on the public, and to address the need to enhance awareness and scientific standards on such issues? If no, what are the reasons?

(b) Please set out the titles, financial commitments and cash flow of the newly approved research programmes in 2019.

(c) Please provide the financial commitments of all programmes currently funded by HMRF, its revised estimates for 2019-20, and its estimated expenditure and balance for 2020-21.

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2037)

Reply:

(a) The Health and Medical Research Fund (HMRF) supports investigator-initiated research projects and health promotion projects in the following broad areas: health and health services, infectious diseases, advanced medical research and health promotion. While research on food safety and environmental hygiene relevant to human health would be covered under health and health services, the thematic priorities under infectious diseases currently include research and innovation for improved and novel diagnostics, vaccines and

treatments against respiratory pathogens (i.e. seasonal and zoonotic influenza, emerging respiratory viruses, and tuberculosis) and vector-borne diseases (i.e. mosquito-, other insect-, and rodent-borne diseases). Research results of approved projects under the HMRF would help inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence.

(b) Details of the approved projects, including the project titles, responsible research institutions, approved funding and latest position, are available from the Research Fund Secretariat website at https://rfs.fhb.gov.hk. In 2019-20, a total of $465 million was approved to support 221 research projects.

(c) The revised estimates of the HMRF for 2019-20 is $220M. Since the establishment of the HMRF in 2011, the approved commitment is as follows:

	Number of projects	**Amount (in $million)**
Investigator-initiated research projects	1,403	1,381
Research fellowship	28	27
Government-commissioned research programmes	49	542
Health care and promotion projects	25	24.3

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4491)

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:

It is mentioned in paragraph 41 of the Budget Speech that various projects under the ten-year Hospital Development Plan are underway. Will the Government please advise on the following:

a. the progress of each project;

b. the estimated dates of commencement and completion of each project;

c. the budget of each project;

d. whether there is any delay or cost overrun in the projects; if yes, please give a detailed breakdown;

e. the numbers of beds available in and the service capacity of relevant hospitals before redevelopment/expansion and the estimated numbers of beds and service capacity upon completion of these projects; and

f. whether there are any other hospital redevelopment/expansion projects or capital works projects in addition to those under the ten-year plan. If yes, please state the commencement dates, approved estimates, current progress and estimated dates of completion of such projects as well as the number of additional beds and increased service capacity upon their completion, and the staff establishment and resources involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 57)

Reply:

The ten-year Hospital Development Plan is funded under the Capital Works Reserve Fund. Details on the programme are outside the scope of Head 140 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)346

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4493)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government consider commencing the second ten-year Hospital Development Plan before the completion of the first ten-year Hospital Development Plan in order to speed up the development of hospitals? If yes, what are the details of the plan? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 59)

Reply:

The ten-year Hospital Development Plan is funded under the Capital Works Reserve Fund. Details on the programme are outside the scope of Head 140 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)347

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4494)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 41 of the Budget Speech that various projects of the 10-year Hospital Development Plan are under way. And it is expected that a total of over 6 000 additional beds and more than 90 operating theatres will be provided. In this connection, please tabulate: (1) the distribution of those 6 000 beds and (2) the distribution of those 90 operating theatres, with a breakdown by (a) hospital; (b) type of ward; and (c) the estimated date of occupancy.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 60)

Reply:

The ten-year Hospital Development Plan is funded under the Capital Works Reserve Fund. Details on the programme are outside the scope of Head 140 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)348

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4495)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In a report by the Hospital Authority following the outbreak of the Severe Acute Respiratory Syndrome in 2003, it was recommended that 3 infectious disease blocks be constructed. However, only the one at Princess Margaret Hospital was subsequently built. In this connection, please inform this Committee of: (a) the progress regarding the other 2 infectious disease blocks, and their proposed sites and cluster allocation; (b) whether there were already estimated construction costs and building designs at the time of the report, and if yes, the details; and (c) whether the Government has plans to continue with the construction of the infectious disease blocks; and if yes, the details; if no, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 62)

Reply:

(a) to (c)

Following the outbreak of the Severe Acute Respiratory Syndrome in 2003, the Government has built an infectious disease centre in the Princess Margaret Hospital and enhanced the facilities in nine major acute hospitals by providing over 1 000 isolation beds, with a view to strengthening the capability of public hospitals in combating infectious diseases.

In view of the outbreak of the Coronavirus Disease 2019, the Hospital Authority (HA) has been suitably mobilising the isolation facilities in public hospitals. As of noon 22 March 2020, HA has activated 954 isolation beds in public hospitals for use with an occupancy rate of 51.3%. HA will continue to closely monitor the usage of isolation beds and allocate resources in a timely manner to mobilise the other isolation beds when required. In addition to isolation beds, HA has set up "surveillance wards" in public hospitals to tie in with the extended coverage of the "Enhanced Laboratory Surveillance" scheme to all pneumonia inpatients since 31 January 2020.

In light of the latest development, HA plans to retrofit one to two general wards in each cluster into standard negative pressure wards, with a view to providing about 400 additional standard negative pressure beds for patients who are recovering but not yet ready for discharge.

The Government would continue to monitor the demand and usage of isolation facilities in public hospitals with a view to reviewing the allocation of resources for enhancing the capacity of public hospitals in combating infectious diseases.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)349

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4496)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

With respect to District Health Centres (DHCs), please advise on the following in table form: a. the total number of monthly attendances, the number of users for various services, the age distribution of these service users and the number of patients requiring referral to a DHC network doctor for treatment at a concessionary rate since the commissioning of the Kwai Tsing District Health Centre (K&TDHC); b. the number of patients suffered from stroke, hip fracture and post-myocardial infarction who were referred by Princess Margaret Hospital, and the respective numbers of these patients who have received physiotherapy, speech therapy, occupational therapy or consultation by dietitians; c. the respective attendances for primary prevention services (including health talks and health assessments) and chronic disease management services; d. the progress of setting up 5 satellite centres in Kwai Chung (North East), Kwai Chung (Central & South), Kwai Chung (West), Tsing Yi (North East) and Tsing Yi (South West) under the K&TDHC, the date of commissioning and the number of attendances if the projects have been completed, otherwise the expected date of commissioning and the estimated number of attendances; the location and site area of these satellite centres, as well as the services provided; e. the timetable and details of setting up DHCs in other districts in Hong Kong.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 63)

Reply:

As at 31 December 2019, the Kwai Tsing District Health Centre (K&T DHC) has 2 292 registered members, among which 2 103 completed the basic health risk assessment, with a cumulative attendance of 8 340.

The age distribution of members of the K&T DHC is outlined below.

Age Range	Number of members
<18	4
18-24	12
25-44	96
45-64	752
65-80	1259
>80	169
Total	2292

As at 31 December 2019, the Kwai Tsing DHC Network comprised 19 medical practitioners. After basic health assessment, DHC members with high risk of developing diabetes mellitus or hypertension will be referred to one of the network medical practitioners for further examination and diagnosis as needed. Patients diagnosed by the network medical practitioners with hypertension, diabetes mellitus, low back pain or osteoarthritic knee pain would be offered service packages at the DHC or network service providers and other professional services including diet advice, drug counselling and/or other services as required. Stroke, fracture hip and post acute myocardial infarction patients would be referred by the network doctors or Hospital Authority for the Community Rehabilitation Programme.

The K&T DHC has commenced operation of one satellite centre at Tsing Yi (South West) District at Ching Kwai House, Cheung Ching Estate, Tsing Yi and one subcentre in Kwai Chung (West) at Luen Yat House, Kwai Luen Estate, Kwai Chung. According to the service contract of the K&T DHC, the operator is responsible for identifying premises for the four other satellite centres and setting them up for operation within 12 months of the operation of the core centre.

Within the term of the current Government, DHCs are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. We plan to identify suitable rental premises for setting up DHCs in the above remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)350**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4497)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government plans to set up District Health Centres (DHCs) in 6 other districts in the coming 2 years and has earmarked $650 million for meeting their recurrent expenditure. In this connection, please provide in tabular form the following information on each of the 6 DHCs: (1) the planned site, cost involved, progress of establishment and expected commissioning date; (2) the progress of the tendering exercise for selecting the operator; the number of organisations which have submitted their proposals, if the tendering exercise has commenced; the name of the operator, if the tendering exercise has been completed; and (3) the services to be provided and the expected number of attendances.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 67)

Reply:

Within the term of the current Government, District Health Centres (DHCs) are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. The SSP DHC would be located in the the Shek Kip Mei Estate Phase 6 Redevelopment, and the WTS DHC would be located in Diamond Hill Public Housing Development Phase I. We plan to identify suitable rental premises for setting up DHCs in the above remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

It will involve a recurrent expenditure of $654 million in a full year for operation and related expenses of the 6 DHCs.

DHCs will provide various primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment, chronic disease management and community rehabilitation. The target average annual attendance for the WTS DHC and SSP DHC would be over 65 000 each.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4498)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that for the remaining 11 districts where District Health Centres (DHCs) have yet to be set up, the Government will allocate about $600 million to subsidise the setting up of smaller interim "DHC Express" by non-governmental organisations (NGOs). In this connection, please provide the following information: (1) the names of the 11 districts concerned, the planned sites for "DHC Express", and the department(s) responsible for the preparatory work; (2) the percentage of the $600 million provision to be allocated respectively to staff cost, facilities, rental cost, administrative cost, etc.; (3) the funding to be allocated to each district and the expected operating period of "DHC Express"; and (4) the details of the services and facilities to be provided, and the types of healthcare professionals to be deployed at the "DHC Express" in each district.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 68)

Reply:

"DHC Express" is to be established in 11 districts (Wan Chai, Eastern, Central & Western, Yau Tsim Mong, Kwun Tong, Kowloon City, Tai Po, Islands, North, Shatin and Sai Kung) pending the establishment of District Health Centres (DHCs).

Non-governmental organisations (NGO) will be identified to operate "DHC Express" by way of invitation of proposals. The NGOs will propose the premises for "DHC Express". The Food and Health Bureau plans to invite proposals for "DHC Express" in the third quarter of 2020. "DHC Express" in the various districts are targeted to commence services in 2021.

With reference to DHC services, "DHC Express" will provide various primary healthcare services with emphasis on different levels of prevention, including health promotion and education, health assessment and chronic disease management. In addition, "DHC Express" will serve as a district health resource hub that links different service providers of different aspects of primary healthcare services in the community to facilitate clients receiving

necessary care and services when needed.

An estimated non-recurrent expenditure of about $596 million over a 3-year project period is budgeted for setting up and operating “DHC Express” in the 11 districts. The funding ceiling earmarked for each district will be about $54 million in a 3-year project period, inclusive of set up, rental, staff and other operation costs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4499)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information of the hospitals in the Hospital Authority (HA) clusters by department in the past 3 years:

a. the numbers of doctors, their numbers by rank (including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee), ratio to patients and median length of service;

b. the attrition figures and attrition rates of doctors in each hospital under the HA and the median length of service of the departed doctors by post (including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee) and by clinical department in each of the past 3 years;

c. the number of non-locally trained doctors recruited by the HA under limited registration; and

d. the number of retired doctors to be rehired.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 69)

Reply:

a.

Services of the Hospital Authority (HA) are organised and provided on a cluster basis. The manpower of HA is deployed and rotated flexibly amongst various hospitals within a hospital cluster.

The table below sets out the number of all ranks of doctors by major specialty in each hospital cluster of HA in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

Cluster	Specialty	2017-18				2018-19				2019-20 (as at 31 December 2019)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	8	27	25	**60**	7	29	24	**59**	8	29	24	**60**
	Anaesthesia	5	13	16	**34**	6	13	18	**37**	6	13	18	**37**
	Family Medicine	2	15	42	**59**	2	15	37	**55**	2	14	41	**57**
	Intensive Care Unit	1	7	9	**17**	2	6	11	**19**	2	6	10	**18**
	Medicine	19	56	83	**157**	19	57	85	**160**	19	60	88	**167**
	Neurosurgery	2	2	9	**13**	3	3	6	**12**	2	3	6	**11**
	Obstetrics & Gynaecology	5	6	10	**21**	5	6	12	**23**	5	6	10	**21**
	Ophthalmology	4	6	9	**19**	4	7	9	**19**	4	6	11	**21**
	Orthopaedics & Traumatology	6	12	16	**34**	6	11	16	**33**	6	10	18	**34**
	Paediatrics	7	7	15	**29**	7	7	18	**32**	6	7	14	**28**
	Pathology	7	6	5	**18**	7	6	6	**19**	8	5	8	**21**
	Psychiatry	5	12	17	**34**	5	12	17	**34**	6	12	20	**38**
	Radiology	10	12	18	**40**	11	12	19	**42**	11	10	23	**44**
	Surgery	8	15	27	**50**	8	17	23	**48**	8	17	27	**52**
	Others	6	7	15	**28**	6	7	17	**30**	6	8	17	**31**
	Total	**95**	**203**	**316**	**614**	**97**	**207**	**318**	**622**	**98**	**206**	**336**	**640**
HKWC	Accident & Emergency	3	12	13	**29**	3	13	13	**29**	3	13	15	**31**
	Anaesthesia	17	23	31	**71**	17	23	24	**64**	16	26	31	**72**
	Cardio-thoracic Surgery	6	2	4	**12**	5	3	4	**12**	5	3	4	**12**
	Family Medicine	3	13	25	**41**	3	17	23	**43**	3	19	20	**43**
	Intensive Care Unit	2	6	7	**15**	2	5	6	**13**	2	6	6	**14**
	Medicine	23	41	78	**143**	25	43	81	**149**	25	47	78	**150**
	Neurosurgery	2	4	7	**13**	3	4	6	**13**	3	3	7	**13**
	Obstetrics & Gynaecology	6	7	15	**28**	6	8	14	**28**	7	7	14	**28**
	Ophthalmology	2	4	8	**14**	2	3	7	**12**	2	4	9	**15**
	Orthopaedics & Traumatology	5	7	22	**34**	5	8	20	**33**	5	8	22	**35**
	Paediatrics	14	15	20	**49**	12	10	23	**45**	11	11	27	**49**
	Pathology	8	9	14	**31**	10	7	14	**31**	11	6	16	**33**
	Psychiatry	4	9	13	**26**	3	9	15	**28**	3	9	17	**30**
	Radiology	9	8	18	**35**	9	10	16	**35**	9	11	19	**39**
	Surgery	9	19	46	**74**	10	21	38	**69**	13	17	43	**73**
	Others	6	9	14	**29**	7	7	12	**26**	7	8	16	**31**
	Total	**119**	**189**	**336**	**643**	**122**	**192**	**316**	**630**	**124**	**198**	**344**	**667**
KCC	Accident & Emergency	5	30	40	**76**	5	29	40	**74**	6	28	36	**70**
	Anaesthesia	13	36	39	**88**	14	39	49	**102**	14	37	47	**98**
	Cardio-thoracic Surgery	3	7	6	**16**	4	6	5	**15**	4	6	5	**15**
	Family Medicine	2	22	89	**112**	2	23	85	**110**	3	28	83	**113**

Cluster	Specialty	2017-18				2018-19				2019-20 (as at 31 December 2019)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Intensive Care Unit	4	9	10	**23**	6	9	8	**23**	5	9	8	**22**
	Medicine	33	111	132	**276**	32	113	131	**276**	34	113	132	**278**
	Neurosurgery	6	11	18	**35**	6	11	19	**35**	7	10	19	**36**
	Obstetrics & Gynaecology	12	17	24	**53**	11	18	25	**54**	11	15	29	**56**
	Ophthalmology	6	12	16	**34**	6	14	17	**37**	6	15	16	**37**
	Orthopaedics & Traumatology	14	20	27	**61**	13	20	26	**59**	14	21	25	**60**
	Paediatrics	14	27	34	**75**	25	52	56	**132**	28	55	57	**140**
	Pathology	15	16	18	**49**	18	17	20	**55**	21	16	21	**58**
	Psychiatry	6	9	18	**33**	5	11	19	**35**	6	10	22	**37**
	Radiology	18	29	25	**72**	19	24	29	**71**	21	23	36	**80**
	Surgery	18	32	55	**105**	19	32	55	**106**	22	34	67	**124**
	Others	13	21	25	**59**	11	15	25	**51**	11	15	24	**50**
	Total	**182**	**409**	**576**	**1 167**	**195**	**433**	**607**	**1 235**	**213**	**435**	**627**	**1 275**
KEC	Accident & Emergency	6	24	36	**66**	6	25	36	**66**	6	26	41	**72**
	Anaesthesia	6	19	18	**43**	6	18	22	**46**	8	20	23	**51**
	Family Medicine	2	25	66	**93**	2	27	64	**92**	2	31	56	**88**
	Intensive Care Unit	1	6	6	**13**	1	6	6	**13**	1	6	6	**13**
	Medicine	22	57	79	**158**	26	56	86	**169**	25	59	87	**170**
	Obstetrics & Gynaecology	7	6	15	**28**	7	7	14	**28**	7	7	13	**27**
	Ophthalmology	2	8	9	**19**	1	10	10	**22**	1	8	12	**21**
	Orthopaedics & Traumatology	7	10	28	**45**	8	12	27	**47**	8	12	32	**52**
	Paediatrics	6	15	23	**43**	5	15	18	**38**	8	16	21	**44**
	Pathology	8	6	7	**21**	8	6	7	**21**	9	5	9	**23**
	Psychiatry	3	17	15	**35**	3	18	15	**36**	4	17	19	**40**
	Radiology	10	9	10	**29**	11	9	11	**31**	10	9	13	**32**
	Surgery	12	25	29	**66**	11	25	29	**65**	9	24	31	**64**
	Others	4	11	11	**26**	4	11	9	**24**	4	12	10	**26**
	Total	**95**	**238**	**351**	**684**	**99**	**245**	**353**	**698**	**101**	**252**	**372**	**724**
KWC	Accident & Emergency	9	40	61	**110**	9	42	68	**119**	10	42	68	**119**
	Anaesthesia	7	31	22	**60**	7	33	23	**63**	8	35	23	**67**
	Family Medicine	3	29	83	**115**	3	31	79	**113**	3	33	84	**120**
	Intensive Care Unit	3	10	13	**26**	3	10	14	**27**	3	11	16	**30**
	Medicine	30	73	105	**208**	30	74	113	**217**	30	75	113	**218**
	Neurosurgery	2	2	8	**12**	2	2	8	**12**	2	3	8	**13**
	Obstetrics & Gynaecology	5	9	8	**22**	5	9	9	**23**	5	9	12	**26**
	Ophthalmology	3	10	12	**25**	3	11	10	**24**	3	11	12	**26**
	Orthopaedics & Traumatology	10	21	35	**67**	12	22	33	**67**	11	20	37	**68**

Cluster	Specialty	2017-18				2018-19				2019-20 (as at 31 December 2019)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Paediatrics	9	19	29	**56**	8	19	23	**50**	8	20	22	**50**
	Pathology	15	13	15	**43**	15	10	18	**43**	14	13	18	**45**
	Psychiatry	9	30	34	**73**	9	30	37	**77**	9	30	37	**76**
	Radiology	11	13	14	**38**	11	12	11	**34**	12	10	14	**36**
	Surgery	16	28	46	**90**	15	28	45	**88**	15	31	49	**95**
	Others	6	14	22	**41**	7	14	24	**44**	8	15	23	**46**
	Total	**138**	**341**	**507**	**985**	**140**	**346**	**515**	**1 000**	**142**	**356**	**536**	**1 034**
NTEC	Accident & Emergency	7	30	32	**69**	8	30	34	**72**	8	30	35	**73**
	Anaesthesia	7	32	30	**69**	9	32	26	**67**	9	32	35	**76**
	Cardio-thoracic Surgery	2	1	7	**10**	2	3	8	**13**	2	3	8	**13**
	Family Medicine	3	24	67	**94**	3	27	68	**98**	3	28	69	**100**
	Intensive Care Unit	3	11	13	**27**	4	10	16	**30**	5	11	14	**30**
	Medicine	29	63	115	**207**	30	64	121	**215**	31	63	130	**225**
	Neurosurgery	4	1	5	**10**	3	1	6	**10**	3	3	7	**13**
	Obstetrics & Gynaecology	6	9	18	**33**	6	9	16	**31**	7	9	18	**34**
	Ophthalmology	3	7	17	**26**	3	8	14	**25**	3	6	16	**25**
	Orthopaedics & Traumatology	10	18	33	**61**	12	17	31	**60**	12	17	41	**70**
	Paediatrics	11	22	27	**60**	9	19	28	**56**	9	20	33	**62**
	Pathology	9	14	14	**37**	10	13	16	**39**	9	13	18	**40**
	Psychiatry	6	22	36	**64**	6	23	32	**62**	7	22	33	**63**
	Radiology	11	17	14	**42**	11	16	17	**44**	11	14	21	**46**
	Surgery	19	23	53	**95**	20	22	45	**87**	18	22	51	**91**
	Others	10	21	25	**56**	11	22	22	**55**	9	18	27	**55**
	Total	**138**	**315**	**507**	**960**	**146**	**316**	**501**	**963**	**145**	**312**	**557**	**1 014**
NTWC	Accident & Emergency	7	27	45	**79**	8	29	50	**86**	8	28	50	**86**
	Anaesthesia	8	18	28	**54**	8	16	25	**49**	7	13	30	**51**
	Cardio-thoracic Surgery	1	1	0	**2**	1	1	0	**2**	1	1	0	**2**
	Family Medicine	2	22	58	**82**	3	21	62	**85**	3	23	66	**91**
	Intensive Care Unit	2	8	8	**18**	2	8	8	**18**	2	9	10	**21**
	Medicine	22	48	82	**152**	22	52	82	**156**	23	57	90	**171**
	Neurosurgery	3	3	9	**15**	3	2	8	**13**	3	4	7	**14**
	Obstetrics & Gynaecology	8	7	16	**31**	8	9	16	**33**	8	9	18	**35**
	Ophthalmology	4	7	12	**23**	4	9	11	**24**	4	9	14	**26**
	Orthopaedics & Traumatology	7	15	23	**45**	8	12	23	**43**	9	14	26	**49**
	Paediatrics	7	13	21	**41**	8	11	22	**41**	8	11	25	**45**
	Pathology	7	8	10	**25**	7	8	11	**26**	5	7	12	**24**
	Psychiatry	9	30	43	**82**	10	28	43	**81**	11	28	46	**84**

Cluster	Specialty	2017-18				2018-19				2019-20 (as at 31 December 2019)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Radiology	10	7	18	**35**	10	7	19	**36**	11	6	22	**39**
	Surgery	14	17	45	**77**	14	18	42	**74**	15	18	41	**74**
	Others	8	9	16	**33**	8	10	17	**35**	8	11	19	**38**
	Total	**120**	**239**	**434**	**793**	**124**	**240**	**438**	**802**	**126**	**249**	**475**	**851**

Tables 1 and 2 below set out the doctor-to-patient ratio by cluster and major specialty for inpatient and day inpatient in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

Table 1: Doctor-to-patient ratio by cluster in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019)

Cluster	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2017-18			
HKEC	614	5.1	3.2
HKWC	643	5.3	3.0
KCC	1 167	5.2	3.3
KEC	684	5.0	3.4
KWC	985	4.7	3.3
NTEC	960	5.0	3.0
NTWC	793	5.1	3.3
2018-19			
HKEC	622	5.2	3.3
HKWC	630	5.3	2.9
KCC	1 235	5.5	3.4
KEC	698	5.1	3.5
KWC	1 000	4.8	3.4
NTEC	963	5.0	3.0
NTWC	802	5.2	3.2
2019-20 (as at 31 December 2019)			
HKEC	640	5.3	3.3
HKWC	667	5.7	3.0
KCC	1 275	5.6	3.4
KEC	724	5.2	3.5
KWC	1 034	4.8	3.3
NTEC	1 014	5.3	3.2
NTWC	851	5.4	3.4

Table 2: Doctor-to-patient ratio by major specialty for inpatient and day inpatient in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019)

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2017-18			
Medicine (including Palliative Care, Rehabilitation and Infirmary)	1 299	2.6	1.7
Surgery (including Neurosurgery and Cardiothoracic Surgery)	694	3.6	2.1
Obstetrics & Gynaecology	217	2.4	1.5
Paediatrics (including Adolescent Medicine and Neonatology)	354	3.5	2.6
Orthopaedics & Traumatology	346	3.4	2.7
Psychiatry (including Mentally Handicapped)	347	19.2	19.0
2018-19			
Medicine (including Palliative Care, Rehabilitation and Infirmary)	1 342	2.7	1.7
Surgery (including Neurosurgery and Cardiothoracic Surgery)	674	3.4	2.0
Obstetrics & Gynaecology	221	2.4	1.5
Paediatrics (including Adolescent Medicine and Neonatology)	393	4.1	3.0
Orthopaedics & Traumatology	341	3.2	2.6
Psychiatry (including Mentally Handicapped)	351	19.0	18.8
2019-20 (as at 31 December 2019)			
Medicine (including Palliative Care, Rehabilitation and Infirmary)	1 379	2.7	1.7
Surgery (including Neurosurgery and Cardiothoracic Surgery)	715	3.5	2.1
Obstetrics & Gynaecology	228	2.6	1.6
Paediatrics (including Adolescent Medicine and Neonatology)	417	4.3	3.1
Orthopaedics & Traumatology	367	3.4	2.8
Psychiatry (including Mentally Handicapped)	368	20.6	20.4

The table below sets out the median length of service of all ranks of doctors by major specialty in HA in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

	2017-18				2019-20				2019-20 (as at 31 December 2019)			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Accident & Emergency	24.8	19.7	5.7	**11.7**	25.8	19.7	5.7	**12.7**	25.2	20.4	5.5	**12.1**
Anaesthesia	22.7	12.7	4.7	**9.7**	22.7	12.7	4.7	**9.7**	23.4	12.5	4.5	**8.8**
Cardio-thoracic Surgery	23.2	16.7	4.7	**11.5**	18.7	11.7	4.7	**10.7**	19.5	12.5	4.5	**10.5**
Family Medicine	19.7	15.2	7.7	**10.9**	19.7	15.7	6.7	**10.7**	20.5	16.5	6.5	**10.0**
Intensive Care Unit	24.2	16.7	4.7	**10.2**	24.6	14.7	4.7	**9.1**	25.4	15.5	4.5	**9.0**
Medicine	23.9	16.7	5.7	**10.7**	24.7	16.7	5.7	**9.7**	25.2	16.5	5.5	**9.5**
Neurosurgery	23.2	13.7	4.0	**9.7**	22.7	13.7	3.7	**7.7**	21.5	12.5	3.0	**7.5**

	2017-18				2019-20				2019-20 (as at 31 December 2019)			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Obstetrics & Gynaecology	17.7	11.5	3.7	**8.7**	17.2	11.7	3.7	**8.7**	17.0	12.5	3.9	**7.5**
Ophthalmology	20.7	11.7	4.7	**7.7**	19.7	10.7	4.7	**6.7**	19.2	11.0	4.5	**6.5**
Orthopaedics & Traumatology	23.2	17.7	5.7	**9.7**	24.2	14.7	4.7	**8.7**	24.5	14.5	4.5	**8.5**
Paediatrics	23.4	16.7	4.7	**9.2**	24.2	14.7	3.7	**7.7**	24.9	14.5	3.5	**7.5**
Pathology	22.2	13.7	3.9	**10.7**	22.2	13.7	4.0	**9.7**	20.5	14.5	4.4	**8.5**
Psychiatry	23.2	14.6	5.7	**9.7**	24.2	13.7	5.5	**10.2**	23.5	13.5	5.2	**9.5**
Radiology	22.7	10.7	4.7	**8.7**	22.6	10.7	4.7	**8.3**	21.5	11.5	4.5	**7.5**
Surgery	22.7	12.7	5.7	**8.7**	22.2	12.7	4.7	**9.7**	22.5	13.5	4.5	**8.5**
Others	24.7	14.7	6.7	**11.7**	24.9	13.7	5.7	**10.7**	25.5	13.5	5.0	**9.5**
Doctors Total	**23.2**	**14.7**	**5.7**	**9.7**	**23.7**	**14.7**	**4.7**	**9.7**	**24.0**	**14.5**	**4.5**	**9.0**

b.

The table below sets out the attrition figures of full-time doctors by department and by rank in each hospital cluster in 2017-18, 2018-19 and 2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019).

Cluster	**Major Specialty**	**2017-18**				**2018-19**				**2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)**			
		Consultant	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
HKEC	Accident & Emergency	0	0	2	**2**	1	0	2	**3**	1	0	1	**2**
	Anaesthesia	0	1	1	**2**	1	3	2	**6**	1	0	0	**1**
	Family Medicine	0	0	2	**2**	0	0	3	**3**	0	1	2	**3**
	Medicine	1	7	2	**10**	1	3	2	**6**	1	2	3	**6**
	Neurosurgery	0	0	0	**0**	0	0	0	**0**	1	0	1	**2**
	Obstetrics & Gynaecology	1	0	0	**1**	0	2	0	**2**	0	1	1	**2**
	Ophthalmology	0	0	1	**1**	0	2	1	**3**	0	1	1	**2**
	Orthopaedics & Traumatology	0	0	1	**1**	0	1	0	**1**	0	2	1	**3**
	Paediatrics	1	0	2	**3**	1	0	0	**1**	0	0	2	**2**
	Pathology	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**
	Psychiatry	1	0	1	**2**	1	0	1	**2**	1	0	1	**2**
	Radiology	1	1	0	**2**	1	1	0	**2**	1	2	0	**3**
	Surgery	0	1	1	**2**	1	2	1	**4**	0	0	1	**1**
	Others	1	1	0	**2**	1	1	1	**3**	0	1	1	**2**
	Total	**6**	**12**	**14**	**32**	**8**	**15**	**13**	**36**	**6**	**10**	**15**	**31**
HKWC	Accident & Emergency	0	0	1	**1**	1	1	0	**2**	0	0	1	**1**
	Anaesthesia	2	3	4	**9**	2	2	3	**7**	1	4	2	**7**
	Cardio-thoracic Surgery	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**
	Family Medicine	0	2	2	**4**	0	1	4	**5**	0	0	4	**4**
	Intensive Care Unit	0	0	1	**1**	1	0	1	**2**	1	0	1	**2**
	Medicine	4	1	0	**5**	0	2	1	**3**	1	3	2	**6**
	Obstetrics & Gynaecology	1	1	0	**2**	1	0	0	**1**	1	0	0	**1**
	Ophthalmology	0	1	0	**1**	0	1	1	**2**	0	0	1	**1**
	Orthopaedics & Traumatology	0	0	1	**1**	1	0	2	**3**	0	0	1	**1**

Cluster	Major Specialty	2017-18				2018-19				2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)			
		Consultant	SMO/ AC	MO/R	Total	Consultant	SMO/ AC	MO/R	Total	Consultant	SMO/ AC	MO/R	Total
	Paediatrics	0	2	1	**3**	2	1	1	**4**	1	1	0	**2**
	Pathology	0	0	1	**1**	1	0	1	**2**	1	0	1	**2**
	Psychiatry	0	2	1	**3**	0	0	0	**0**	0	0	0	**0**
	Radiology	0	5	0	**5**	1	2	0	**3**	0	1	1	**2**
	Surgery	3	4	0	**7**	1	2	2	**5**	0	2	1	**3**
	Others	1	0	1	**2**	2	3	2	**7**	1	1	1	**3**
	Total	**11**	**21**	**13**	**45**	**14**	**15**	**18**	**47**	**7**	**12**	**16**	**35**
KCC	Accident & Emergency	0	0	1	**1**	0	2	2	**4**	1	3	2	**6**
	Anaesthesia	1	1	0	**2**	2	3	0	**5**	0	8	2	**10**
	Cardio-thoracic Surgery	0	0	0	**0**	2	0	1	**3**	0	2	0	**2**
	Family Medicine	0	0	8	**8**	1	0	6	**7**	0	1	7	**8**
	Intensive Care Unit	1	0	0	**1**	0	0	0	**0**	1	0	1	**2**
	Medicine	3	5	3	**11**	3	5	6	**14**	1	10	11	**22**
	Neurosurgery	0	0	0	**0**	2	1	0	**3**	2	2	1	**5**
	Obstetrics & Gynaecology	1	0	5	**6**	0	2	3	**5**	1	3	2	**6**
	Ophthalmology	0	2	2	**4**	0	1	0	**1**	0	2	1	**3**
	Orthopaedics & Traumatology	0	2	1	**3**	1	1	0	**2**	2	1	0	**3**
	Paediatrics	1	1	1	**3**	1	3	1	**5**	5	3	3	**11**
	Pathology	1	0	1	**2**	1	0	0	**1**	2	1	0	**3**
	Psychiatry	1	0	4	**5**	0	0	1	**1**	0	1	1	**2**
	Radiology	1	6	0	**7**	2	7	0	**9**	2	4	0	**6**
	Surgery	1	4	0	**5**	1	1	2	**4**	1	2	1	**4**
	Others	0	0	0	**0**	1	2	2	**5**	0	1	0	**1**
	Total	**11**	**21**	**26**	**58**	**17**	**28**	**24**	**69**	**18**	**44**	**32**	**94**
KEC	Accident & Emergency	0	3	3	**6**	1	1	5	**7**	1	0	1	**2**
	Anaesthesia	1	3	2	**6**	1	2	1	**4**	0	1	0	**1**
	Family Medicine	0	0	3	**3**	0	0	4	**4**	0	0	11	**11**
	Medicine	2	2	4	**8**	1	4	1	**6**	2	3	3	**8**
	Obstetrics & Gynaecology	1	0	0	**1**	1	0	0	**1**	0	0	1	**1**
	Ophthalmology	0	2	0	**2**	1	1	0	**2**	0	2	0	**2**
	Orthopaedics & Traumatology	1	3	0	**4**	1	3	1	**5**	1	1	2	**4**
	Paediatrics	0	0	1	**1**	3	0	1	**4**	2	1	1	**4**
	Pathology	1	1	1	**3**	0	2	1	**3**	0	2	0	**2**
	Psychiatry	0	2	2	**4**	0	3	2	**5**	0	2	1	**3**
	Radiology	3	2	0	**5**	0	1	0	**1**	1	0	0	**1**
	Surgery	2	0	1	**3**	1	6	1	**8**	2	5	1	**8**
	Others	0	0	0	**0**	0	3	0	**3**	0	1	1	**2**
	Total	**11**	**18**	**17**	**46**	**10**	**26**	**17**	**53**	**9**	**18**	**22**	**49**
KWC	Accident & Emergency	0	2	6	**8**	0	1	5	**6**	2	2	6	**10**
	Anaesthesia	1	4	1	**6**	1	3	1	**5**	0	0	1	**1**
	Family Medicine	0	1	6	**7**	0	2	9	**11**	0	0	5	**5**
	Intensive Care Unit	0	0	1	**1**	0	1	0	**1**	0	0	0	**0**
	Medicine	1	4	3	**8**	2	2	3	**7**	0	5	4	**9**
	Neurosurgery	0	1	0	**1**	1	0	1	**2**	0	0	0	**0**
	Obstetrics & Gynaecology	0	1	2	**3**	0	2	1	**3**	0	1	0	**1**
	Ophthalmology	1	3	1	**5**	1	0	0	**1**	0	0	0	**0**
	Orthopaedics & Traumatology	1	0	0	**1**	1	2	1	**4**	1	4	1	**6**
	Paediatrics	1	0	0	**1**	1	0	0	**1**	0	1	0	**1**
	Pathology	1	0	2	**3**	0	0	0	**0**	0	0	1	**1**
	Psychiatry	1	2	1	**4**	0	1	0	**1**	2	2	3	**7**
	Radiology	0	5	0	**5**	1	2	0	**3**	2	2	0	**4**

Cluster	Major Specialty	2017-18				2018-19				2019-20 (rolling 12 months from 1 January 2019 to 31 December 2019)			
		Consultant	SMO/ AC	MO/R	Total	Consultant	SMO/ AC	MO/R	Total	Consultant	SMO/ AC	MO/R	Total
	Surgery	0	3	1	**4**	1	1	3	**5**	0	4	2	**6**
	Others	0	2	0	**2**	0	0	1	**1**	0	1	1	**2**
	Total	**7**	**28**	**24**	**59**	**9**	**17**	**25**	**51**	**7**	**22**	**24**	**53**
NTEC	Accident & Emergency	2	1	0	**3**	0	1	1	**2**	1	1	3	**5**
	Anaesthesia	2	0	1	**3**	2	3	2	**7**	1	3	0	**4**
	Family Medicine	0	0	7	**7**	0	1	2	**3**	0	1	4	**5**
	Intensive Care Unit	0	0	2	**2**	0	1	0	**1**	0	1	1	**2**
	Medicine	3	3	7	**13**	4	5	2	**11**	1	2	2	**5**
	Neurosurgery	0	0	0	**0**	1	0	0	**1**	1	0	0	**1**
	Obstetrics & Gynaecology	0	1	0	**1**	2	1	0	**3**	1	1	0	**2**
	Ophthalmology	0	3	0	**3**	1	0	2	**3**	1	3	1	**5**
	Orthopaedics & Traumatology	1	2	2	**5**	2	5	4	**11**	2	3	1	**6**
	Paediatrics	2	1	1	**4**	1	0	3	**4**	0	0	1	**1**
	Pathology	0	0	1	**1**	0	0	0	**0**	1	0	1	**2**
	Psychiatry	1	3	1	**5**	2	1	2	**5**	2	2	5	**9**
	Radiology	0	1	0	**1**	0	3	0	**3**	0	3	0	**3**
	Surgery	1	1	1	**3**	4	5	2	**11**	1	2	2	**5**
	Others	0	1	1	**2**	2	3	0	**5**	4	2	0	**6**
	Total	**12**	**17**	**24**	**53**	**21**	**29**	**20**	**70**	**16**	**24**	**21**	**61**
NTWC	Accident & Emergency	0	0	2	**2**	0	0	1	**1**	1	1	3	**5**
	Anaesthesia	0	0	1	**1**	0	2	0	**2**	1	0	0	**1**
	Family Medicine	0	1	7	**8**	1	2	2	**5**	0	1	1	**2**
	Medicine	1	3	5	**9**	1	2	4	**7**	0	0	5	**5**
	Neurosurgery	0	0	0	**0**	1	0	1	**2**	0	0	1	**1**
	Obstetrics & Gynaecology	2	1	2	**5**	0	1	1	**2**	0	1	0	**1**
	Ophthalmology	0	1	0	**1**	0	1	1	**2**	0	2	1	**3**
	Orthopaedics & Traumatology	0	0	4	**4**	0	8	1	**9**	2	3	0	**5**
	Paediatrics	0	0	0	**0**	0	1	1	**2**	0	0	0	**0**
	Pathology	1	0	0	**1**	0	0	0	**0**	2	3	0	**5**
	Psychiatry	0	2	0	**2**	1	0	3	**4**	0	0	2	**2**
	Radiology	1	3	0	**4**	0	2	1	**3**	2	2	1	**5**
	Surgery	2	1	0	**3**	1	2	2	**5**	1	0	1	**2**
	Others	2	1	0	**3**	0	3	1	**4**	0	0	2	**2**
	Total	**9**	**13**	**21**	**43**	**5**	**24**	**19**	**48**	**9**	**13**	**17**	**39**

The table below sets out the Attrition (Wastage) rate and median length of service (years) for full-time departed doctors by major specialty by rank group from 2017-18 to 2019-20 (rolling 12 months January 2019 to December 2019).

Major Specialty	Full-time Attrition Rate				Median length of service (Years) of full-time departed Doctors			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
2017-18								
Accident & Emergency	4.8%	3.3%	5.9%	**4.8%**	23.50	22.07	2.34	**9.11**
Anaesthesia	11.1%	7.3%	5.4%	**7.0%**	23.66	14.79	3.85	**12.59**
Family Medicine	-	3.1%	8.1%	**6.8%**	-	15.92	8.64	**10.62**
Intensive Care Unit	6.4%	-	5.9%	**3.6%**	34.84	-	6.94	**8.24**
Medicine	8.9%	5.9%	3.5%	**5.0%**	23.87	20.82	4.37	**15.50**
Neurosurgery	-	4.3%	-	**1.1%**	-	19.04	-	**19.04**
Obstetrics & Gynaecology	14.2%	7.0%	8.4%	**9.2%**	25.50	13.28	7.27	**9.12**

Major Specialty	Full-time Attrition Rate				Median length of service (Years) of full-time departed Doctors			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Ophthalmology	4.8%	22.7%	4.6%	**10.6%**	23.61	12.47	7.49	**11.66**
Orthopaedics & Traumatology	5.4%	6.7%	4.9%	**5.5%**	25.33	16.79	4.04	**11.76**
Paediatrics	8.4%	3.5%	3.4%	**4.3%**	25.66	19.21	6.47	**16.36**
Pathology	6.2%	2.9%	8.2%	**6.0%**	24.45	17.00	4.08	**10.26**
Psychiatry	10.5%	8.7%	5.6%	**7.3%**	25.29	12.17	8.47	**11.23**
Radiology	8.5%	24.1%	-	**10.1%**	25.29	11.22	-	**11.92**
Surgery	10.0%	9.0%	1.3%	**4.9%**	22.83	13.16	8.41	**13.29**
Others	7.9%	5.8%	1.4%	**4.0%**	23.63	16.53	12.02	**20.39**
Total	**8.1%**	**7.0%**	**4.5%**	**5.8%**	**24.50**	**14.20**	**5.95**	**12.01**
2018-19								
Accident & Emergency	7.1%	3.2%	6.1%	**5.1%**	2.00	22.32	4.25	**5.00**
Anaesthesia	14.4%	10.7%	4.8%	**8.6%**	23.42	12.43	4.25	**12.25**
Cardio-thoracic Surgery	25.5%	-	5.6%	**9.6%**	23.91	-	8.27	**23.58**
Family Medicine	12.2%	4.2%	7.2%	**6.6%**	23.24	15.20	9.83	**12.82**
Intensive Care Unit	5.5%	3.7%	1.4%	**2.8%**	25.41	22.33	10.61	**22.33**
Medicine	7.2%	5.2%	2.7%	**4.1%**	25.45	15.06	5.73	**13.61**
Neurosurgery	27.4%	4.5%	3.5%	**8.2%**	22.49	13.00	8.82	**19.29**
Obstetrics & Gynaecology	9.5%	13.5%	4.5%	**8.0%**	20.12	11.76	8.39	**12.10**
Ophthalmology	14.7%	11.3%	5.8%	**8.8%**	20.50	13.15	9.50	**12.34**
Orthopaedics & Traumatology	10.7%	19.8%	4.8%	**10.2%**	25.08	17.97	9.56	**16.17**
Paediatrics	14.2%	4.1%	3.8%	**5.7%**	26.17	17.17	10.10	**17.17**
Pathology	2.9%	3.0%	2.2%	**2.6%**	24.16	7.79	9.62	**11.83**
Psychiatry	10.8%	4.0%	5.0%	**5.3%**	22.31	18.36	5.59	**15.75**
Radiology	6.9%	20.6%	0.8%	**8.4%**	25.75	11.02	2.00	**11.64**
Surgery	11.5%	12.3%	4.3%	**7.7%**	24.81	13.85	10.21	**13.97**
Others	10.7%	16.9%	4.9%	**9.8%**	25.74	13.94	10.23	**14.42**
Total	**10.0%**	**8.2%**	**4.3%**	**6.4%**	**24.44**	**14.09**	**8.64**	**13.14**
2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)								
Accident & Emergency	16.9%	3.7%	6.5%	**6.3%**	27.00	13.44	4.07	**7.83**
Anaesthesia	6.4%	9.4%	2.5%	**5.8%**	22.14	14.92	2.04	**14.23**
Cardio-thoracic Surgery	-	16.0%	-	**4.9%**	-	27.63	-	**27.63**
Family Medicine	-	2.6%	8.2%	**6.5%**	-	18.25	6.41	**7.66**
Intensive Care Unit	10.4%	1.8%	4.3%	**4.2%**	13.20	14.24	10.61	**10.80**
Medicine	3.6%	5.5%	4.2%	**4.6%**	24.25	15.08	5.88	**12.27**
Neurosurgery	23.5%	8.2%	5.6%	**9.5%**	23.89	23.01	2.30	**21.03**
Obstetrics & Gynaecology	7.0%	11.5%	3.6%	**6.5%**	27.00	13.14	7.12	**13.20**
Ophthalmology	5.0%	18.0%	5.9%	**10.0%**	20.50	13.04	9.50	**12.70**
Orthopaedics & Traumatology	13.8%	13.9%	3.1%	**8.0%**	24.36	16.54	4.00	**15.53**
Paediatrics	12.1%	4.6%	3.6%	**5.4%**	24.60	12.95	6.94	**12.00**
Pathology	8.3%	9.3%	3.1%	**6.4%**	20.29	13.93	5.83	**13.86**
Psychiatry	13.0%	5.6%	7.0%	**7.2%**	26.71	17.66	7.08	**16.10**
Radiology	10.8%	16.4%	1.5%	**8.1%**	22.34	10.38	5.60	**12.85**
Surgery	5.7%	9.4%	3.0%	**5.3%**	24.54	14.66	8.62	**13.62**
Others	11.1%	8.1%	5.2%	**7.3%**	25.97	15.37	10.66	**14.32**
Total	**8.6%**	**7.4%**	**4.7%**	**6.1%**	**25.21**	**14.42**	**5.92**	**12.85**

c.

The table below sets out the number of non-locally trained doctors employed by HA under limited registration (LR) in 2017-18, 2018-19 and 2019-20.

2017-18	2018-19	2019-20 (Up to 31 December 2019)
19	18	24

Note:
The figures refer to the total number of non-locally trained doctors employed, including doctors who have completed or ended their contracts during the said period.

HA will continue the recruitment of non-locally trained doctors under LR in 2020-21. Upon commencement of the Medical Registration (Amendment) Ordinance 2017, the validity period and renewal period of LR have been extended from not exceeding 1 year to not exceeding 3 years. Taking the opportunity, HA has reviewed the LR recruitment scheme and initiated a basket of enhancements, mainly along the aspects of the career prospects and training opportunities of doctors working under LR in HA; the mechanism of post and budget allocation and monitoring with supernumerary posts and additional funding for the LR recruitment; as well as the recruitment and communication strategies, aiming to recruit more non-locally trained doctors through the LR scheme to supplement the workforce.

d.

As at 31 December 2019, there were 67 doctors rehired under various schemes after retirement and serving in HA.

Note:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding Interns and Dental Officers. 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 workforce has been separately monitored and presented for full-time and part-time workforce respectively, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate.

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

5. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2019-20, the manpower status as at 31 December 2019 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2019-20 are projected figures as of 31 December 2019.

6. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are

admitted into hospitals via Accident and Emergency Department or those who have stayed for more than 1 day.

7. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

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

Abbreviations

MO/R – Medical Officer/Resident
SMO/AC – Senior Medical Officer/Associate Consultant
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. 4500)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the following information by hospitals under the 7 clusters of the Hospital Authority: (1) the number and year of service of serving full-time doctors; and (2) the attrition figure of full-time doctors in the past 5 years. Please provide the information in table form by the following years of service: (a) 1 to 5 years; (b) 5 to 10 years; (c) over 10 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 70)

Reply:

(1)

The table below sets out the number of full-time doctors by clusters by year of service of the Hospital Authority (HA) in 2019-20 (as at 31 December 2019).

Cluster	**2019-20 (as at 31 December 2019)**				
	<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 Years & above**	**Total**
HKEC	6	204	113	303	626
HKWC	10	225	125	290	650
KCC	5	380	253	587	1 225
KEC	10	221	148	324	703
KWC	10	316	190	482	998
NTEC	18	365	185	421	989
NTWC	6	311	177	331	825
Cluster Total	**65**	**2 022**	**1 191**	**2 738**	**6 016**

(2)

The tables below set out the attrition (wastage) number of full-time doctors by clusters by year of service of HA from 2015-16 to 2019-20 (Rolling 12 months from January 2019 – December 2019) respectively.

2015-16

Cluster	2015-16				
	<1 Year	1 - <6 Years	6 - <11 Years	11 Years & above	Total
HKEC	0	4	5	13	22
HKWC	1	11	8	24	44
KCC	0	2	3	21	26
KEC	3	5	7	15	30
KWC	2	14	9	38	63
NTEC	0	4	5	11	20
NTWC	0	11	7	17	35
Cluster Total	**6**	**51**	**44**	**139**	**240**

2016-17

Cluster	2016-17				
	<1 Year	1 - <6 Years	6 - <11 Years	11 Years & above	Total
HKEC	0	6	8	27	41
HKWC	2	5	11	15	33
KCC	0	3	2	25	30
KEC	0	7	6	26	39
KWC	1	18	11	40	70
NTEC	0	11	12	22	45
NTWC	0	6	8	13	27
Cluster Total	**3**	**56**	**58**	**168**	**285**

2017-18

Cluster	2017-18				
	<1 Year	1 - <6 Years	6 - <11 Years	11 Years & above	Total
HKEC	0	9	6	17	32
HKWC	2	11	7	25	45
KCC	1	9	18	30	58
KEC	2	10	6	28	46
KWC	2	8	17	32	59
NTEC	2	9	6	36	53
NTWC	2	12	9	20	43
Cluster Total	**11**	**68**	**69**	**188**	**336**

2018-19

Cluster	2018-19				
	<1 Year	1 - <6 Years	6 - <11 Years	11 Years & above	Total
HKEC	0	6	3	27	36
HKWC	0	9	9	29	47
KCC	2	12	18	37	69
KEC	2	6	7	38	53
KWC	1	9	9	32	51
NTEC	0	9	9	52	70
NTWC	1	11	10	26	48
Cluster Total	**6**	**62**	**65**	**241**	**374**

2019-20

Cluster	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)				
	<1 Year	1 - <6 Years	6 - <11 Years	11 Years & above	Total
HKEC	0	10	7	14	31
HKWC	1	10	6	18	35
KCC	3	17	12	62	94
KEC	1	8	12	28	49
KWC	2	13	8	30	53
NTEC	2	14	8	37	61
NTWC	0	13	9	17	39
Cluster Total	**9**	**85**	**62**	**206**	**362**

Note:

1. Manpower on headcount basis includes permanent, contract, temporary staff excluding Interns and Dental Officers.

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 (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.

4. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the

entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on/after 1 April 2017 are therefore not directly comparable.

Abbreviation

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

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)354

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4501)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the overtime work performed by the staff of Accident and Emergency (A&E) departments under the Hospital Authority (HA) since June 2019, please tabulate by cluster and hospital the total numbers of staff, days and hours involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 71)

Reply:

Each Accident & Emergency (A&E) department arranges its staffing according to operational needs. Deployment of staff varies across different hospitals having regard to various operational factors, including the size, service demand and provision of services of individual A&E departments.

Records on overtime hours worked are maintained by individual departments. Central depository of such information is not readily available.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 4502)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

For the estimates in the past 3 years and 2020-21, are there any provisions for the training of all ranks of doctors, nurses, allied health staff and health care assistants? If yes, what is the total time involved in each training programme? What are the resources and manpower involved?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 72)

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, organising Registered Nurse and Enrolled Nurse training programmes, and providing corporate training programmes for supporting staff. A three-year time-limited funding of $100 million per annum had been allocated to HA from 2015-16 to 2017-18, designated for enhancing staff training and development. From 2018-19 onwards, an additional recurrent funding of about $200 million has been allocated to HA to enhance healthcare professional training primarily in the 3 training priority areas of service development, professional development, and job/operations requirements.

The target groups 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 some training programmes are conducted during off-duty hours. As such, the total time involved in each training programme is not available.

The table below sets out the number of recorded training days of doctors, nurses, allied health staff and supporting staff in HA in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

Recorded Training Days			
Staff Group	**2017-18**	**2018-19**	**2019-20** (up to 31 December 2019)
Doctors	60 526	64 042	45 276
Nurses	174 792	178 323	148 287
Allied Health staff	43 333	42 953	27 770
Supporting staff	42 311	51 321	40 737
Total	**320 962**	**336 639**	**262 070**

Note:

1. The recorded training days are generated from HA's eLearning Centre and Human Resources Payroll System databases.
2. Training days for on-the-job training are not included.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. 4503)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hospital Authority's standard guidelines on personal protective equipment for medical staff working in the infectious disease wards, please set out, in table form and in respect of the past 12 months, the contents of those guidelines, number of revisions made to the guidelines, reasons for making the revisions, ranks and posts of officers responsible for making the revisions, as well as the procedures for making the revisions.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 73)

Reply:

The Hospital Authority (HA) has all along been providing stringent infection control guidelines and training for healthcare workers to protect them from infection of different routes of transmission or procedures with various levels of risk, based on international recommendations as well as expert advice.

The Central Committee on Infectious Diseases & Emergency Response (CCIDER) of HA is responsible for providing strategic advice on management of infectious diseases, infection control measures and contingency planning for outbreaks; monitoring surveillance programmes on infection control and drills on emergency response for outbreaks; and sharing relevant knowledge on infectious diseases, infection control and contingency planning. Ad hoc CCIDER meetings will be convened to lead and coordinate corporate responses during infectious disease outbreaks and crises. The membership of the ad hoc CCIDER comprises representatives from the Centre for Health Protection of the Department of Health, Coordinating Committees of relevant clinical specialties in HA, relevant subject departments of the HA Head Office as well as HA infection control and infectious disease experts.

CCIDER has been closely monitoring the outbreak situation of the Coronavirus Disease 2019 and has suitably updated its recommendations on personal protective equipment upon review of the latest information about the disease, the updated international guidelines

(including those of the World Health Organization and Centers for Disease Control and Prevention), clinical evidence in literature and local clinical experience.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4525)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

What are the respective specific plans and timetables for the Hospital Authority to "enhance the treatment and management of cancers, diabetes mellitus, renal diseases, stroke and cardiac diseases" as stated under Matters Requiring Special Attention? In respect of such initiative, please provide the actual expenditure in 2019-20, the estimated expenditure and the percentage of increase for 2020-21, the estimated manpower involved and additional manpower required as well as the expected increase in the number of new cases.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 106)

Reply:

In 2020-21, the Hospital Authority (HA) will enhance the treatment and management of various diseases, including cancer, diabetes mellitus (DM), renal, stroke and cardiac diseases as outlined in the following paragraphs:

On cancer services, HA will open new Oncology inpatient beds in United Christian Hospital and Oncology day beds in Hong Kong East Cluster (HKEC), Kowloon Central Cluster (KCC), New Territories East Cluster (NTEC) and New Territories West Cluster (NTWC); increase the capacity of ambulatory / specialist outpatient service of Clinical Oncology in HKEC, KCC, Kowloon East Cluster (KEC), Kowloon West Cluster (KWC) and NTWC; and enhance capacity of day chemotherapy service in KCC and KEC.

To better address the needs of cancer patients throughout their cancer journey, HA will expand the Cancer Case Manager Programme to cover more breast and colorectal cancer cases and more cancer types including gynaecological and haematological cancers; and recruit additional social workers to offer psychosocial support to cancer patients as an integral part of oncology treatment.

HA will also continue to enhance radiotherapy capacity by rolling out extended-hour Radiotherapy Service to KCC, NTEC and NTWC; enhance chemotherapy service by setting

up pharmacist clinics/nurse clinics; and expand the coverage and use of chemotherapeutic drugs in the HA Drug Formulary.

On DM services, an additional 14 000 patients are expected to be enrolled in the Patient Empowerment Programme in 2020-21, while the Targeted Active Intervention will be expanded to benefit an additional 6 300 patients.

On renal services, HA will enhance haemodialysis (HD) service for patients with end-stage renal disease by providing a total of 63 additional hospital HD places in all hospital clusters; and 21 additional places under the HD Public-Private Partnership Programme.

On stroke services, 24-hour Intra-venous thrombolytic therapy for acute stroke patients has been extended to all clusters. In addition, HA plans to establish the networking of Intra-arterial mechanical thrombectomy service by phases, and HKEC, Hong Kong West Cluster (HKWC), NTEC and NTWC will pilot this service.

On cardiac services, HA plans to establish the networking of 24-hour Primary Percutaneous Coronary Intervention (PPCI) service by phases, and NTEC will pilot the 24-hour PPCI service.

HA adopts an integrated and multi-disciplinary approach in service provision which allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals supporting the aforementioned services in HA also provide support for other services, the manpower for specific programmes cannot be separately quantified.

HA has earmarked additional resources of $265 million in 2019-20 to enhance the treatment and management of cancer, DM, renal, stroke and cardiac diseases. An additional $617 million is earmarked for further enhancement in 2020-21.

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)358

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4550)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the smoking cessation services provided by the Hospital Authority, will the Government inform this Committee of:
(a) the number of hotline enquiries, follow-up counselling cases and attendances at smoking cessation clinics by age group (including those below 18) in the past 3 years; and
(b) the one-year quitting rate.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 131)

(a)

The Hospital Authority (HA) operates 15 full-time and 55 part-time smoking cessation clinics (as at December 2019), providing smoking cessation services through counselling and provision of medication. Service throughputs in the past three years are as follows:

	2017	**2018**	**2019 [Provisional figures]**
Number of enquiries on smoking cessation services	9 468	8 950	10 444
Number of telephone counselling sessions (including initial and follow-up telephone counselling)	64 792	69 077	69 622
New patients attending smoking cessation clinics	19 799	19 964	20 330
Percentage with age < 65	67.9%	66.0%	64.4%
Percentage with age ≥ 65	32.1%	34.0%	35.6%

Note: Breakdown by age group is not available for the number of enquiries received and the number of telephone counselling sessions conducted.

(b)

The one-year success quit rate for 2017, 2018 and 2019 (provisional figure) was around 60%.

Note: 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4551)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As regards the efforts to deter smoking, will the Government please provide the following information:
a. the plans for implementing the established anti-smoking policy through promotion, education, legislation, enforcement, taxation and quit-smoking programme for the past 3 years and the coming year as well as the respective expenditures involved;
b. the respective years, rates and smoking prevalence among the population of the last 5 adjustments to tobacco duty (in table form);
c. the numbers of people suffering from diseases (e.g. lung cancer) and deaths caused by smoking and the respective medical costs concerned (in itemised form);
d. the numbers of people suffering from diseases (e.g. lung cancer) and deaths caused by passive smoking and the respective medical costs concerned (in itemised form);
e. the economic loss resulting from tobacco-related diseases over the past 5 years in Hong Kong; and
f. whether the Government will designate a proportion of the revenue from tobacco duty for quit-smoking and anti-smoking work, as well as treatments of and researches on tobacco-related diseases.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 132)

Reply:

(a)
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. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation. The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) enforces the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), and collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations and

health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention. The expenditures/provisions of tobacco control activities managed by TACO from 2017-18 to 2020-21, broken down by types of activities, are at **Annex**.

(b)

The Government increased tobacco duty in 1998, 2001, 2009, 2011 and 2014. The table below shows the percentage increase in tobacco duty and smoking prevalence since 1998:

Year	Percentage increase in tobacco duty	Smoking prevalence (daily cigarette smokers aged 15 and over)[#]
1998	6%	15.0%
2000	-	12.4%
2001	5%	-
2002/03	-	14.4%
2005	-	14.0%
2007/08	-	11.8%
2009	50%	-
2010	-	11.1%
2011	41.5%	-
2012	-	10.7%
2014	11.7%	-
2015	-	10.5%
2017	-	10.0%

[#] *Source: Thematic Household Survey conducted by the Census and Statistics Department*

(c)-(e)

DH commissioned the School of Public Health of the University of Hong Kong to conduct a study on the estimated mortality figures and annual cost of tobacco-related diseases. The study reported that a total of 6 154 deaths (aged 35 and over) in Hong Kong in 2011 were related to active smoking, while 672 deaths were attributed to second-hand smoke exposure. The results showed that total annual cost (including health care, productive years lost and residential care) of active and passive smoking in Hong Kong was $5.5 billion ($4.5 billion for active smoking and $1.0 billion for passive smoking). Among these, health care cost was $2.6 billion ($2.2 billion for active smoking and $0.4 billion for passive smoking).

(f)

The revenue from tobacco duty, similar to other tax revenue, will be credited to the General Revenue. The Government will allocate resources to its different streams of work and services having regard to the priorities of the time so as to ensure that our work and services can cater for the various needs of the community.

Annex

Expenditures/Provision of the Department of Health's Tobacco and Alcohol Control Office

	2017-18 ($ million)	2018-19 ($ million)	2019-20 Revised Estimate ($ million)	2020-21 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	61.5	78.6	97.7	118.7
Health Education and Smoking Cessation				
Programme 3: Health Promotion	124.4	125.4	131.2	138.0
(a) General health education and promotion of smoking cessation				
TACO	*49.8*	*50.4*	*55.5*	*63.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*23.9*	*24.0*	*27.8*	*26.1*
Sub-total	***73.7***	***74.4***	***83.3***	***89.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations				
Subvention to Tung Wah Group of Hospitals	*34.0*	*34.0*	*30.6*	*30.6*
Subvention to Pok Oi Hospital	*7.2*	*7.3*	*7.3*	*7.4*
Subvention to Po Leung Kuk	*1.5*	*1.7*	*1.6*	*1.7*
Subvention to Lok Sin Tong	*2.7*	*2.7*	*2.9*	*2.9*
Subvention to United Christian Nethersole Community Health Service	*2.9*	*2.9*	*2.9*	*2.9*
Subvention to Life Education Activity Programme	*2.4*	*2.4*	*2.6*	*2.7*
Sub-total	***50.7***	***51.0***	***47.9***	***48.2***
Total	**185.9**	**204.0**	**228.9**	**256.7**

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)360**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4588)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the medical and health services expenditure among the government's recurrent expenditure, would the Government advise this Committee of:

1. the criteria for making the estimates of the future expenditure? Please set out the conditions in details, such as population, service needs, waiting time and the manpower of healthcare staff; and
2. whether it has any target or pledge to increase the proportion of "Health" services expenditure in the Government's recurrent expenditure, having regard to the increasing demand for healthcare services in Hong Kong? For instance, increasing the proportion of "Health" services expenditure to 20% of the Government's recurrent expenditure in 3 years. If yes, what are the details? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 169)

Reply:

1. In determining the provision for medical and health services, the Government will take into account a number of factors including the population growth rates and demographic changes, the demand for public healthcare services, the need for service enhancement, the latest development in medical technology and public health protection, as well as the Government's overall fiscal position.

2. The Government's recurrent expenditure on health services generally comprises funding for the Hospital Authority (HA) and other public healthcare services. The Government has undertaken to increase the recurrent funding for the HA progressively on a triennium basis commencing 2018-19 having regard to population growth rates and demographic changes. On top of the recurrent funding growth based on population changes, the Government will also provide additional resources to HA for implementing new initiatives and enhancing various types of services in HA where necessary. For

other public healthcare services, the Government will take into account the factors mentioned above to determine the level of funding allocation as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4589)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Walk-in Clinic services, will the Government advise on:

a. the number of different categories of patients triaged for Walk-in Clinic services, the waiting time and the longest waiting time in the past 3 years; and

b. whether the Government has any plan to set up more Walk-in Clinics. If yes, what are the details of the plan? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 170)

Reply:

(a)
The Walk-in Clinic is a designated waiting area in the Accident & Emergency (A&E) department of Queen Elizabeth Hospital mainly for Triage 4 (Semi-urgent) and 5 (Non-urgent) patients. Other A&E departments of the Hospital Authority (HA) have similar arrangement to allocate designated waiting area for these patients.

The tables below set out the number of attendances for Triage 4 and 5 in each A&E department of HA in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Cluster	Hospital	Number of A&E attendances	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	76 457	5 076
	RH	47 741	4 935
	SJH	6 657	238
HKWC	QMH	72 747	3 475
KCC	KWH	58 457	3 384
	QEH	67 499	5 669
KEC	TKOH	62 563	2 041
	UCH	82 003	10 417
KWC	CMC	79 929	13 307
	NLTH	69 569	1 934
	PMH	53 832	4 732
	YCH	78 060	3 826
NTEC	AHNH	91 293	5 526
	NDH	54 623	3 338
	PWH	90 376	671
NTWC	POH	68 437	7 682
	TMH	99 593	9 030
	TSWH^	45 585	9 394
Overall HA		**1 205 421**	**94 675**

2018-19

Cluster	Hospital	Number of A&E attendances	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	75 860	4 507
	RH	46 906	3 891
	SJH	6 158	182
HKWC	QMH	70 734	2 669
KCC	KWH	55 969	3 339
	QEH	64 243	4 551
KEC	TKOH	58 675	1 457
	UCH	75 828	8 463
KWC	CMC	78 987	9 085
	NLTH	72 147	1 461
	PMH	50 740	4 111
	YCH	76 507	2 359
NTEC	AHNH	85 842	3 892
	NDH	50 992	2 929
	PWH	88 754	636
NTWC	POH	66 004	6 465
	TMH	91 765	5 167
	TSWH^	72 022	14 095
Overall HA		**1 188 133**	**79 259**

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Hospital	Number of A&E attendances	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	56 495	2 590
	RH	33 330	2 477
	SJH	4 504	141
HKWC	QMH	53 857	1 778
KCC	KWH	37 674	1 979
	QEH	48 080	2 908
KEC	TKOH	44 353	1 090
	UCH	57 238	5 136
KWC	CMC	61 783	5 784
	NLTH	56 872	979
	PMH	38 342	1 806
	YCH	60 877	1 302
NTEC	AHNH	65 277	2 689
	NDH	36 343	1 937
	PWH	70 494	511
NTWC	POH	47 006	3 617
	TMH	70 985	3 044
	TSWH^	73 401	13 947
Overall HA		**916 911**	**53 715**

The tables below set out the average waiting time for A&E services for Triage 4 and 5 in each A&E department of HA in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Cluster	Hospital	Average waiting time (in minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	107	134
	RH	83	137
	SJH	25	32
HKWC	QMH	101	166
KCC	KWH	131	136
	QEH	168	200
KEC	TKOH	142	153
	UCH	172	233
KWC	CMC	59	56
	NLTH	31	48
	PMH	101	135
	YCH	120	150
NTEC	AHNH	54	57
	NDH	106	150
	PWH	199	187
NTWC	POH	104	109
	TMH	169	182
	TSWH^	56	62

Cluster	Hospital	Average waiting time (in minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
Overall HA		**114**	**127**

2018-19

Cluster	Hospital	Average waiting time (in minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	110	138
	RH	81	136
	SJH	25	34
HKWC	QMH	90	149
KCC	KWH	133	131
	QEH	165	193
KEC	TKOH	135	151
	UCH	183	246
KWC	CMC	61	57
	NLTH	36	53
	PMH	119	149
	YCH	109	140
NTEC	AHNH	71	72
	NDH	123	165
	PWH	178	163
NTWC	POH	100	107
	TMH	142	156
	TSWH^	70	79
Overall HA		**111**	**125**

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Hospital	Average waiting time (in minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	146	172
	RH	113	175
	SJH	25	28
HKWC	QMH	88	148
KCC	KWH	186	188
	QEH	154	182
KEC	TKOH	139	154
	UCH	247	315
KWC	CMC	73	73
	NLTH	49	68
	PMH	117	139
	YCH	105	137

Cluster	Hospital	Average waiting time (in minutes) for A&E services	
		Triage 4 (Semi-urgent)	**Triage 5 (Non-urgent)**
NTEC	AHNH	76	76
	NDH	158	206
	PWH	171	158
NTWC	POH	129	145
	TMH	133	141
	TSWH^	70	77
Overall HA		**121**	**133**

The figure of the longest waiting time at each A&E department is not readily available.

Note:

^ TSWH has commenced A&E services since March 2017 by phases, initially with eight-hour A&E services daily from 0800hrs – 1600hrs, and extended to 12-hour A&E services daily from 0800hrs – 2000hrs since March 2018. The operating hour of A&E services at TSWH has then been further extended to 24-hour since November 2018.

(b)

HA has introduced various measures to improve its A&E services including the following:

i) Implementing A&E Support Session Programme to recruit additional medical and nursing staff to manage semi-urgent and non-urgent cases;

ii) Strengthening manpower of medical, nursing and supporting staff through the following:

For medical staff

- increase in Resident Trainee posts to recruit and provide specialist training to all qualified local medical graduates;

- recruitment of non-locally trained doctors under limited registration for specialties in need, including the A&E specialty;

- recruitment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments. A Locum Office has also been set up to adopt flexible and efficient approach in employing part-time staff to supplement full-time workforce particularly to address the surge demand;

- provision of extra financial incentives, such as introducing Special Honorarium Scheme, enhancing fixed-rate honorarium and providing leave encashment; and

- additional promotion mechanism for promoting frontline doctors with post-fellowship experience of 5 years or more in the specialty and consistently good performance to Associate Consultant.

For nursing & support staff

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

- enhancement of recruitment and retention, promotion opportunities, improvement of working conditions and training opportunities for nurses;

- strengthening of phlebotomist services and clerical support; and

deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting.

iii) Setting up additional observation areas to alleviate the congestion of A&E departments; and

iv) Stepping up publicity to the public to avoid using A&E services in non-emergency situations.

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

Hospital:
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital

PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4590)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the respective attendances at the accident and emergency departments and specialist outpatient clinics (including orthopaedics, neurosurgery and surgery) under the Hospital Authority by people injured at work in each of the past 5 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 171)

Reply:

The Hospital Authority (HA) does not have complete statistics on the treatment for work-related injuries. As general information for reference, the number of attendances of the Accident & Emergency (A&E) Departments in HA arising from industrial trauma and the number of subsequent attendances for specialist outpatient (clinical) services in the past 5 years (up to 31 December 2019) are set out in the table below.

	Number of A&E attendances arising from industrial trauma (A)	**Number of specialist outpatient (clinical) attendances of those patients as described in (A) who subsequently made a booking within 28 days after their A&E attendances or inpatient discharged (B)**
2015-16	66 755	48 134
2016-17	65 980	48 541
2017-18	62 061	49 702
2018-19	60 263	47 603
2019-20 (up to 31 December 2019) [Provisional figures]	42 231	23 334

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)363

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4591)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services, please provide the following information for the past 3 years:

a. the utilisation rate, number of attendances, average number of daily attendances, number of patients of different triage categories and their average and longest waiting time in each A&E department;

b. the number of A&E attendances at different timeslots, and if such information is available, please set out the service capacity at various timeslots in each A&E department;

c. the number of attendances of patients under 6, between 6 and 18, between 18 and 65 and over 65 and their number as a percentage of the total attendances; and

d. the number of A&E doctors in each hospital under the Hospital Authority, their years of service, vacancy rate, wastage rate, average weekly working hours, the longest working hours and the longest continuous working hours.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 172)

Reply:

(a)

The tables below set out the number of attendances in various triage categories in each Accident and Emergency (A&E) department of the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 807	3 088	41 671	76 457	5 076
	RH	914	1 780	15 945	47 741	4 935
	SJH	46	82	2 396	6 657	238
HKWC	QMH	985	3 361	41 781	72 747	3 475
KCC	KWH	1 793	2 904	56 511	58 457	3 384
	QEH	3 857	4 972	97 558	67 499	5 669
KEC	TKOH	1 063	2 352	48 449	62 563	2 041
	UCH	2 742	5 694	70 579	82 003	10 417
KWC	CMC	1 567	1 864	34 714	79 929	13 307
	NLTH	258	723	16 344	69 569	1 934
	PMH	1 249	3 108	63 330	53 832	4 732
	YCH	1 080	2 693	38 244	78 060	3 826
NTEC	AHNH	456	1 700	24 906	91 293	5 526
	NDH	851	1 801	42 452	54 623	3 338
	PWH	1 657	6 190	44 135	90 376	671
NTWC	POH	667	2 981	31 509	68 437	7 682
	TMH	1 048	6 185	68 313	99 593	9 030
	TSWH[Note 1]	104	633	10 342	45 585	9 394
Overall HA		**22 144**	**52 111**	**749 179**	**1 205 421**	**94 675**

2018-19

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 494	3 030	41 763	75 860	4 507
	RH	1 027	1 975	16 500	46 906	3 891
	SJH	47	108	2 483	6 158	182
HKWC	QMH	1 013	3 478	42 667	70 734	2 669
KCC	KWH	1 713	2 852	54 002	55 969	3 339
	QEH	3 662	5 098	98 660	64 243	4 551
KEC	TKOH	1 098	2 373	48 764	58 675	1 457
	UCH	2 717	5 173	69 661	75 828	8 463
KWC	CMC	1 755	1 923	38 298	78 987	9 085
	NLTH	244	748	15 913	72 147	1 461
	PMH	1 403	2 806	60 923	50 740	4 111
	YCH	1 291	2 205	37 696	76 507	2 359
NTEC	AHNH	379	1 474	22 754	85 842	3 892
	NDH	804	1 968	40 516	50 992	2 929
	PWH	1 745	6 304	45 700	88 754	636
NTWC	POH	607	3 084	29 687	66 004	6 465
	TMH	1 033	5 981	63 669	91 765	5 167

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	TSWH[Note 1]	198	1 436	18 987	72 022	14 095
Overall HA		**22 230**	**52 016**	**748 643**	**1 188 133**	**79 259**

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 170	2 323	32 069	56 495	2 590
	RH	703	1 312	12 603	33 330	2 477
	SJH	38	107	1 914	4 504	141
HKWC	QMH	798	2 626	32 600	53 857	1 778
KCC	KWH	1 317	2 446	40 306	37 674	1 979
	QEH	2 651	3 546	73 721	48 080	2 908
KEC	TKOH	752	1 867	38 385	44 353	1 090
	UCH	1 874	3 595	52 675	57 238	5 136
KWC	CMC	676	2 223	30 134	61 783	5 784
	NLTH	178	531	12 527	56 872	979
	PMH	1 176	2 164	47 305	38 342	1 806
	YCH	1 180	1 832	28 249	60 877	1 302
NTEC	AHNH	279	1 202	16 277	65 277	2 689
	NDH	737	1 618	31 462	36 343	1 937
	PWH	1 297	4 767	34 877	70 494	511
NTWC	POH	379	2 649	22 360	47 006	3 617
	TMH	955	4 218	46 357	70 985	3 044
	TSWH[Note 1]	236	1 239	18 010	73 401	13 947
Overall HA		**16 396**	**40 265**	**571 831**	**916 911**	**53 715**

The table below sets out the average daily number of attendances in each A&E department in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

Cluster	Hospital	Average of the daily number of A&E attendances		
		2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
HKEC	PYNEH	367	365	361
	RH	202	199	190
	SJH	26	25	24
HKWC	QMH	344	339	343
KCC	KWH	361	348	327
	QEH	517	508	502

Cluster	Hospital	Average of the daily number of A&E attendances		
		2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
KEC	TKOH	329	319	325
	UCH	482	456	452
KWC	CMC	368	364	373
	NLTH	250	255	266
	PMH	356	339	340
	YCH	352	341	351
NTEC	AHNH	341	315	313
	NDH	284	269	264
	PWH	394	393	408
NTWC	POH	318	302	287
	TMH	521	475	473
	TSWH[Note 1]	186	300	399
Overall HA		**5 997**	**5 911**	**5 998**

The tables below set out the average waiting time for A&E services in various triage categories in each A&E department in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Cluster	Hospital	Average waiting time (in minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	6	16	107	134
	RH	0	7	18	83	137
	SJH	0	7	14	25	32
HKWC	QMH	0	9	27	101	166
KCC	KWH	0	7	37	131	136
	QEH	0	8	34	168	200
KEC	TKOH	0	8	25	142	153
	UCH	0	9	28	172	233
KWC	CMC	0	7	23	59	56
	NLTH	0	8	15	31	48
	PMH	0	8	20	101	135
	YCH	0	5	17	120	150
NTEC	AHNH	0	6	17	54	57
	NDH	0	7	25	106	150
	PWH	0	12	41	199	187
NTWC	POH	0	5	19	104	109
	TMH	0	7	26	169	182
	TSWH[Note 1]	0	4	14	56	62
Overall HA		**0**	**8**	**26**	**114**	**127**

2018-19

Cluster	Hospital	Average waiting time (in minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	16	110	138
	RH	0	7	16	81	136
	SJH	0	7	13	25	34
HKWC	QMH	0	9	25	90	149
KCC	KWH	0	7	35	133	131
	QEH	0	8	33	165	193
KEC	TKOH	0	8	23	135	151
	UCH	0	10	30	183	246
KWC	CMC	0	7	19	61	57
	NLTH	0	8	15	36	53
	PMH	0	8	19	119	149
	YCH	0	5	17	109	140
NTEC	AHNH	0	7	26	71	72
	NDH	0	8	25	123	165
	PWH	0	11	45	178	163
NTWC	POH	0	5	17	100	107
	TMH	0	5	24	142	156
	TSWH[Note 1]	0	4	13	70	79
Overall HA		**0**	**8**	**26**	**111**	**125**

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Hospital	Average waiting time (in minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	18	146	172
	RH	0	8	21	113	175
	SJH	0	8	15	25	28
HKWC	QMH	0	9	25	88	148
KCC	KWH	0	8	43	186	188
	QEH	0	7	30	154	182
KEC	TKOH	0	7	24	139	154
	UCH	0	10	34	247	315
KWC	CMC	0	5	20	73	73
	NLTH	0	8	16	49	68
	PMH	0	8	19	117	139
	YCH	0	5	18	105	137
NTEC	AHNH	0	8	25	76	76
	NDH	0	7	25	158	206

Cluster	Hospital	Average waiting time (in minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	PWH	0	11	45	171	158
NTWC	POH	0	5	19	129	145
	TMH	0	5	22	133	141
	TSWH[Note 1]	0	4	13	70	77
Overall HA		**0**	**7**	**26**	**121**	**133**

Figure on the longest waiting time at each A&E department is not readily available.

(b)
The tables below set out the number of attendances at various timeslots in each A&E department in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	16 719	54 864	37 597	4 389	11 138	9 222
	RH	7 186	30 718	21 072	2 106	7 383	5 147
	SJH	1 038	2 716	3 155	318	1 222	970
HKWC	QMH	15 043	50 526	36 247	4 291	10 678	8 721
KCC	KWH	15 404	55 639	37 411	4 044	10 684	8 722
	QEH	21 237	78 564	54 977	5 886	15 444	12 770
KEC	TKOH	14 431	49 761	33 671	3 777	10 205	8 243
	UCH	24 070	68 610	50 057	6 420	14 558	12 223
KWC	CMC	15 931	51 992	40 426	4 233	11 618	10 158
	NLTH	8 208	34 228	30 135	2 236	8 657	7 618
	PMH	16 173	53 252	37 133	4 262	10 485	8 749
	YCH	16 193	52 787	35 112	4 360	11 392	8 547
NTEC	AHNH	14 922	49 161	36 279	3 838	10 940	9 263
	NDH	13 880	40 612	29 475	3 656	8 789	7 414
	PWH	18 045	59 099	40 276	4 645	12 212	9 417
NTWC	POH	15 111	45 959	33 252	3 952	9 350	8 428
	TMH	27 013	71 541	56 413	6 856	14 788	13 497
	TSWH[Note 1]	0	54 885	498	0	12 268	147
Overall HA		**260 604**	**904 914**	**613 186**	**69 269**	**191 811**	**149 256**

2018-19

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	16 505	56 684	37 266	4 055	10 368	8 271
	RH	7 217	31 400	20 621	1 914	6 768	4 681
	SJH	997	2 700	3 101	297	1 035	848

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKWC	QMH	14 492	51 603	36 114	3 821	9 747	8 124
KCC	KWH	14 612	55 099	36 506	3 594	9 487	7 748
	QEH	21 027	78 632	54 700	5 522	14 092	11 542
KEC	TKOH	13 869	49 662	32 931	3 363	9 137	7 313
	UCH	22 854	66 473	48 586	5 643	12 480	10 373
KWC	CMC	15 837	52 216	41 312	3 773	10 673	9 100
	NLTH	8 593	36 274	30 884	2 021	8 047	7 238
	PMH	15 347	51 891	35 825	3 826	9 343	7 466
	YCH	15 509	53 000	34 228	3 807	10 318	7 554
NTEC	AHNH	14 033	46 858	33 520	3 440	9 165	7 778
	NDH	12 987	39 081	28 521	3 202	7 737	6 539
	PWH	17 963	61 249	40 436	4 439	11 099	8 412
NTWC	POH	14 474	45 428	30 800	3 598	8 632	7 161
	TMH	24 263	70 450	49 134	5 874	12 821	10 925
	TSWH[Note 1]	5 171	59 418	26 223	1 259	11 794	5 777
Overall HA		**255 750**	**908 118**	**620 708**	**63 448**	**172 743**	**136 850**

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	12 045	42 138	27 347	3 047	8 146	6 509
	RH	5 123	22 785	14 525	1 435	5 048	3 318
	SJH	674	2 003	2 271	218	843	698
HKWC	QMH	10 978	39 087	27 117	2 938	7 841	6 351
KCC	KWH	10 656	38 983	25 194	2 644	7 060	5 482
	QEH	15 764	58 736	39 555	4 214	11 087	8 558
KEC	TKOH	10 465	38 329	25 155	2 575	7 236	5 703
	UCH	16 596	50 140	35 628	4 337	9 684	7 876
KWC	CMC	12 185	40 095	31 135	3 097	8 690	7 464
	NLTH	6 769	28 561	23 576	1 726	6 666	5 774
	PMH	11 427	39 514	26 383	2 813	7 458	5 971
	YCH	12 169	40 712	26 324	3 007	8 489	5 936
NTEC	AHNH	10 240	35 049	24 924	2 600	7 218	6 003
	NDH	9 715	29 249	20 239	2 424	6 079	4 887
	PWH	14 343	47 636	30 858	3 531	9 197	6 748
NTWC	POH	10 015	33 764	20 759	2 535	6 603	5 115
	TMH	16 459	54 717	35 999	4 171	10 355	8 273
	TSWH[Note 1]	11 894	45 888	31 866	2 895	9 615	7 467
Overall HA		**197 517**	**687 386**	**468 855**	**50 207**	**137 315**	**108 133**

(c)

The table below sets out the number of A&E attendances by age group in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

Age group	2017-18	2018-19	2019-20 (up to 31 December 2019) [Provisional figures]
Age below 6	172 708	152 482	115 849
Age 6 – 17	143 850	133 158	106 678
Age 18 – 64	1 203 403	1 183 448	896 983
Age 65 and above	668 464	688 020	529 460

(d)

In 2019-20, the number of doctors working in the specialty of A&E in HA is 512 and the attrition rate in the A&E specialty is 6.3%, equivalent to 31 full-time doctors. Doctors in A&E departments are generally rostered to work on shift with an average weekly working hour of 44 hours.

The table below sets out the manpower of A&E doctors cluster in past 3 years. Data on their years of service are not readily available.

A&E Specialty		Number of Doctors [Note 2]		
Cluster	**Hospital**	**2017-18** (as at 31 March 2018)	**2018-19** (as at 31 March 2019)	**2019-20** (as at 31 December 2019)
HKEC	PYNEH	34	37	35
	RH	20	18	19
	SJH	6	5	6
HKWC	QMH	29	29	31
KCC	KWH	28	27	25
	QEH	48	47	45
KEC	TKOH	25	22	25
	UCH	41	44	47
KWC	CMC	27	29	28
	NLTH	22	25	28
	PMH	33	34	34
	YCH	27	31	29
NTEC	AHNH	22	24	23
	NDH	20	21	20
	PWH	27	27	30
NTWC	POH	21	22	21
	TMH	40	40	41
	TSWH [Note 1]	17	24	24

The table below sets out the Attrition (Wastage) rate of full-time A&E doctors by cluster in past 3 years.

A&E Specialty		Full-time Attrition (Wastage) [Note 3,4,5] Rate		
Cluster	**Hospital**	**2017-18**	**2018-19**	**2019-20 (Rolling 12 months 1 January 2019 – 31 December 2019)**
HKEC	PYNEH	5.2%	-	2.6%
	RH	-	11.0%	5.7%
	SJH	-	17.6%	-
HKWC	QMH	3.6%	7.1%	3.4%
KCC	KWH	-	3.9%	12.2%
	QEH	2.1%	6.3%	6.6%
KEC	TKOH	12.8%	18.0%	-
	UCH	7.3%	7.0%	4.5%
KWC	CMC	11.6%	11.0%	19.2%
	NLTH	13.5%	-	3.7%
	PMH	-	6.6%	-
	YCH	6.8%	3.4%	14.0%
NTEC	AHNH	4.5%	-	8.5%
	NDH	5.0%	4.9%	5.0%
	PWH	3.9%	3.9%	7.5%
NTWC	POH	-	-	-
	TMH	5.0%	2.5%	5.1%
	TSWH [Note 1]	-	-	12.8%

Note:

1) TSWH has commenced A&E services since March 2017 by phases, initially with eight-hour A&E services daily from 0800hrs – 1600hrs, and extended to 12-hour A&E services daily from 0800hrs – 2000hrs since March 2018. The operating hour of A&E services at TSWH has been further extended to 24-hour since November 2018.

2) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff excluding Interns and Dental Officers.

3) 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.

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

5) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

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

Hospital:
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)364

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4592)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on general outpatient (GOP) services in the past 3 years:

a. the utilisation rates of services, numbers of attendances, daily consultation quotas and daily consultation quotas per doctor in GOP clinics of each hospital cluster; and
b. the number of doctors by rank, their lengths of service, vacancy rates, wastage rates and average weekly working hours in GOP clinics of each hospital cluster.
c. Has funding been set aside in the Estimates for improving the telephone appointment system? If yes, what are the details? If no, what are the reasons?

Asked by: Hon KWOK ka-ki (LegCo internal reference no.: 173)

Reply:

(a)&(b)

Utilisation of the General Out-patient Clinic (GOPC) service of the Hospital Authority (HA) is over 95%.

The table below sets out the number of GOP attendances in the past 3 years:

2017-18	**2018-19**	**2019-20 (Revised Estimate)**
6 081 738	6 059 222	6 179 000

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) working in the Family Medicine specialty in the past 3 years :

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
596	597	613

Note :
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

HA provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, specialist outpatient services, primary care services, etc. The clinical duties of HA doctors are subject to operational needs of individual specialty. Doctors are generally scheduled to work with an average weekly working hour of 44 hours.

The table below sets out the number and years of service of doctors (on headcount basis) working in the Family Medicine specialty in the past 3 years:

Year of Service	**2017-18 (as at 31 March 2018)**	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
<1 Year	24	11	24
1 - <6 Years	175	198	205
6 - <11 Years	115	111	108
11 - <16 Years	194	158	86
16 - <21 Years	79	111	177
21 - <26 Years	34	25	32
26 Years or above	5	12	15
Overall	**626**	**626**	**647**

Note
1. Manpower on headcount basis includes permanent, contract staff in HA's workforce.
2. Doctors exclude Interns and Dental Officers.

The table below sets out the attrition rate of full-time doctors working in the Family Medicine specialty in the past 3 years:

2017-18	2018-19	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)
6.8%	6.6%	6.5%

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 (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%
4. Doctors exclude Interns and Dental Officers.

(c)

Consultation timeslots at GOPCs in the next 24 hours are available for booking through HA's telephone appointment system (TAS) for patients with episodic diseases. Taking into consideration feedback from the public, HA has introduced a number of measures to improve the operation of the TAS over the past few years. Help desks have been set up in GOPCs to assist those who may encounter difficulties in using the TAS. In 2019, the TAS has been further enhanced to connect the patient registration record of the various districts such that patients can make GOPC appointment once they have registered in a GOPC or used hospital or clinic services of HA without the need to register in different districts separately.

HA will continue to keep in view the operation of the TAS, and introduce improvement measures as appropriate. HA is actively developing a mobile application for making GOPC appointments, with a target to launch in 2020-2021 after engaging stakeholders in the development.

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)365

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4593)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the doctors in specialist outpatient clinics (including ear, nose and throat; gynaecology; obstetrics; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery; geriatrics and psychiatry) under the Hospital Authority clusters, please set out their number and ratio to the population of the clusters, their length of service, vacancy rate, wastage rate and average weekly working hours by rank in the past 3 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 174)

Reply:

The Hospital Authority (HA) provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, Accident & Emergency (A&E) services, specialist outpatient services, primary care services etc., and the same applies to the clinical duties of HA doctors which are subject to the operational needs of individual specialties.

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 HA in 2017-18, 2018-19 and 2019-20.

As at 2018-19, the cumulative number of doctor shortfall is around 260 and the attrition rate for full time doctor in 2019-20 is 6.1% (rolling 12 months from 1 January 2019 to 31 December 2019), equivalent to 364 full-time doctors.

Table 1: Manpower of Doctors in HA in 2017-18, 2018-19 and 2019-20

Cluster	Major Specialty	2017-18	2018-19	2019-20 (as at 31 December 2019)
HKEC	Accident & Emergency	60	59	60
	Anaesthesia	34	37	37
	Family Medicine	59	55	57
	Intensive Care Unit	17	19	18
	Medicine	157	160	167

Cluster	Major Specialty	2017-18	2018-19	2019-20 (as at 31 December 2019)
	Neurosurgery	13	12	11
	Obstetrics & Gynaecology	21	23	21
	Ophthalmology	19	19	21
	Orthopaedics & Traumatology	34	33	34
	Paediatrics	29	32	28
	Pathology	18	19	21
	Psychiatry	34	34	38
	Radiology	40	42	44
	Surgery	50	48	52
	Others	28	30	31
	Total	**614**	**622**	**640**
HKWC	Accident & Emergency	29	29	31
	Anaesthesia	71	64	72
	Cardio-thoracic Surgery	12	12	12
	Family Medicine	41	43	43
	Intensive Care Unit	15	13	14
	Medicine	143	149	150
	Neurosurgery	13	13	13
	Obstetrics & Gynaecology	28	28	28
	Ophthalmology	14	12	15
	Orthopaedics & Traumatology	34	33	35
	Paediatrics	49	45	49
	Pathology	31	31	33
	Psychiatry	26	28	30
	Radiology	35	35	39
	Surgery	74	69	73
	Others	29	26	31
	Total	**643**	**630**	**667**
KCC	Accident & Emergency	76	74	70
	Anaesthesia	88	102	98
	Cardio-thoracic Surgery	16	15	15
	Family Medicine	112	110	113
	Intensive Care Unit	23	23	22
	Medicine	276	276	278
	Neurosurgery	35	35	36
	Obstetrics & Gynaecology	53	54	56
	Ophthalmology	34	37	37
	Orthopaedics & Traumatology	61	59	60
	Paediatrics	75	132	140
	Pathology	49	55	58
	Psychiatry	33	35	37
	Radiology	72	71	80
	Surgery	105	106	124
	Others	59	51	50
	Total	**1 167**	**1 235**	**1 275**
KEC	Accident & Emergency	66	66	72
	Anaesthesia	43	46	51
	Family Medicine	93	92	88
	Intensive Care Unit	13	13	13
	Medicine	158	169	170
	Obstetrics & Gynaecology	28	28	27
	Ophthalmology	19	22	21
	Orthopaedics & Traumatology	45	47	52
	Paediatrics	43	38	44
	Pathology	21	21	23
	Psychiatry	35	36	40
	Radiology	29	31	32
	Surgery	66	65	64
	Others	26	24	26
	Total	**684**	**698**	**724**
KWC	Accident & Emergency	110	119	119
	Anaesthesia	60	63	67
	Family Medicine	115	113	120
	Intensive Care Unit	26	27	30
	Medicine	208	217	218

Cluster	Major Specialty	2017-18	2018-19	2019-20 (as at 31 December 2019)
	Neurosurgery	12	12	13
	Obstetrics & Gynaecology	22	23	26
	Ophthalmology	25	24	26
	Orthopaedics & Traumatology	67	67	68
	Paediatrics	56	50	50
	Pathology	43	43	45
	Psychiatry	73	77	76
	Radiology	38	34	36
	Surgery	90	88	95
	Others	41	44	46
	Total	**985**	**1 000**	**1 034**
NTEC	Accident & Emergency	69	72	73
	Anaesthesia	69	67	76
	Cardio-thoracic Surgery	10	13	13
	Family Medicine	94	98	100
	Intensive Care Unit	27	30	30
	Medicine	207	215	225
	Neurosurgery	10	10	13
	Obstetrics & Gynaecology	33	31	34
	Ophthalmology	26	25	25
	Orthopaedics & Traumatology	61	60	70
	Paediatrics	60	56	62
	Pathology	37	39	40
	Psychiatry	64	62	63
	Radiology	42	44	46
	Surgery	95	87	91
	Others	56	55	55
	Total	**960**	**963**	**1 014**
NTWC	Accident & Emergency	79	86	86
	Anaesthesia	54	49	51
	Cardio-thoracic Surgery	2	2	2
	Family Medicine	82	85	91
	Intensive Care Unit	18	18	21
	Medicine	152	156	171
	Neurosurgery	15	13	14
	Obstetrics & Gynaecology	31	33	35
	Ophthalmology	23	24	26
	Orthopaedics & Traumatology	45	43	49
	Paediatrics	41	41	45
	Pathology	25	26	24
	Psychiatry	82	81	84
	Radiology	35	36	39
	Surgery	77	74	74
	Others	33	35	38
	Total	**793**	**802**	**851**

Table 2: Year of Service of Doctors in HA in 2017-18, 2018-19 and 2019-20

Cluster	Major Specialty	2017-18							
		<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	2	20	6	9	8	18	3	**66**
	Anaesthesia	0	13	6	5	4	5	2	**35**
	Family Medicine	2	14	8	17	14	6	1	**62**
	Intensive Care Unit	0	5	3	1	5	1	1	**16**
	Medicine	1	51	29	25	16	30	10	**162**
	Neurosurgery	0	4	3	1	1	3	0	**12**
	Obstetrics & Gynaecology	1	9	6	3	0	1	1	**21**
	Ophthalmology	1	6	5	3	2	3	0	**20**
	Orthopaedics & Traumatology	1	6	10	6	2	9	0	**34**
	Paediatrics	2	12	6	4	0	6	1	**31**
	Pathology	0	5	1	6	2	3	1	**18**
	Psychiatry	3	8	6	4	6	6	4	**37**

Cluster	Major Specialty	2017-18							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Radiology	0	18	10	7	0	2	4	**41**
	Surgery	0	17	13	10	5	6	0	**51**
	Others	1	7	7	6	3	2	2	**28**
	Total	**14**	**195**	**119**	**107**	**68**	**101**	**30**	**634**
HKWC	Accident & Emergency	1	6	6	4	3	5	6	**31**
	Anaesthesia	3	24	16	10	6	12	0	**71**
	Cardio-thoracic Surgery	0	3	1	2	4	2	0	**12**
	Family Medicine	3	8	10	12	8	2	0	**43**
	Intensive Care Unit	0	5	2	3	1	4	0	**15**
	Medicine	1	42	33	26	13	22	8	**145**
	Neurosurgery	0	6	1	4	1	1	0	**13**
	Obstetrics & Gynaecology	1	10	6	9	3	1	1	**31**
	Ophthalmology	1	6	2	2	2	1	1	**15**
	Orthopaedics & Traumatology	0	13	8	2	2	6	3	**34**
	Paediatrics	1	17	9	8	2	12	0	**49**
	Pathology	0	15	3	2	3	7	1	**31**
	Psychiatry	2	13	5	4	2	4	0	**30**
	Radiology	0	15	8	4	1	6	1	**35**
	Surgery	0	25	25	15	4	6	2	**77**
	Others	0	5	5	10	2	4	3	**29**
	Total	**13**	**213**	**140**	**117**	**57**	**95**	**26**	**661**
KCC	Accident & Emergency	3	22	15	11	10	16	2	**79**
	Anaesthesia	1	26	22	16	6	13	5	**89**
	Cardio-thoracic Surgery	0	3	4	0	3	4	2	**16**
	Family Medicine	7	32	24	39	12	8	2	**124**
	Intensive Care Unit	1	8	4	3	3	2	2	**23**
	Medicine	4	83	47	51	34	50	19	**288**
	Neurosurgery	0	12	6	4	4	10	0	**36**
	Obstetrics & Gynaecology	1	20	21	13	0	4	4	**63**
	Ophthalmology	1	15	9	6	2	4	0	**37**
	Orthopaedics & Traumatology	0	26	14	6	5	13	2	**66**
	Paediatrics	1	30	18	13	4	12	7	**85**
	Pathology	3	13	10	9	6	8	1	**50**
	Psychiatry	3	9	12	3	2	6	2	**37**
	Radiology	3	28	20	6	3	9	4	**73**
	Surgery	1	33	36	18	4	12	6	**110**
	Others	1	18	15	10	2	12	4	**62**
	Total	**30**	**378**	**277**	**208**	**100**	**183**	**62**	**1 238**
KEC	Accident & Emergency	3	19	15	5	9	15	3	**69**
	Anaesthesia	1	9	18	5	4	5	1	**43**
	Family Medicine	3	23	22	29	13	3	1	**94**
	Intensive Care Unit	0	3	4	0	1	5	0	**13**
	Medicine	1	53	31	27	18	27	7	**164**
	Obstetrics & Gynaecology	0	10	9	4	2	2	2	**29**
	Ophthalmology	2	9	6	4	1	0	0	**22**
	Orthopaedics & Traumatology	0	14	15	6	5	4	2	**46**
	Paediatrics	1	13	6	8	5	8	3	**44**
	Pathology	2	8	3	1	0	8	1	**23**
	Psychiatry	5	7	9	5	5	4	3	**38**
	Radiology	2	7	10	3	0	6	2	**30**
	Surgery	2	21	22	10	7	4	3	**69**
	Others	0	3	9	5	3	5	2	**27**
	Total	**22**	**199**	**179**	**112**	**73**	**96**	**30**	**711**
KWC	Accident & Emergency	5	33	13	18	10	28	8	**115**
	Anaesthesia	1	12	10	13	10	12	2	**60**
	Family Medicine	0	42	23	38	11	5	0	**119**
	Intensive Care Unit	1	8	5	4	2	5	1	**26**
	Medicine	6	66	42	32	12	56	8	**222**
	Neurosurgery	0	5	2	1	2	2	0	**12**
	Obstetrics & Gynaecology	0	3	8	5	3	4	0	**23**
	Ophthalmology	3	9	7	4	1	3	0	**27**
	Orthopaedics & Traumatology	2	19	15	7	4	17	4	**68**
	Paediatrics	1	17	14	5	3	15	6	**61**
	Pathology	1	13	6	8	3	10	3	**44**

Cluster	Major Specialty	2017-18							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Psychiatry	3	22	19	12	4	14	3	**77**
	Radiology	0	10	14	7	0	7	3	**41**
	Surgery	0	32	22	10	9	16	2	**91**
	Others	1	14	12	6	2	7	1	**43**
	Total	**24**	**305**	**212**	**170**	**76**	**201**	**41**	**1 029**
NTEC	Accident & Emergency	1	15	13	6	6	27	5	**73**
	Anaesthesia	0	22	22	12	6	6	2	**70**
	Cardio-thoracic Surgery	0	5	3	0	1	1	0	**10**
	Family Medicine	7	27	15	37	9	4	0	**99**
	Intensive Care Unit	0	10	3	6	3	4	1	**27**
	Medicine	5	72	46	37	11	40	5	**216**
	Neurosurgery	0	5	2	0	2	1	0	**10**
	Obstetrics & Gynaecology	0	15	9	4	3	3	1	**35**
	Ophthalmology	2	11	9	4	2	3	0	**31**
	Orthopaedics & Traumatology	1	24	9	9	5	13	2	**63**
	Paediatrics	3	22	14	3	6	15	1	**64**
	Pathology	1	14	5	3	5	9	0	**37**
	Psychiatry	3	21	13	9	10	9	0	**65**
	Radiology	0	12	8	7	4	9	2	**42**
	Surgery	2	31	24	17	9	8	6	**97**
	Others	0	8	15	11	8	12	2	**56**
	Total	**25**	**314**	**210**	**165**	**90**	**164**	**27**	**995**
NTWC	Accident & Emergency	3	27	11	13	9	16	2	**81**
	Anaesthesia	1	22	14	10	3	3	3	**56**
	Cardio-thoracic Surgery	0	0	0	0	1	1	0	**2**
	Family Medicine	2	29	13	22	12	6	1	**85**
	Intensive Care Unit	0	6	7	2	1	2	0	**18**
	Medicine	3	54	33	26	6	28	6	**156**
	Neurosurgery	0	5	4	1	3	2	0	**15**
	Obstetrics & Gynaecology	2	14	9	2	1	3	2	**33**
	Ophthalmology	0	8	5	2	1	5	2	**23**
	Orthopaedics & Traumatology	0	13	9	5	3	11	4	**45**
	Paediatrics	1	21	6	4	1	8	1	**42**
	Pathology	2	11	3	6	2	2	1	**27**
	Psychiatry	0	21	25	10	7	17	3	**83**
	Radiology	1	17	10	2	2	2	3	**37**
	Surgery	2	30	17	11	7	9	4	**80**
	Others	1	8	10	4	4	6	1	**34**
	Total	**18**	**286**	**176**	**120**	**63**	**121**	**33**	**817**

Cluster	Major Specialty	2018-19							
		<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	16	7	10	7	18	5	**63**
	Anaesthesia	3	13	8	6	3	2	3	**38**
	Family Medicine	3	15	5	18	11	4	3	**59**
	Intensive Care Unit	0	7	3	2	5	0	1	**18**
	Medicine	2	52	30	24	12	30	15	**165**
	Neurosurgery	0	4	3	2	0	3	1	**13**
	Obstetrics & Gynaecology	0	12	6	3	0	1	1	**23**
	Ophthalmology	2	5	7	2	1	4	0	**21**
	Orthopaedics & Traumatology	0	9	6	8	0	7	3	**33**
	Paediatrics	1	15	7	2	3	5	1	**34**
	Pathology	0	6	1	6	2	2	2	**19**
	Psychiatry	2	12	5	4	5	7	3	**38**
	Radiology	1	18	11	8	0	1	3	**42**
	Surgery	0	16	11	13	3	4	2	**49**
	Others	1	10	7	5	3	2	2	**30**
	Total	**15**	**210**	**117**	**113**	**55**	**90**	**45**	**645**
HKWC	Accident & Emergency	3	8	4	4	4	3	6	**32**
	Anaesthesia	4	23	10	9	7	11	2	**66**
	Cardio-thoracic Surgery	1	4	0	3	4	1	0	**13**
	Family Medicine	1	13	6	8	16	2	0	**46**
	Intensive Care Unit	0	4	2	3	1	3	0	**13**

Cluster	Major Specialty	2018-19							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Medicine	4	42	31	32	9	22	12	**152**
	Neurosurgery	1	4	2	4	1	1	0	**13**
	Obstetrics & Gynaecology	0	10	7	9	3	0	2	**31**
	Ophthalmology	0	7	0	1	2	1	1	**12**
	Orthopaedics & Traumatology	0	12	9	2	2	4	4	**33**
	Paediatrics	0	21	7	6	2	8	1	**45**
	Pathology	1	16	3	2	2	6	1	**31**
	Psychiatry	2	11	5	5	2	3	1	**29**
	Radiology	0	13	10	5	0	5	2	**35**
	Surgery	1	20	22	16	5	5	2	**71**
	Others	2	8	4	7	2	1	3	**27**
	Total	**20**	**216**	**122**	**116**	**62**	**76**	**37**	**649**
KCC	Accident & Emergency	1	22	13	14	5	16	4	**75**
	Anaesthesia	0	39	22	16	8	12	6	**103**
	Cardio-thoracic Surgery	1	4	3	0	2	3	2	**15**
	Family Medicine	3	36	22	35	15	5	4	**120**
	Intensive Care Unit	1	7	3	4	3	2	3	**23**
	Medicine	6	78	48	48	35	43	32	**290**
	Neurosurgery	2	12	8	3	3	8	1	**37**
	Obstetrics & Gynaecology	2	26	12	16	2	2	4	**64**
	Ophthalmology	1	17	11	5	1	5	0	**40**
	Orthopaedics & Traumatology	1	21	16	6	5	10	5	**64**
	Paediatrics	7	45	32	24	7	14	13	**142**
	Pathology	2	16	10	14	6	7	2	**57**
	Psychiatry	0	15	10	3	1	5	3	**37**
	Radiology	7	29	18	9	2	9	3	**77**
	Surgery	1	32	36	20	4	8	10	**111**
	Others	0	17	12	7	4	5	8	**53**
	Total	**35**	**416**	**276**	**224**	**103**	**154**	**100**	**1 308**
KEC	Accident & Emergency	2	20	16	6	9	10	6	**69**
	Anaesthesia	1	15	14	7	4	4	2	**47**
	Family Medicine	0	25	22	26	17	3	1	**94**
	Intensive Care Unit	0	2	5	0	1	4	1	**13**
	Medicine	5	59	32	25	21	23	13	**178**
	Obstetrics & Gynaecology	0	9	7	7	2	2	2	**29**
	Ophthalmology	2	8	10	3	0	2	0	**25**
	Orthopaedics & Traumatology	1	21	10	7	4	3	2	**48**
	Paediatrics	1	10	10	5	4	5	4	**39**
	Pathology	0	10	2	2	1	8	1	**24**
	Psychiatry	2	13	7	7	4	1	4	**38**
	Radiology	2	5	13	4	0	5	3	**32**
	Surgery	1	22	22	12	5	3	3	**68**
	Others	2	4	6	4	2	5	4	**27**
	Total	**19**	**223**	**176**	**115**	**74**	**78**	**46**	**731**
KWC	Accident & Emergency	2	37	16	19	10	25	14	**123**
	Anaesthesia	0	15	8	16	11	11	2	**63**
	Family Medicine	2	41	25	27	16	4	1	**116**
	Intensive Care Unit	0	11	5	3	4	2	2	**27**
	Medicine	5	74	44	32	15	44	18	**232**
	Neurosurgery	1	5	2	1	2	0	1	**12**
	Obstetrics & Gynaecology	0	8	6	5	2	2	1	**24**
	Ophthalmology	0	13	6	4	3	1	0	**27**
	Orthopaedics & Traumatology	3	21	14	8	3	13	6	**68**
	Paediatrics	0	16	11	6	3	8	10	**54**
	Pathology	0	16	6	6	3	8	4	**43**
	Psychiatry	1	24	18	12	8	11	6	**80**
	Radiology	0	9	13	6	0	4	5	**37**
	Surgery	1	32	23	9	9	13	3	**90**
	Others	0	15	12	7	3	6	3	**46**
	Total	**15**	**337**	**209**	**161**	**92**	**152**	**76**	**1 042**
NTEC	Accident & Emergency	1	18	12	6	6	25	7	**75**
	Anaesthesia	1	22	18	15	5	6	1	**68**
	Cardio-thoracic Surgery	1	6	3	1	1	1	0	**13**
	Family Medicine	0	35	17	25	21	3	1	**102**
	Intensive Care Unit	1	12	3	7	1	4	1	**29**

Cluster	Major Specialty	2018-19							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Medicine	7	83	45	36	11	34	9	**225**
	Neurosurgery	0	4	4	0	1	1	0	**10**
	Obstetrics & Gynaecology	1	16	8	4	2	3	0	**34**
	Ophthalmology	0	12	5	5	1	3	0	**26**
	Orthopaedics & Traumatology	4	24	13	5	3	13	1	**63**
	Paediatrics	1	26	10	6	4	12	1	**60**
	Pathology	1	17	4	4	3	8	2	**39**
	Psychiatry	2	20	15	10	9	8	0	**64**
	Radiology	1	14	8	5	5	8	3	**44**
	Surgery	1	33	23	14	7	5	7	**90**
	Others	2	13	10	11	9	8	3	**56**
	Total	**24**	**355**	**198**	**154**	**89**	**142**	**36**	**998**
NTWC	Accident & Emergency	2	32	10	17	7	12	8	**88**
	Anaesthesia	0	18	16	7	4	3	3	**51**
	Cardio-thoracic Surgery	0	0	0	0	1	1	0	**2**
	Family Medicine	2	33	14	19	15	4	2	**89**
	Intensive Care Unit	0	8	4	2	2	2	0	**18**
	Medicine	2	55	42	21	9	21	13	**163**
	Neurosurgery	1	4	4	1	2	1	1	**14**
	Obstetrics & Gynaecology	0	18	7	4	1	2	3	**35**
	Ophthalmology	4	8	5	2	1	4	3	**27**
	Orthopaedics & Traumatology	2	15	11	4	1	4	7	**44**
	Paediatrics	0	23	5	4	1	7	2	**42**
	Pathology	1	13	4	5	2	2	1	**28**
	Psychiatry	2	20	19	13	9	13	7	**83**
	Radiology	0	16	11	3	2	2	3	**37**
	Surgery	1	28	21	8	6	8	6	**78**
	Others	0	12	8	7	2	4	3	**36**
	Total	**17**	**303**	**181**	**117**	**65**	**90**	**62**	**835**

Cluster	Major Specialty	2019-20 (as at 31 December 2019)							
		<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	2	13	9	6	9	15	9	**63**
	Anaesthesia	2	13	9	4	3	3	4	**38**
	Family Medicine	3	18	5	10	17	4	4	**61**
	Intensive Care Unit	0	7	2	2	4	1	1	**17**
	Medicine	3	54	36	22	10	28	19	**172**
	Neurosurgery	1	4	2	2	0	2	1	**12**
	Obstetrics & Gynaecology	0	10	6	3	1	1	1	**22**
	Ophthalmology	1	8	6	3	1	2	1	**22**
	Orthopaedics & Traumatology	0	11	5	8	0	6	4	**34**
	Paediatrics	1	11	5	4	3	3	3	**30**
	Pathology	0	7	2	6	2	1	3	**21**
	Psychiatry	4	16	4	4	5	7	3	**43**
	Radiology	1	18	12	9	0	1	3	**44**
	Surgery	0	16	11	16	4	4	2	**53**
	Others	1	13	6	5	2	3	2	**32**
	Total	**19**	**219**	**120**	**104**	**61**	**81**	**60**	**664**
HKWC	Accident & Emergency	0	13	1	6	4	3	6	**33**
	Anaesthesia	3	28	13	8	8	10	4	**74**
	Cardio-thoracic Surgery	0	4	2	2	4	1	0	**13**
	Family Medicine	1	11	5	9	17	3	0	**46**
	Intensive Care Unit	1	3	3	3	1	3	0	**14**
	Medicine	1	45	34	27	13	16	17	**153**
	Neurosurgery	0	6	1	4	0	2	0	**13**
	Obstetrics & Gynaecology	1	11	3	12	3	0	1	**31**
	Ophthalmology	0	8	2	1	1	2	1	**15**
	Orthopaedics & Traumatology	1	11	8	5	2	4	4	**35**
	Paediatrics	4	22	7	3	5	6	3	**50**
	Pathology	2	16	4	3	1	5	2	**33**
	Psychiatry	2	13	6	5	1	4	1	**32**
	Radiology	2	13	13	3	1	5	2	**39**

Cluster	Major Specialty	2019-20 (as at 31 December 2019)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Surgery	1	23	23	16	4	6	1	**74**
	Others	3	13	4	7	2	1	3	**33**
	Total	**22**	**240**	**129**	**114**	**67**	**71**	**45**	**688**
KCC	Accident & Emergency	4	19	13	9	8	14	6	**73**
	Anaesthesia	0	41	20	13	9	9	7	**99**
	Cardio-thoracic Surgery	0	3	4	3	2	3	0	**15**
	Family Medicine	7	37	23	18	28	7	5	**125**
	Intensive Care Unit	0	6	4	4	3	2	3	**22**
	Medicine	6	78	54	38	44	32	41	**293**
	Neurosurgery	2	13	7	6	2	6	2	**38**
	Obstetrics & Gynaecology	2	32	9	16	3	2	3	**67**
	Ophthalmology	2	15	10	8	0	6	0	**41**
	Orthopaedics & Traumatology	3	19	17	7	5	10	5	**66**
	Paediatrics	7	46	37	23	10	11	15	**149**
	Pathology	2	19	10	13	7	8	1	**60**
	Psychiatry	2	13	8	7	0	4	6	**40**
	Radiology	6	36	17	14	1	9	3	**86**
	Surgery	1	41	34	28	7	7	11	**129**
	Others	0	14	12	8	4	4	9	**51**
	Total	**44**	**432**	**279**	**215**	**133**	**134**	**117**	**1 354**
KEC	Accident & Emergency	3	24	16	6	9	11	6	**75**
	Anaesthesia	2	16	10	13	5	3	3	**52**
	Family Medicine	3	24	16	15	29	3	1	**91**
	Intensive Care Unit	0	2	4	1	1	3	2	**13**
	Medicine	14	57	32	21	26	19	16	**185**
	Obstetrics & Gynaecology	0	8	5	9	2	2	2	**28**
	Ophthalmology	0	9	10	3	0	0	1	**23**
	Orthopaedics & Traumatology	1	25	10	9	2	4	2	**53**
	Paediatrics	4	11	14	5	3	4	5	**46**
	Pathology	1	12	1	2	2	6	2	**26**
	Psychiatry	2	16	7	7	3	3	4	**42**
	Radiology	0	8	12	4	1	4	4	**33**
	Surgery	1	22	16	17	2	4	3	**65**
	Others	0	9	4	6	2	4	4	**29**
	Total	**31**	**243**	**157**	**118**	**87**	**70**	**55**	**761**
KWC	Accident & Emergency	9	33	12	19	12	24	15	**124**
	Anaesthesia	2	17	6	16	10	14	2	**67**
	Family Medicine	2	47	27	14	27	5	1	**123**
	Intensive Care Unit	1	10	8	2	4	2	3	**30**
	Medicine	2	77	43	31	18	32	29	**232**
	Neurosurgery	0	7	2	1	1	1	1	**13**
	Obstetrics & Gynaecology	0	11	6	5	2	1	2	**27**
	Ophthalmology	1	13	6	5	3	0	1	**29**
	Orthopaedics & Traumatology	0	24	18	6	3	11	7	**69**
	Paediatrics	1	17	11	5	3	8	10	**55**
	Pathology	0	15	7	8	3	7	5	**45**
	Psychiatry	3	23	20	14	5	10	6	**81**
	Radiology	0	9	15	6	0	4	4	**38**
	Surgery	1	35	23	13	6	14	4	**96**
	Others	2	15	10	9	2	7	3	**48**
	Total	**24**	**353**	**214**	**154**	**99**	**140**	**93**	**1 077**
NTEC	Accident & Emergency	4	18	9	9	6	21	10	**77**
	Anaesthesia	1	27	20	18	3	7	1	**77**
	Cardio-thoracic Surgery	0	7	2	2	1	1	0	**13**
	Family Medicine	5	33	18	7	36	4	2	**105**
	Intensive Care Unit	2	11	4	5	2	4	1	**29**
	Medicine	8	86	48	35	15	29	15	**236**
	Neurosurgery	1	5	4	1	1	1	0	**13**
	Obstetrics & Gynaecology	2	16	10	4	1	4	0	**37**
	Ophthalmology	2	16	3	3	0	3	0	**27**
	Orthopaedics & Traumatology	4	33	10	8	4	11	2	**72**
	Paediatrics	3	27	13	6	3	9	5	**66**
	Pathology	1	14	7	5	3	8	2	**40**
	Psychiatry	1	25	11	10	9	8	1	**65**
	Radiology	1	16	8	6	4	7	4	**46**

Cluster	Major Specialty	2019-20 (as at 31 December 2019)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
	Surgery	0	42	18	14	7	3	9	**93**
	Others	2	15	10	10	9	6	4	**56**
	Total	**37**	**391**	**195**	**143**	**104**	**126**	**56**	**1 052**
NTWC	Accident & Emergency	3	33	12	14	5	15	7	**89**
	Anaesthesia	2	20	17	5	3	4	3	**54**
	Cardio-thoracic Surgery	0	0	0	0	1	1	0	**2**
	Family Medicine	3	35	14	13	23	6	2	**96**
	Intensive Care Unit	0	10	5	2	2	1	1	**21**
	Medicine	2	58	50	18	14	21	15	**178**
	Neurosurgery	0	6	3	2	2	1	1	**15**
	Obstetrics & Gynaecology	1	19	6	4	3	2	3	**38**
	Ophthalmology	2	11	7	1	0	4	4	**29**
	Orthopaedics & Traumatology	5	21	12	5	0	4	6	**53**
	Paediatrics	0	26	5	5	1	5	4	**46**
	Pathology	1	12	6	3	2	2	0	**26**
	Psychiatry	1	25	16	14	9	10	10	**85**
	Radiology	2	17	10	4	2	3	2	**40**
	Surgery	2	29	20	9	7	7	6	**80**
	Others	0	13	9	8	2	3	4	**39**
	Total	**24**	**335**	**192**	**107**	**76**	**89**	**68**	**891**

Table 3: Attrition Rate of Full-time Doctors in HA in 2017-18, 2018-19 and 2019-20

Cluster	Major Specialty	Full-time Attrition Rate		
		2017-18	2018-19	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)
HKEC	Accident & Emergency	3.2%	4.8%	3.3%
	Anaesthesia	6.1%	17.3%	2.7%
	Family Medicine	3.6%	5.6%	5.6%
	Intensive Care Unit	-	-	-
	Medicine	6.5%	3.8%	3.8%
	Neurosurgery	-	-	16.3%
	Obstetrics & Gynaecology	5.7%	9.9%	9.7%
	Ophthalmology	5.2%	16.3%	10.6%
	Orthopaedics & Traumatology	3.1%	2.9%	8.9%
	Paediatrics	10.5%	3.3%	6.9%
	Pathology	11.1%	-	-
	Psychiatry	6.2%	6.1%	5.9%
	Radiology	5.0%	4.9%	7.1%
	Surgery	3.9%	7.8%	2.0%
	Others	7.1%	9.9%	6.6%
	Total	**5.3%**	**5.9%**	**5.0%**
HKWC	Accident & Emergency	3.6%	7.1%	3.4%
	Anaesthesia	12.8%	10.5%	10.4%
	Cardio-thoracic Surgery	-	8.2%	-
	Family Medicine	9.7%	12.6%	9.9%
	Intensive Care Unit	7.0%	13.4%	15.2%
	Medicine	3.5%	2.0%	4.0%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	7.5%	3.6%	3.6%
	Ophthalmology	6.8%	14.5%	7.3%
	Orthopaedics & Traumatology	3.0%	9.0%	2.9%
	Paediatrics	5.7%	7.9%	4.3%
	Pathology	3.3%	6.3%	6.3%
	Psychiatry	11.7%	-	-
	Radiology	13.8%	8.8%	5.4%
	Surgery	9.3%	6.9%	4.2%
	Others	6.6%	25.5%	11.1%
	Total	**7.0%**	**7.3%**	**5.5%**
KCC	Accident & Emergency	1.4%	5.5%	8.6%
	Anaesthesia	2.3%	5.3%	10.1%

Cluster	Major Specialty	Full-time Attrition Rate		
		2017-18	2018-19	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)
	Cardio-thoracic Surgery	-	20.0%	14.3%
	Family Medicine	7.7%	6.7%	7.6%
	Intensive Care Unit	4.5%	-	9.0%
	Medicine	4.0%	5.1%	8.0%
	Neurosurgery	-	8.5%	14.4%
	Obstetrics & Gynaecology	12.1%	9.8%	11.9%
	Ophthalmology	11.2%	2.9%	8.3%
	Orthopaedics & Traumatology	5.3%	3.5%	5.2%
	Paediatrics	4.1%	5.2%	8.5%
	Pathology	4.4%	1.9%	5.4%
	Psychiatry	16.3%	3.0%	5.9%
	Radiology	10.2%	12.9%	8.5%
	Surgery	4.8%	3.8%	3.6%
	Others	-	8.3%	2.0%
	Total	**5.2%**	**5.8%**	**7.7%**
KEC	Accident & Emergency	9.3%	10.7%	3.0%
	Anaesthesia	14.2%	8.8%	2.1%
	Family Medicine	3.4%	4.4%	12.4%
	Intensive Care Unit	-	-	-
	Medicine	5.1%	3.7%	4.8%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	3.5%	3.6%	3.6%
	Ophthalmology	10.3%	9.7%	9.6%
	Orthopaedics & Traumatology	9.1%	11.0%	8.1%
	Paediatrics	2.4%	9.9%	9.9%
	Pathology	15.1%	15.9%	9.9%
	Psychiatry	11.3%	14.8%	8.1%
	Radiology	17.2%	3.4%	3.2%
	Surgery	4.7%	12.2%	12.3%
	Others	-	12.6%	8.0%
	Total	**6.8%**	**7.7%**	**7.0%**
KWC	Accident & Emergency	7.4%	5.4%	8.8%
	Anaesthesia	10.2%	8.3%	1.6%
	Family Medicine	6.0%	9.9%	4.4%
	Intensive Care Unit	3.7%	3.6%	-
	Medicine	4.0%	3.4%	4.3%
	Neurosurgery	8.3%	17.0%	-
	Obstetrics & Gynaecology	13.4%	13.1%	4.2%
	Ophthalmology	21.2%	4.3%	-
	Orthopaedics & Traumatology	1.6%	6.1%	9.1%
	Paediatrics	1.8%	1.9%	2.1%
	Pathology	7.1%	-	2.3%
	Psychiatry	5.5%	1.4%	9.6%
	Radiology	13.2%	8.4%	11.8%
	Surgery	4.5%	5.5%	6.9%
	Others	5.0%	2.4%	4.6%
	Total	**6.1%**	**5.2%**	**5.4%**
NTEC	Accident & Emergency	4.4%	2.9%	7.1%
	Anaesthesia	4.3%	10.4%	5.8%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	7.8%	3.2%	5.2%
	Intensive Care Unit	7.2%	3.5%	6.8%
	Medicine	6.4%	5.2%	2.3%
	Neurosurgery	-	10.5%	10.1%
	Obstetrics & Gynaecology	3.1%	9.5%	6.4%
	Ophthalmology	11.8%	11.9%	21.7%
	Orthopaedics & Traumatology	7.9%	18.0%	9.4%
	Paediatrics	6.6%	6.8%	1.7%
	Pathology	2.7%	-	5.1%
	Psychiatry	7.7%	7.9%	14.7%
	Radiology	2.4%	7.1%	6.8%
	Surgery	3.2%	12.5%	5.7%
	Others	3.6%	9.0%	11.1%

Cluster	Major Specialty	Full-time Attrition Rate		
		2017-18	2018-19	2019-20 (Rolling 12 months from 1 January 2019 to 31 December 2019)
	Total	**5.6%**	**7.3%**	**6.3%**
NTWC	Accident & Emergency	2.6%	1.2%	6.0%
	Anaesthesia	1.9%	4.1%	2.0%
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	9.9%	6.0%	2.3%
	Intensive Care Unit	-	-	-
	Medicine	5.9%	4.5%	3.1%
	Neurosurgery	-	13.7%	7.3%
	Obstetrics & Gynaecology	17.1%	6.5%	3.1%
	Ophthalmology	4.5%	8.6%	13.0%
	Orthopaedics & Traumatology	8.1%	19.6%	10.9%
	Paediatrics	-	5.0%	-
	Pathology	4.1%	-	19.7%
	Psychiatry	2.4%	4.9%	2.5%
	Radiology	11.5%	8.5%	13.8%
	Surgery	4.2%	6.9%	2.8%
	Others	9.0%	11.6%	5.5%
	Total	**5.5%**	**6.1%**	**4.8%**

Table 4 below sets out the average weekly working hours of doctors by specialty according to the surveys conducted in 2017-18 and 2018-19. 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 from July to December. On the other hand, full-scale monitoring for all specialties has been conducted from July to December every alternate year starting from 2011. Thus, the average weekly working hours of doctors in 2018-19 are not available for all specialties. The average weekly working hours of doctors in 2019-20 are being collected and are not available at present.

Table 4: Average Weekly Working Hours of Doctors in 2017-18 and 2018-19

Cluster	Specialty	2017-18	2018-19
HKEC	Accident & Emergency	42.4	N/A
	Anaesthesia	47.6	N/A
	Family Medicine	41.9	N/A
	Intensive Care Unit	55.8	53.5
	Medicine	55.3	55.6
	Neurosurgery	53.7	53.1
	Obstetrics & Gynaecology	60.0	59.6
	Ophthalmology	44.5	43.9
	Orthopaedics & Traumatology	51.9	51.1
	Paediatrics	57.5	57.4
	Pathology	42.0	N/A
	Psychiatry	45.9	N/A
	Radiology	45.1	N/A
	Surgery	58.0	57.8
	Total	**50.7**	**55.0**
HKWC	Accident & Emergency	40.1	N/A
	Anaesthesia	52.4	N/A
	Cardio-thoracic Surgery	60.6	55.6
	Family Medicine	42.0	N/A
	Intensive Care Unit	48.8	48.6
	Medicine	51.3	50.8
	Neurosurgery	51.4	51.6
	Obstetrics & Gynaecology	55.1	55.6
	Ophthalmology	52.3	52.2
	Orthopaedics & Traumatology	55.1	51.7
	Paediatrics	56.0	55.0

Cluster	Specialty	2017-18	2018-19
	Pathology	49.0	N/A
	Psychiatry	46.6	N/A
	Radiology	46.3	N/A
	Surgery	55.8	56.0
	Total	**51.2**	**52.7**
KCC	Accident & Emergency	40.1	N/A
	Anaesthesia	49.5	N/A
	Cardio-thoracic Surgery	50.4	51.0
	Family Medicine	41.0	N/A
	Intensive Care Unit	50.5	51.7
	Medicine	51.9	51.8
	Neurosurgery	58.8	57.9
	Obstetrics & Gynaecology	55.3	56.7
	Ophthalmology	51.0	49.1
	Orthopaedics & Traumatology	56.0	55.2
	Paediatrics	54.4	53.9
	Pathology	43.6	N/A
	Psychiatry	46.4	N/A
	Radiology	45.1	N/A
	Surgery	56.2	55.6
	Total	**50.0**	**53.3**
KEC	Accident & Emergency	43.0	N/A
	Anaesthesia	47.0	N/A
	Family Medicine	41.8	N/A
	Intensive Care Unit	48.8	45.0
	Medicine	47.9	47.7
	Obstetrics & Gynaecology	59.5	58.6
	Ophthalmology	46.2	46.8
	Orthopaedics & Traumatology	56.1	56.1
	Paediatrics	54.3	53.6
	Pathology	43.7	N/A
	Psychiatry	46.6	N/A
	Radiology	47.7	N/A
	Surgery	54.7	55.0
	Total	**48.7**	**51.3**
KWC	Accident & Emergency	40.2	N/A
	Anaesthesia	46.2	N/A
	Family Medicine	43.4	N/A
	Intensive Care Unit	47.9	49.4
	Medicine	47.7	47.3
	Neurosurgery	53.8	54.1
	Obstetrics & Gynaecology	56.6	58.2
	Ophthalmology	46.2	46.2
	Orthopaedics & Traumatology	52.9	52.1
	Paediatrics	52.7	52.2
	Pathology	43.2	N/A
	Psychiatry	45.0	N/A
	Radiology	44.5	N/A
	Surgery	52.0	51.4
	Total	**47.4**	**50.0**
NTEC	Accident & Emergency	42.9	N/A
	Anaesthesia	50.9	N/A
	Cardio-thoracic Surgery	65.5	63.1
	Family Medicine	41.9	N/A
	Intensive Care Unit	48.7	47.4
	Medicine	51.8	51.6
	Neurosurgery	71.3	65.5
	Obstetrics & Gynaecology	58.3	58.3
	Ophthalmology	53.2	52.2
	Orthopaedics & Traumatology	60.6	60.6
	Paediatrics	53.7	52.8

Cluster	Specialty	2017-18	2018-19
	Pathology	43.3	N/A
	Psychiatry	46.1	N/A
	Radiology	46.7	N/A
	Surgery	59.2	60.1
	Total	**51.5**	**55.4**
NTWC	Accident & Emergency	41.5	N/A
	Anaesthesia	52.2	N/A
	Family Medicine	41.9	N/A
	Intensive Care Unit	56.2	56.9
	Medicine	46.7	44.5
	Neurosurgery	57.0	55.9
	Obstetrics & Gynaecology	55.1	55.4
	Ophthalmology	49.0	47.8
	Orthopaedics & Traumatology	57.7	56.9
	Paediatrics	54.2	51.3
	Pathology	42.1	N/A
	Psychiatry	43.8	N/A
	Radiology	47.3	N/A
	Surgery	54.0	53.9
	Total	**48.5**	**50.5**

Note:

1. The manpower figures are calculated on full-time equivalent including permanent, contract and temporary staff, but excluding Interns and Dental Officers. Individual figures may not add up to the total due to rounding.

2. Manpower on headcount basis includes permanent, contract, temporary staff excluding Interns and Dental Officers.

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

4. 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

5. Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%.

6. 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.

7. The average weekly working hours of doctors are quoted according to the surveys conducted in 2017-18 and 2018-19. 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 from July to December. On the other hand, full-scale monitoring for all specialties has been conducted from July

to December every alternate year starting from 2011. Therefore, cluster total on average weekly working hours cannot be compared directly for all specialties in 2017-18 and 10 specialties in 2018-19.

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. 4594)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding 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; geriatrics and psychiatry), what are the numbers of new cases triaged respectively as first priority, second priority and routine cases in the past 3 years and their respective percentages? Among the above cases of different priorities, what are the respective lower quartile, median and longest waiting times for consultation appointments at the HA hospitals?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 175)

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 (stable) cases in the Hospital Authority (HA); their respective percentages in the total number of SOP new cases; and their respective lower quartile (25^{th} percentile), median (50^{th} percentile), and longest (90^{th} percentile) waiting time in each hospital cluster of HA for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

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	704	7%	<1	<1	<1	2 762	28%	1	4	7	6 411	65%	10	30	50
	MED	1 783	13%	<1	1	2	4 045	29%	3	5	7	8 249	59%	15	25	91
	GYN	764	14%	<1	<1	1	1 029	18%	2	3	7	3 792	68%	18	43	74
	OPH	5 880	40%	<1	<1	1	2 042	14%	4	7	8	6 951	47%	12	36	61
	ORT	1 428	14%	<1	1	1	1 810	17%	3	5	7	7 259	69%	17	69	94
	PAE	135	11%	<1	1	2	898	71%	4	5	7	228	18%	8	10	19
	PSY	355	10%	<1	1	2	845	24%	2	3	6	2 260	65%	12	24	45
	SUR	1 253	8%	<1	1	2	3 984	27%	4	7	8	9 647	65%	19	54	81
HKWC	ENT	615	7%	<1	<1	1	2 058	25%	4	6	7	5 670	68%	<1	26	54
	MED	1 894	14%	<1	<1	1	1 671	12%	2	4	7	10 065	74%	14	36	96
	GYN	1 666	22%	<1	<1	1	903	12%	3	5	8	4 938	66%	8	40	82
	OPH	3 588	38%	<1	<1	2	1 638	17%	4	6	8	4 189	44%	42	46	51
	ORT	987	10%	<1	<1	1	1 477	15%	3	4	7	7 593	75%	11	21	86
	PAE	348	15%	<1	<1	1	647	28%	1	3	7	1 337	57%	8	11	16
	PSY	365	10%	<1	1	2	884	24%	2	3	7	2 452	66%	23	63	118
	SUR	2 227	15%	<1	<1	1	2 902	19%	4	6	7	10 181	66%	8	20	78
KCC	ENT	1 788	10%	<1	<1	1	1 917	11%	3	5	7	14 164	79%	18	40	73
	MED	1 742	7%	<1	1	1	3 158	13%	4	5	7	19 312	79%	32	80	105
	GYN	1 055	9%	<1	<1	1	3 608	30%	4	5	7	7 433	61%	13	27	51
	OPH	8 849	33%	<1	<1	1	5 725	21%	1	3	6	12 419	46%	69	92	97
	ORT	2 093	12%	<1	1	1	2 333	14%	3	4	7	12 335	74%	21	54	144
	PAE	1 034	23%	<1	<1	1	691	16%	2	3	5	2 714	61%	9	11	22
	PSY	129	5%	<1	1	1	939	36%	2	5	7	1 532	59%	16	25	81
	SUR	3 477	10%	<1	1	2	5 963	18%	3	5	7	24 265	72%	19	50	64
KEC	ENT	1 813	16%	<1	<1	1	2 961	27%	2	4	7	6 381	57%	23	73	79
	MED	1 865	8%	<1	1	2	5 016	23%	4	6	8	15 333	69%	21	87	104
	GYN	1 477	17%	<1	1	1	840	10%	3	5	7	6 378	73%	14	57	68
	OPH	5 722	33%	<1	<1	1	286	2%	3	5	7	11 546	66%	11	13	158
	ORT	3 642	22%	<1	1	1	3 941	24%	5	7	8	9 105	55%	21	108	117
	PAE	1 264	28%	<1	<1	1	795	18%	2	4	7	2 410	54%	9	11	30
	PSY	254	3%	<1	<1	2	1 655	22%	2	3	7	5 369	72%	4	20	117
	SUR	2 211	8%	<1	1	1	6 866	26%	6	7	8	17 130	65%	14	23	91

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	3 263	20%	<1	<1	1	3 193	19%	4	5	8	9 921	61%	16	60	70
	MED	2 229	11%	<1	1	2	5 646	27%	4	6	8	12 044	57%	24	60	87
	GYN	284	3%	<1	<1	1	1 307	15%	4	6	7	6 916	80%	20	53	69
	OPH	6 114	29%	<1	<1	<1	6 143	29%	<1	1	2	9 155	43%	2	56	67
	ORT	1 826	12%	<1	1	2	3 511	23%	3	5	8	9 619	63%	31	58	104
	PAE	2 437	39%	<1	<1	1	931	15%	4	6	7	2 763	44%	9	15	24
	PSY	293	2%	<1	<1	1	769	6%	1	3	7	11 744	92%	2	15	78
	SUR	2 457	9%	<1	1	2	6 055	23%	4	6	7	17 525	67%	12	25	51
NTEC	ENT	3 744	20%	<1	<1	1	4 836	25%	3	3	7	10 494	55%	15	58	97
	MED	3 020	11%	<1	<1	1	3 468	12%	4	7	8	20 752	75%	20	69	102
	GYN	2 646	21%	<1	<1	1	893	7%	4	6	8	8 225	65%	22	58	87
	OPH	7 377	31%	<1	<1	1	3 947	16%	3	4	8	12 795	53%	15	27	69
	ORT	5 360	23%	<1	<1	1	2 245	10%	3	5	7	15 750	67%	25	106	176
	PAE	224	5%	<1	1	2	584	13%	3	4	7	3 675	82%	6	12	37
	PSY	1 104	12%	<1	1	2	2 495	26%	3	4	8	5 884	62%	16	51	127
	SUR	1 899	7%	<1	<1	2	3 810	13%	4	5	8	22 463	78%	16	32	90
NTWC	ENT	3 356	22%	<1	<1	1	1 918	13%	2	4	6	9 995	65%	17	44	81
	MED	1 433	8%	<1	1	2	4 063	24%	2	4	7	11 403	67%	23	70	99
	GYN	1 039	14%	<1	1	1	92	1%	2	3	7	6 120	84%	16	30	133
	OPH	8 338	39%	<1	<1	1	2 888	13%	2	4	9	10 176	48%	23	52	67
	ORT	1 775	12%	<1	1	2	1 869	12%	3	5	7	11 480	76%	49	74	99
	PAE	100	4%	1	1	2	709	26%	6	7	7	1 943	71%	26	29	31
	PSY	476	7%	<1	<1	1	1 496	23%	2	4	7	4 595	70%	15	35	96
	SUR	2 094	8%	<1	1	2	3 858	15%	4	5	7	20 525	78%	20	60	88

2018-19

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	727	7%	<1	<1	<1	3 055	29%	2	6	7	6 727	64%	10	44	65
	MED	1 598	11%	<1	1	2	3 996	27%	3	5	7	9 106	62%	19	37	106
	GYN	808	15%	<1	<1	1	511	10%	3	5	7	4 014	75%	18	32	61
	OPH	5 711	36%	<1	<1	1	2 237	14%	4	7	8	7 712	49%	12	54	78
	ORT	1 420	13%	<1	1	1	1 555	15%	3	5	7	7 579	72%	23	85	107
	PAE	154	13%	<1	1	2	863	70%	3	4	7	213	17%	5	8	12
	PSY	201	6%	<1	1	1	747	23%	2	3	7	2 271	71%	10	24	55
	SUR	1 007	7%	<1	1	2	3 658	25%	4	6	8	10 036	68%	22	62	89
HKWC	ENT	869	11%	<1	<1	1	1 822	22%	3	5	7	5 418	67%	<1	26	90
	MED	1 915	12%	<1	<1	1	1 674	11%	3	4	7	11 778	77%	13	43	120
	GYN	1 624	21%	<1	<1	1	1 032	13%	4	5	7	4 997	65%	7	30	58
	OPH	3 748	37%	<1	<1	2	1 320	13%	4	6	8	5 006	50%	55	59	63
	ORT	1 345	13%	<1	<1	1	1 316	12%	2	4	7	7 848	74%	12	23	180
	PAE	193	9%	<1	<1	2	634	28%	2	4	8	1 400	63%	9	11	13
	PSY	402	11%	<1	1	1	820	22%	2	3	6	2 495	67%	27	63	99
	SUR	2 330	15%	<1	<1	2	2 650	17%	3	5	7	10 249	67%	9	25	84
KCC	ENT	1 874	11%	<1	<1	1	2 050	12%	4	6	8	13 597	78%	45	57	103
	MED	1 655	7%	<1	1	1	3 874	15%	4	5	7	19 568	78%	31	76	113
	GYN	1 078	9%	<1	<1	1	3 621	30%	4	5	7	7 211	61%	17	23	40
	OPH	8 741	30%	<1	<1	1	5 160	18%	1	3	7	14 842	52%	97	103	116
	ORT	2 065	12%	<1	1	1	2 501	14%	2	4	7	12 829	74%	21	60	138
	PAE	1 075	24%	<1	<1	1	734	16%	3	3	5	2 661	60%	13	16	22
	PSY	143	6%	<1	1	1	1 029	41%	3	5	7	1 318	53%	15	16	79
	SUR	3 158	9%	<1	1	2	5 158	15%	3	5	7	25 721	76%	21	48	70
KEC	ENT	1 892	17%	<1	<1	1	2 854	25%	5	7	8	6 467	58%	24	88	92
	MED	1 774	8%	<1	1	2	5 007	22%	4	6	8	15 864	70%	23	98	121
	GYN	1 459	16%	<1	1	1	882	10%	3	5	7	6 509	74%	14	51	72
	OPH	5 850	31%	<1	<1	1	327	2%	3	5	7	12 544	67%	8	13	158
	ORT	3 820	23%	<1	<1	1	3 834	23%	5	7	8	9 317	55%	27	117	134
	PAE	1 077	25%	<1	<1	1	787	18%	2	3	7	2 408	56%	9	9	31
	PSY	128	2%	<1	<1	1	1 497	20%	1	3	7	5 437	74%	12	56	131
	SUR	2 185	8%	<1	1	2	6 027	23%	5	7	8	18 072	69%	21	37	112

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	2 992	18%	<1	<1	1	2 241	13%	3	5	7	11 413	69%	18	72	112
	MED	1 955	9%	<1	<1	2	4 995	23%	4	6	8	13 287	62%	23	61	99
	GYN	243	3%	<1	<1	1	1 326	15%	4	6	7	6 943	81%	24	56	88
	OPH	6 443	29%	<1	<1	<1	7 020	32%	2	3	6	8 592	39%	18	71	101
	ORT	1 999	12%	<1	1	2	2 705	16%	3	3	7	11 476	70%	16	53	106
	PAE	2 472	40%	<1	<1	1	986	16%	3	6	7	2 641	43%	10	16	25
	PSY	313	2%	<1	<1	1	872	6%	2	4	7	12 306	91%	3	18	94
	SUR	2 549	9%	<1	1	2	6 266	22%	4	5	7	19 197	68%	13	22	51
NTEC	ENT	3 672	19%	<1	<1	1	4 948	25%	3	4	7	11 017	56%	9	38	68
	MED	2 876	10%	<1	<1	1	3 404	12%	5	6	8	22 572	77%	24	81	117
	GYN	2 936	23%	<1	<1	1	940	7%	3	5	7	8 436	66%	25	63	88
	OPH	6 926	27%	<1	<1	1	3 385	13%	3	4	7	14 979	59%	16	39	80
	ORT	5 454	22%	<1	<1	1	2 709	11%	3	5	8	16 585	67%	30	89	145
	PAE	168	4%	<1	<1	2	537	12%	4	5	7	3 856	84%	7	13	32
	PSY	1 024	11%	<1	1	2	2 311	25%	3	4	7	5 885	63%	16	42	113
	SUR	1 934	6%	<1	1	2	3 615	12%	4	6	8	24 502	80%	18	38	76
NTWC	ENT	3 248	21%	<1	<1	1	1 729	11%	3	4	7	10 207	67%	17	64	70
	MED	1 220	8%	<1	1	2	3 603	25%	3	4	7	9 858	67%	16	52	119
	GYN	1 463	21%	<1	<1	1	243	4%	3	5	8	5 122	75%	19	45	124
	OPH	9 079	41%	<1	<1	1	2 671	12%	2	4	9	10 637	48%	35	74	88
	ORT	1 511	10%	<1	1	2	1 758	11%	3	4	7	12 358	79%	44	79	124
	PAE	128	5%	<1	1	1	738	26%	6	7	7	1 957	69%	32	35	37
	PSY	483	7%	<1	1	1	1 583	22%	2	5	7	4 972	71%	11	34	72
	SUR	2 033	7%	<1	1	1	4 030	15%	3	5	7	21 254	78%	23	52	88

2019-20 (up to 31 December 2019) [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	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
HKEC	ENT	483	6%	<1	<1	<1	2 229	28%	1	4	7	5 135	65%	10	26	91
	MED	1 071	10%	<1	1	2	2 942	28%	3	5	7	6 651	62%	16	41	118
	GYN	603	16%	<1	<1	1	366	10%	3	6	7	2 872	75%	19	26	52
	OPH	4 213	37%	<1	<1	1	1 530	14%	4	7	8	5 503	49%	12	60	102
	ORT	1 054	14%	<1	1	1	1 209	16%	3	5	7	5 535	71%	24	78	113
	PAE	107	13%	<1	<1	1	610	72%	3	4	7	131	15%	5	7	11
	PSY	203	8%	<1	<1	1	718	29%	2	3	7	1 550	63%	5	13	50
	SUR	705	7%	<1	1	2	2 754	26%	4	7	8	7 297	68%	23	64	90
HKWC	ENT	1 532	24%	<1	<1	<1	1 880	30%	4	7	7	2 854	46%	13	28	97
	MED	1 484	13%	<1	<1	1	1 443	13%	3	4	7	8 269	74%	15	44	169
	GYN	1 173	21%	<1	<1	1	729	13%	3	5	7	3 598	65%	9	41	62
	OPH	2 525	34%	<1	1	2	1 295	17%	4	7	8	3 682	49%	61	62	64
	ORT	808	9%	<1	<1	1	1 282	15%	2	4	7	6 350	74%	11	21	156
	PAE	129	7%	<1	1	2	376	21%	2	3	8	1 297	72%	7	10	21
	PSY	417	16%	1	1	2	573	21%	2	4	7	1 678	63%	17	66	96
	SUR	1 615	14%	<1	<1	1	2 086	18%	2	5	7	7 886	68%	7	18	89
KCC	ENT	1 187	9%	<1	<1	1	1 595	13%	3	6	7	9 888	78%	25	68	131
	MED	1 359	7%	<1	1	2	2 891	15%	4	5	7	14 977	78%	35	79	112
	GYN	819	9%	<1	<1	1	2 460	27%	3	5	7	5 851	64%	14	23	38
	OPH	6 200	29%	<1	<1	<1	4 030	19%	1	2	6	11 092	52%	56	120	124
	ORT	1 571	12%	<1	<1	1	1 523	12%	3	5	7	9 504	75%	23	57	132
	PAE	816	23%	<1	<1	1	669	19%	3	4	7	2 088	58%	13	17	22
	PSY	145	8%	<1	1	1	837	43%	2	4	7	948	49%	9	14	73
	SUR	2 179	8%	<1	1	2	4 178	16%	4	5	8	19 613	75%	17	47	78
KEC	ENT	1 587	17%	<1	<1	1	2 424	26%	3	4	7	5 306	57%	71	93	94
	MED	1 204	7%	<1	1	2	3 978	23%	4	7	8	12 403	70%	25	117	139
	GYN	1 039	16%	<1	1	1	736	11%	3	6	7	4 638	72%	15	48	91
	OPH	4 470	30%	<1	<1	1	619	4%	4	6	7	9 773	66%	8	14	163
	ORT	2 742	22%	<1	<1	1	2 807	22%	4	6	8	7 162	56%	25	60	138
	PAE	803	23%	<1	<1	1	599	17%	1	4	7	2 108	60%	9	12	73
	PSY	104	2%	<1	1	1	1 108	19%	1	3	7	4 161	73%	12	69	111
	SUR	1 337	7%	<1	1	1	4 376	23%	2	5	7	12 923	69%	32	52	109

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	2 285	18%	<1	<1	1	1 816	14%	3	5	8	8 426	67%	20	73	151
	MED	1 633	10%	<1	1	2	4 064	25%	3	5	8	10 099	61%	37	72	102
	GYN	189	3%	<1	<1	1	1 120	17%	3	6	8	5 180	79%	19	53	73
	OPH	5 226	33%	<1	<1	<1	4 701	29%	2	3	6	6 024	38%	6	90	123
	ORT	1 547	12%	<1	1	2	2 079	16%	3	3	7	9 414	72%	18	57	119
	PAE	1 888	37%	<1	<1	1	784	16%	3	4	7	2 301	46%	10	16	23
	PSY	201	2%	<1	<1	1	556	5%	2	4	7	9 583	93%	3	22	119
	SUR	1 778	8%	<1	1	2	4 559	21%	4	5	7	14 809	70%	17	32	62
NTEC	ENT	2 619	18%	<1	<1	1	3 772	26%	3	4	7	8 350	57%	16	60	88
	MED	1 860	8%	<1	<1	1	2 596	12%	5	7	8	17 171	78%	20	80	131
	GYN	2 009	21%	<1	<1	1	893	9%	4	5	7	6 181	66%	24	65	87
	OPH	4 742	25%	<1	<1	1	2 603	14%	3	4	7	11 442	61%	17	52	87
	ORT	3 952	22%	<1	<1	1	1 720	10%	3	5	7	12 099	68%	28	84	133
	PAE	174	5%	<1	<1	2	425	13%	4	6	8	2 735	82%	8	17	39
	PSY	689	10%	<1	1	1	1 807	26%	3	4	8	4 435	63%	19	55	98
	SUR	1 536	6%	<1	1	2	2 555	11%	4	5	8	19 285	81%	18	37	80
NTWC	ENT	2 954	26%	<1	<1	1	1 320	12%	2	4	6	7 157	63%	15	48	83
	MED	946	8%	<1	1	2	2 736	24%	2	3	7	7 704	68%	20	79	104
	GYN	1 240	23%	<1	<1	2	172	3%	3	5	7	4 083	74%	21	61	82
	OPH	6 981	41%	<1	<1	1	2 264	13%	2	4	8	7 668	45%	24	73	93
	ORT	1 413	11%	<1	1	2	1 327	11%	3	5	7	9 686	78%	23	65	102
	PAE	133	6%	<1	1	1	661	30%	6	7	8	1 429	64%	37	37	39
	PSY	355	7%	<1	1	1	1 127	22%	<1	2	6	3 554	71%	5	22	74
	SUR	1 447	7%	<1	1	2	3 448	17%	4	6	14	15 343	76%	26	59	117

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 of HA for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

Cluster	2017-18				2018-19				2019-20 (Up to 31 December 2019) [Provisional figures]			
	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	3 172	<1	1	3	3 289	<1	1	3	2 196	<1	1	3
HKWC	4 567	1	2	4	4 612	1	2	4	3 515	1	2	4
KCC	12 353	4	7	16	13 672	4	7	18	9 938	4	9	22
KEC	3 145	<1	1	3	3 075	<1	1	4	2 475	<1	1	4
KWC	4 911	2	3	6	5 088	2	3	8	3 581	2	3	9
NTEC	10 955	3	5	18	11 129	3	5	25	8 205	3	5	23
NTWC	2 673	1	3	5	2 786	1	2	5	2 196	1	3	6

Note:

1. Sub-specialty statistics for Geriatrics are grouped under Medicine specialty.

2. HA uses 90th percentile to denote the longest waiting time for SOP 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.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4595)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist outpatient services in each cluster of the Hospital Authority (HA) (including ear, nose and throat; gynaecology; obstetrics; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery; geriatrics and psychiatry), would the Government set out the number of new cases, and their respective average, lower quartile and 99th percentile waiting time in the past 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 176)

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 (stable) cases and their respective lower quartile (25th percentile), median (50th percentile), and longest (90th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Cluster	Specialty	Priority 1				Priority 2				Routine			
		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	704	<1	<1	<1	2 762	1	4	7	6 411	10	30	50
	MED	1 783	<1	1	2	4 045	3	5	7	8 249	15	25	91
	GYN	764	<1	<1	1	1 029	2	3	7	3 792	18	43	74
	OPH	5 880	<1	<1	1	2 042	4	7	8	6 951	12	36	61
	ORT	1 428	<1	1	1	1 810	3	5	7	7 259	17	69	94
	PAE	135	<1	1	2	898	4	5	7	228	8	10	19
	PSY	355	<1	1	2	845	2	3	6	2 260	12	24	45
	SUR	1 253	<1	1	2	3 984	4	7	8	9 647	19	54	81
HKWC	ENT	615	<1	<1	1	2 058	4	6	7	5 670	<1	26	54
	MED	1 894	<1	<1	1	1 671	2	4	7	10 065	14	36	96
	GYN	1 666	<1	<1	1	903	3	5	8	4 938	8	40	82
	OPH	3 588	<1	<1	2	1 638	4	6	8	4 189	42	46	51
	ORT	987	<1	<1	1	1 477	3	4	7	7 593	11	21	86
	PAE	348	<1	<1	1	647	1	3	7	1 337	8	11	16
	PSY	365	<1	1	2	884	2	3	7	2 452	23	63	118
	SUR	2 227	<1	<1	1	2 902	4	6	7	10 181	8	20	78
KCC	ENT	1 788	<1	<1	1	1 917	3	5	7	14 164	18	40	73
	MED	1 742	<1	1	1	3 158	4	5	7	19 312	32	80	105
	GYN	1 055	<1	<1	1	3 608	4	5	7	7 433	13	27	51
	OPH	8 849	<1	<1	1	5 725	1	3	6	12 419	69	92	97
	ORT	2 093	<1	1	1	2 333	3	4	7	12 335	21	54	144
	PAE	1 034	<1	<1	1	691	2	3	5	2 714	9	11	22
	PSY	129	<1	1	1	939	2	5	7	1 532	16	25	81
	SUR	3 477	<1	1	2	5 963	3	5	7	24 265	19	50	64
KEC	ENT	1 813	<1	<1	1	2 961	2	4	7	6 381	23	73	79
	MED	1 865	<1	1	2	5 016	4	6	8	15 333	21	87	104
	GYN	1 477	<1	1	1	840	3	5	7	6 378	14	57	68
	OPH	5 722	<1	<1	1	286	3	5	7	11 546	11	13	158
	ORT	3 642	<1	1	1	3 941	5	7	8	9 105	21	108	117
	PAE	1 264	<1	<1	1	795	2	4	7	2 410	9	11	30
	PSY	254	<1	<1	2	1 655	2	3	7	5 369	4	20	117
	SUR	2 211	<1	1	1	6 866	6	7	8	17 130	14	23	91

Cluster	Specialty	Priority 1				Priority 2				Routine			
		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	3 263	<1	<1	1	3 193	4	5	8	9 921	16	60	70
	MED	2 229	<1	1	2	5 646	4	6	8	12 044	24	60	87
	GYN	284	<1	<1	1	1 307	4	6	7	6 916	20	53	69
	OPH	6 114	<1	<1	<1	6 143	<1	1	2	9 155	2	56	67
	ORT	1 826	<1	1	2	3 511	3	5	8	9 619	31	58	104
	PAE	2 437	<1	<1	1	931	4	6	7	2 763	9	15	24
	PSY	293	<1	<1	1	769	1	3	7	11 744	2	15	78
	SUR	2 457	<1	1	2	6 055	4	6	7	17 525	12	25	51
NTEC	ENT	3 744	<1	<1	1	4 836	3	3	7	10 494	15	58	97
	MED	3 020	<1	<1	1	3 468	4	7	8	20 752	20	69	102
	GYN	2 646	<1	<1	1	893	4	6	8	8 225	22	58	87
	OPH	7 377	<1	<1	1	3 947	3	4	8	12 795	15	27	69
	ORT	5 360	<1	<1	1	2 245	3	5	7	15 750	25	106	176
	PAE	224	<1	1	2	584	3	4	7	3 675	6	12	37
	PSY	1 104	<1	1	2	2 495	3	4	8	5 884	16	51	127
	SUR	1 899	<1	<1	2	3 810	4	5	8	22 463	16	32	90
NTWC	ENT	3 356	<1	<1	1	1 918	2	4	6	9 995	17	44	81
	MED	1 433	<1	1	2	4 063	2	4	7	11 403	23	70	99
	GYN	1 039	<1	1	1	92	2	3	7	6 120	16	30	133
	OPH	8 338	<1	<1	1	2 888	2	4	9	10 176	23	52	67
	ORT	1 775	<1	1	2	1 869	3	5	7	11 480	49	74	99
	PAE	100	1	1	2	709	6	7	7	1 943	26	29	31
	PSY	476	<1	<1	1	1 496	2	4	7	4 595	15	35	96
	SUR	2 094	<1	1	2	3 858	4	5	7	20 525	20	60	88

2018-19

Cluster	Specialty	Priority 1				Priority 2				Routine			
		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	727	<1	<1	<1	3 055	2	6	7	6 727	10	44	65
	MED	1 598	<1	1	2	3 996	3	5	7	9 106	19	37	106
	GYN	808	<1	<1	1	511	3	5	7	4 014	18	32	61
	OPH	5 711	<1	<1	1	2 237	4	7	8	7 712	12	54	78
	ORT	1 420	<1	1	1	1 555	3	5	7	7 579	23	85	107
	PAE	154	<1	1	2	863	3	4	7	213	5	8	12
	PSY	201	<1	1	1	747	2	3	7	2 271	10	24	55
	SUR	1 007	<1	1	2	3 658	4	6	8	10 036	22	62	89
HKWC	ENT	869	<1	<1	1	1 822	3	5	7	5 418	<1	26	90
	MED	1 915	<1	<1	1	1 674	3	4	7	11 778	13	43	120
	GYN	1 624	<1	<1	1	1 032	4	5	7	4 997	7	30	58
	OPH	3 748	<1	<1	2	1 320	4	6	8	5 006	55	59	63
	ORT	1 345	<1	<1	1	1 316	2	4	7	7 848	12	23	180
	PAE	193	<1	<1	2	634	2	4	8	1 400	9	11	13
	PSY	402	<1	1	1	820	2	3	6	2 495	27	63	99
	SUR	2 330	<1	<1	2	2 650	3	5	7	10 249	9	25	84
KCC	ENT	1 874	<1	<1	1	2 050	4	6	8	13 597	45	57	103
	MED	1 655	<1	1	1	3 874	4	5	7	19 568	31	76	113
	GYN	1 078	<1	<1	1	3 621	4	5	7	7 211	17	23	40
	OPH	8 741	<1	<1	1	5 160	1	3	7	14 842	97	103	116
	ORT	2 065	<1	1	1	2 501	2	4	7	12 829	21	60	138
	PAE	1 075	<1	<1	1	734	3	3	5	2 661	13	16	22
	PSY	143	<1	1	1	1 029	3	5	7	1 318	15	16	79
	SUR	3 158	<1	1	2	5 158	3	5	7	25 721	21	48	70
KEC	ENT	1 892	<1	<1	1	2 854	5	7	8	6 467	24	88	92
	MED	1 774	<1	1	2	5 007	4	6	8	15 864	23	98	121
	GYN	1 459	<1	1	1	882	3	5	7	6 509	14	51	72
	OPH	5 850	<1	<1	1	327	3	5	7	12 544	8	13	158
	ORT	3 820	<1	<1	1	3 834	5	7	8	9 317	27	117	134
	PAE	1 077	<1	<1	1	787	2	3	7	2 408	9	9	31
	PSY	128	<1	<1	1	1 497	1	3	7	5 437	12	56	131
	SUR	2 185	<1	1	2	6 027	5	7	8	18 072	21	37	112

Cluster	Specialty	Priority 1				Priority 2				Routine			
		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	2 992	<1	<1	1	2 241	3	5	7	11 413	18	72	112
	MED	1 955	<1	<1	2	4 995	4	6	8	13 287	23	61	99
	GYN	243	<1	<1	1	1 326	4	6	7	6 943	24	56	88
	OPH	6 443	<1	<1	<1	7 020	2	3	6	8 592	18	71	101
	ORT	1 999	<1	1	2	2 705	3	3	7	11 476	16	53	106
	PAE	2 472	<1	<1	1	986	3	6	7	2 641	10	16	25
	PSY	313	<1	<1	1	872	2	4	7	12 306	3	18	94
	SUR	2 549	<1	1	2	6 266	4	5	7	19 197	13	22	51
NTEC	ENT	3 672	<1	<1	1	4 948	3	4	7	11 017	9	38	68
	MED	2 876	<1	<1	1	3 404	5	6	8	22 572	24	81	117
	GYN	2 936	<1	<1	1	940	3	5	7	8 436	25	63	88
	OPH	6 926	<1	<1	1	3 385	3	4	7	14 979	16	39	80
	ORT	5 454	<1	<1	1	2 709	3	5	8	16 585	30	89	145
	PAE	168	<1	<1	2	537	4	5	7	3 856	7	13	32
	PSY	1 024	<1	1	2	2 311	3	4	7	5 885	16	42	113
	SUR	1 934	<1	1	2	3 615	4	6	8	24 502	18	38	76
NTWC	ENT	3 248	<1	<1	1	1 729	3	4	7	10 207	17	64	70
	MED	1 220	<1	1	2	3 603	3	4	7	9 858	16	52	119
	GYN	1 463	<1	<1	1	243	3	5	8	5 122	19	45	124
	OPH	9 079	<1	<1	1	2 671	2	4	9	10 637	35	74	88
	ORT	1 511	<1	1	2	1 758	3	4	7	12 358	44	79	124
	PAE	128	<1	1	1	738	6	7	7	1 957	32	35	37
	PSY	483	<1	1	1	1 583	2	5	7	4 972	11	34	72
	SUR	2 033	<1	1	1	4 030	3	5	7	21 254	23	52	88

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Specialty	Priority 1				Priority 2				Routine			
		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	483	<1	<1	<1	2 229	1	4	7	5 135	10	26	91
	MED	1 071	<1	1	2	2 942	3	5	7	6 651	16	41	118
	GYN	603	<1	<1	1	366	3	6	7	2 872	19	26	52
	OPH	4 213	<1	<1	1	1 530	4	7	8	5 503	12	60	102
	ORT	1 054	<1	1	1	1 209	3	5	7	5 535	24	78	113
	PAE	107	<1	<1	1	610	3	4	7	131	5	7	11
	PSY	203	<1	<1	1	718	2	3	7	1 550	5	13	50
	SUR	705	<1	1	2	2 754	4	7	8	7 297	23	64	90
HKWC	ENT	1 532	<1	<1	<1	1 880	4	7	7	2 854	13	28	97
	MED	1 484	<1	<1	1	1 443	3	4	7	8 269	15	44	169
	GYN	1 173	<1	<1	1	729	3	5	7	3 598	9	41	62
	OPH	2 525	<1	1	2	1 295	4	7	8	3 682	61	62	64
	ORT	808	<1	<1	1	1 282	2	4	7	6 350	11	21	156
	PAE	129	<1	1	2	376	2	3	8	1 297	7	10	21
	PSY	417	1	1	2	573	2	4	7	1 678	17	66	96
	SUR	1 615	<1	<1	1	2 086	2	5	7	7 886	7	18	89
KCC	ENT	1 187	<1	<1	1	1 595	3	6	7	9 888	25	68	131
	MED	1 359	<1	1	2	2 891	4	5	7	14 977	35	79	112
	GYN	819	<1	<1	1	2 460	3	5	7	5 851	14	23	38
	OPH	6 200	<1	<1	<1	4 030	1	2	6	11 092	56	120	124
	ORT	1 571	<1	<1	1	1 523	3	5	7	9 504	23	57	132
	PAE	816	<1	<1	1	669	3	4	7	2 088	13	17	22
	PSY	145	<1	1	1	837	2	4	7	948	9	14	73
	SUR	2 179	<1	1	2	4 178	4	5	8	19 613	17	47	78
KEC	ENT	1 587	<1	<1	1	2 424	3	4	7	5 306	71	93	94
	MED	1 204	<1	1	2	3 978	4	7	8	12 403	25	117	139
	GYN	1 039	<1	1	1	736	3	6	7	4 638	15	48	91
	OPH	4 470	<1	<1	1	619	4	6	7	9 773	8	14	163
	ORT	2 742	<1	<1	1	2 807	4	6	8	7 162	25	60	138
	PAE	803	<1	<1	1	599	1	4	7	2 108	9	12	73
	PSY	104	<1	1	1	1 108	1	3	7	4 161	12	69	111
	SUR	1 337	<1	1	1	4 376	2	5	7	12 923	32	52	109

Cluster	Specialty	Priority 1				Priority 2				Routine			
		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
KWC	ENT	2 285	<1	<1	1	1 816	3	5	8	8 426	20	73	151
	MED	1 633	<1	1	2	4 064	3	5	8	10 099	37	72	102
	GYN	189	<1	<1	1	1 120	3	6	8	5 180	19	53	73
	OPH	5 226	<1	<1	<1	4 701	2	3	6	6 024	6	90	123
	ORT	1 547	<1	1	2	2 079	3	3	7	9 414	18	57	119
	PAE	1 888	<1	<1	1	784	3	4	7	2 301	10	16	23
	PSY	201	<1	<1	1	556	2	4	7	9 583	3	22	119
	SUR	1 778	<1	1	2	4 559	4	5	7	14 809	17	32	62
NTEC	ENT	2 619	<1	<1	1	3 772	3	4	7	8 350	16	60	88
	MED	1 860	<1	<1	1	2 596	5	7	8	17 171	20	80	131
	GYN	2 009	<1	<1	1	893	4	5	7	6 181	24	65	87
	OPH	4 742	<1	<1	1	2 603	3	4	7	11 442	17	52	87
	ORT	3 952	<1	<1	1	1 720	3	5	7	12 099	28	84	133
	PAE	174	<1	<1	2	425	4	6	8	2 735	8	17	39
	PSY	689	<1	1	1	1 807	3	4	8	4 435	19	55	98
	SUR	1 536	<1	1	2	2 555	4	5	8	19 285	18	37	80
NTWC	ENT	2 954	<1	<1	1	1 320	2	4	6	7 157	15	48	83
	MED	946	<1	1	2	2 736	2	3	7	7 704	20	79	104
	GYN	1 240	<1	<1	2	172	3	5	7	4 083	21	61	82
	OPH	6 981	<1	<1	1	2 264	2	4	8	7 668	24	73	93
	ORT	1 413	<1	1	2	1 327	3	5	7	9 686	23	65	102
	PAE	133	<1	1	1	661	6	7	8	1 429	37	37	39
	PSY	355	<1	1	1	1 127	<1	2	6	3 554	5	22	74
	SUR	1 447	<1	1	2	3 448	4	6	14	15 343	26	59	117

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 of HA for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

Cluster	2017-18				2018-19				2019-20 (Up to 31 December 2019) [Provisional figures]			
	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	3 172	<1	1	3	3 289	<1	1	3	2 196	<1	1	3
HKWC	4 567	1	2	4	4 612	1	2	4	3 515	1	2	4
KCC	12 353	4	7	16	13 672	4	7	18	9 938	4	9	22
KEC	3 145	<1	1	3	3 075	<1	1	4	2 475	<1	1	4
KWC	4 911	2	3	6	5 088	2	3	8	3 581	2	3	9
NTEC	10 955	3	5	18	11 129	3	5	25	8 205	3	5	23
NTWC	2 673	1	3	5	2 786	1	2	5	2 196	1	3	6

Note:

1. Sub-specialty statistics for Geriatrics are grouped under Medicine specialty.
2. HA uses 90th percentile to denote the longest waiting time for SOP 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

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)368

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4597)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in tabular form the utilisation rates of services, numbers of attendances, daily consultation quotas and daily consultation quotas per doctor in general outpatient (GOP) clinics of each public hospital.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 178)

Reply:

At present, the Hospital Authority (HA) operates a total of 73 General Out-patient Clinics (GOPCs) throughout the territory. Utilisation of GOPC service is over 95%. The number of GOP attendances in 2019-20 (revised estimate) is 6 179 000.

Within HA, services delivered in a range of outpatient clinics, including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics, are organised under the Family Medicine specialty, with the majority of doctors working in GOPCs. There are 613 doctors working in the specialty of Family Medicine in HA as at 31 December 2019.

Note :

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)369

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4598)

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

Subhead (No. & title): ()

Programme: (1) Health , (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:

It is mentioned in the Matters Requiring Special Attention that the Government will "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". In this connection, regarding the enhanced services, please advise this Committee on (a) the detailed plans/modes of service; (b) the timetable; (c) the estimated amount of additional expenditure and percentage; (d) the increase in manpower; (e) the estimated increase in consultation quota (sessions); (f) the estimated attendances involved; (g) the estimated quota for new cases for: (1) mental health services for children and adolescents with mental health needs; (2) community psychiatric services; and (3) psychogeriatric outreach service to residential care homes for the elderly.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 181)

Reply:

The Hospital Authority (HA) has earmarked an additional of around $115.3 million in 2020-21 to enhance its psychiatric services, as follows -

(i) Further rolling out the Student Mental Health Support Scheme to a total of 150 schools to enhance the support for students with mental health needs in the 2020/21 school year; introducing a collaborative care model between paediatrics and child and adolescent (C&A) psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder; and strengthening the allied health support services to C&A psychiatric patients. It is estimated that 4 doctors, 34 nurses, 10 clinical psychologists, 5 occupational therapists, 2.5 speech therapists and 27 supporting staff will be recruited;

(ii) Establishing the C&A psychiatric services in HKEC by phases. It is estimated that 2 doctors, 15 psychiatric nurses, 1 clinical psychologist, 1 occupational therapist, 0.4 speech therapist, 0.5 dispenser and 29 supporting staff will be recruited;

(iii) Enhancing the community psychiatric services by recruiting 16 additional case managers in HKEC, HKWC, KCC, KWC and NTWC; and

(iv) Enhancing the psychogeriatric outreach services in HKEC, KEC and NTEC to patients living in Residential Care Homes for the Elderly. It is estimated that additional 6 psychiatric nurses and 3 supporting staff will be recruited.

HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. to provide comprehensive and continuous medical services, including inpatient, outpatient, day rehabilitation training and community support services, to patients with mental health problems, depending on their medical conditions and clinical needs. HA does not maintain statistics on consultation quota (sessions) nor quota for new cases. With services enhanced, the psychiatric outreach attendances and the psychogeriatric outreach attendances in 2020-21 is expected to increase by 6 800 and 4 200 respectively if compared to the attendances in the 2019-20 revised estimate. HA will continue to closely monitor the implementation of the above enhancement measures with a view to ensuring that they would address the service needs.

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. 4599)

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

Subhead (No. & title): ()

Programme: (1) Health, (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 :

It is mentioned in Matters Requiring Special Attention that continuous efforts will be made 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. In this connection, please tabulate the following information and services of each hospital cluster namely (a) the amount and percentage of the additional expenditures, (b) the increase in manpower, (c) the number of visits/sessions expected to be increased, (d) the estimated attendances involved, (e) the estimated quota for new cases the services of (1) accident and emergency, (2) surgical, (3) endoscopic, (4) diagnostic imaging, (5) specialist outpatient, (6) general outpatient, (7) operating theatre sessions and (8) pharmacy.

Asked by : Hon KWOK Ka-ki (LegCo internal reference no. : 182)

Reply :

Recurrent subvention to the Hospital Authority (HA) in 2020-21 amounts to $75.0 billion, representing an increase of 5.0% over the 2019-20 revised estimate ($71.4 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(a) increasing 416 public hospital beds. The table below sets out the planned number of new hospital beds in 2020-21 :

Cluster	Planned number of new hospital beds in 2020-21		
	Acute General	Convalescent / Rehabilitation	Total
HKEC	27	–	**27**
KCC	68	12	**80**
KEC	46	–	**46**
KWC	48	36	**84**

Cluster	Planned number of new hospital beds in 2020-21		
	Acute General	**Convalescent / Rehabilitation**	**Total**
NTEC	83	32	**115**
NTWC	64	–	**64**
HA Overall	**336**	**80**	**416**

(b) enhancing the following manpower measures to retain staff and alleviate manpower pressure :

(i) enhancement of opportunities for Associate Consultants to be promoted to Consultants;
(ii) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;
(iii) provision of allowance for registered nurses who have attained recognised specialty qualifications;
(iv) continuation of enhancement measures for Patient Care Assistants, Operation Assistants and Executive Assistants; and
(v) continuation of recruitment of additional non-locally trained doctors under Limited Registration; and

(c) enhancing radiological imaging services; increasing the quotas for general outpatient clinics; providing additional specialist outpatient clinic attendances, etc.

The number of medical, nursing and allied health staff in 2020-21 is expected to increase by, on a full-time equivalent basis, 183, 1 140 and 460 respectively when compared with 2019-20. HA will deploy existing staff and recruit additional staff for implementation of the 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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4600)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention, it mentioned the continuation of making use of investment returns generated from the $10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the Hospital Authority (HA) to operate clinical PPP programmes. Regarding the details of the PPP Endowment Fund, please inform this Committee of the following:

(1) the annual balance, investment return and expenditures of the Fund in the past 5 years;

(2) the expenditures and manpower involved in various PPP programmes run by HA in the past 5 years; and

(3) how the Government assessed the investment returns and the related effectiveness.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 183)

Reply:

(1)
On 31 March 2016, the Hospital Authority (HA) was allocated $10 billion as endowment fund to generate investment returns by placing with the Exchange Fund for regularising and enhancing ongoing clinical Public-Private Partnership (PPP) programmes, as well as developing new clinical PPP initiatives. The financial position of the HA PPP Fund from 2015-16 to 2019-20 is as follows:

	2015-16 Actual ($ million)	**2016-17 Actual ($ million)**	**2017-18 Actual ($ million)**	**2018-19 Actual ($ million)**	**2019-20 Projected ($ million)**
Opening balance	**-**	**10,442.0**	**10,504.0**	**10,613.4**	**10,790.4**
Endowment fund	10,000.0	-	-	-	-
Remaining balance of the one-off designated	442.0	-	-	-	-

	2015-16 Actual ($ million)	2016-17 Actual ($ million)	2017-18 Actual ($ million)	2018-19 Actual ($ million)	2019-20 Projected ($ million)
funding					
Income	-	243.7	338.2	438.2	340.1
Expenditure	-	(181.7)	(228.8)	(261.2)	(296.4)
Closing balance	**10,442.0**	**10,504.0**	**10,613.4**	**10,790.4**	**10,834.1**
Investment yield	-	**2.3%**	**3.2%**	**4.1%**	**3.1%**

(2)
HA has implemented nine PPP programmes since 2008, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP)[1], Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP)[2].

The projected expenditure by PPP programme from April 2016 to March 2020 is set out in the table below:

Programme	**Projected Expenditure[3] from April 2016 to March 2020 ($ million)**
CSP	12.0
TSW PPP[1]	7.5
HD PPP	218.0
PEP	95.0
Radi Collaboration	157.7
GOPC PPP	235.1
Infirmary Service PPP	82.7
Colon PPP	68.0
Glaucoma PPP[2]	1.5

The staff members for the above programmes involve doctors, nurses, executive officers, accounting officers, information technology professionals, executive assistants, etc. The numbers are listed in the table below:

	2016-17	2017-18	2018-19	2019-20
Total Number of Staff Members	100	108	108	107

(3)
A Management Committee for the HA PPP Fund and Clinical PPP Programmes, co-chaired by HA and Food and Health Bureau, has been set up to monitor the financial position of the HA PPP Fund, oversee the relevant policy and operational matters related to the existing clinical PPP programmes and consider the need for developing new PPP initiatives.

Note:

1. The TSW PPP ended on 31 March 2018 and was migrated to the GOPC PPP on 1 April 2018.
2. Glaucoma PPP is a new clinical PPP launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by HA's ophthalmology specialist outpatient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community.
3. Excluding expenditure on information technology and administration support.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)372

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4601)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :

It is mentioned in the Matters Requiring Special Attention that the Hospital Authority will "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". In this connection, please inform this Committee of the following :

(a) the hospitals where these 400 hospital beds will be located, the distribution of these hospital beds by specialty and the number of day-patient beds and in-patient beds;

(b) the year/month that these 400 hospital beds will be put into service.

Asked by : Hon KWOK Ka-ki (LegCo internal reference no.: 184)

Reply:

(a) & (b)

The Hospital Authority (HA) has been opening new hospital beds every year to meet the service demand. The table below sets out the planned number of new hospital beds in 2020-21 :

Hospital / Cluster	**Planned number of new hospital beds in 2020-21**		
	Acute General	**Convalescent / Rehabilitation**	**Total**
PYNEH	*7*	*–*	*7*
RH	*20*	*–*	*20*
HKEC	**27**	**–**	**27**
HKBH	*–*	*12*	*12*
QEH	*68*	*–*	*68*
KCC	**68**	**12**	**80**

Hospital / Cluster	Planned number of new hospital beds in 2020-21		
	Acute General	Convalescent / Rehabilitation	Total
TKOH	*20*	*–*	*20*
UCH	*26*	*–*	*26*
KEC	**46**	**–**	**46**
CMC	*16*	*–*	*16*
NLTH	*14*	*36*	*50*
PMH	*18*	*–*	*18*
KWC	**48**	**36**	**84**
NDH	*25*	*–*	*25*
PWH	*58*	*–*	*58*
TPH	*–*	*32*	*32*
NTEC	**83**	**32**	**115**
POH	*2*	*–*	*2*
TSWH	*60*	*–*	*60*
TMH	*2*	*–*	*2*
NTWC	**64**	**–**	**64**
HA Overall	**336**	**80**	**416**

Abbreviations

Clusters :

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

Hospitals :

CMC – Caritas Medical Centre
HKBH – Hong Kong Buddhist Hospital
NDH – North District Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
POH – Pok Oi Hospital
PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
RH – Ruttonjee Hospital
TKOH – Tseung Kwan O Hospital
TMH – Tuen Mun Hospital
TPH – Tai Po Hospital
TSWH – Tin Shui Wai Hospital
UCH – United Christian Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4602)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned in last year's Budget Speech that an additional $5 billion would be earmarked for the Hospital Authority (HA) to upgrade or acquire equipment. Please inform this Committee of the details of how the additional $5 billion will be used by setting out in table form the equipment to be upgraded or acquired, their uses and quantity, the expenditure involved, the progress of procurement and the expected outcome.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 185)

Reply:

The additional $5 billion earmarked funding is to be used for expediting the upgrading and acquisition of medical equipment for the Hospital Authority (HA). In 2020-21, the Government will provide a total of $1,598 million, including $598 million allocated out of the $5 billion earmarked funding, to HA for procuring equipment and implementing computerisation projects.

Insofar as medical equipment is concerned, HA procures from time to time a wide variety of new and replacement medical equipment items to meet operational requirements. Cluster management deliberates and formulates annual medical equipment requirement plan in respective committees, based on factors such as risk (e.g. obsolescence risk, equipment age and patient/staff safety), impact to patient care, operational needs and requirement of additional equipment items essential for provision of new or improved services to dovetail with HA's strategic directions. Moreover, HA will take into account advice from healthcare professionals and overseas development to facilitate planning for medical equipment, and will consider the availability of expertise, manpower and facilities.

In 2019-20, HA procured over 800 major equipment items (costing over $200,000 each) at a total cost of $830 million, with $200 million funded by the $5 billion earmarked funding. With additional funding support from the Government, HA will continue to further modernise and upgrade its medical equipment to provide quality services to patients. For

example, modernisation and addition of linear accelerators, computed tomography scanners and magnetic resonance imaging scanners with more advanced functionalities can improve the diagnosis and treatment of cancer patients. HA will also plan for the diffusion of advanced technology such as introduction of Angiography/Computed Tomography System to enhance interventional radiology services and patient safety, and Next Generation Sequencing technology to benefit cancer patients, patients with uncommon disorders and infectious diseases. Moreover, HA will implement laboratory automation and the Automatic Medication Unit Dose Dispensing System to alleviate workload pressure and reduce manual handling work of frontline staff.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)374

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4603)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned in last year's Budget Speech that an additional recurrent funding of $700 million would be provided to the Hospital Authority (HA). In this connection, please inform this Committee of the following:

a. the uses of the $700 million funding with the details of the measures to be introduced, the expenditure and manpower involved, and the expected outcomes;

b. does the Government have any plan to provide additional recurrent funding to the HA for coping with the long-standing problem of manpower shortage? If yes, what are the details? If not, what are the reasons?

c. apart from providing the HA with additional funding, does the Government have any other plans to address the long-standing problem of manpower shortage?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 186)

Reply:

(a) & (b)

In the 2019-20 Budget Speech, the Government announced the provision of an additional recurrent funding of $721 million for the Hospital Authority (HA) to implement enhancement measures to boost staff morale and retain talents. The related measures, budget allocation and progress of implementation are listed below –

Measures	Additional recurrent funding ($ million)	Details
Continuation of Special Retired and Rehire Scheme (SRRS) for doctors, nurses and allied health staff	134	With the additional funding of $134 million provided on top of the recurrent funding in 2019-20, a total of 149 clinical staff including doctors, nurses and allied health professionals are recruited as of December 2019.
Enhancement of Fixed Rate Honorarium (FRH) for doctors	141	The rates of FRH for doctors have been uplifted with effect from 1 April 2019 (increased from $2,750 to $4,300 for Tier 1, $4,750 to $7,400 for Tier 2 and $5,750 to $9,000 for Tier 3). Around 4 800 doctors are eligible for the Honorarium payment.
Enhancement of promotion prospect for nurses	80	A total of 350 Registered Nurses (RNs) posts have been upgraded to Advanced Practice Nurses (APNs) posts in 2019-20 to enhance the senior coverage and supervision to wards at night.
Implementation of Specialty Nurse Allowance	11	To encourage professional development of nurses through recognising their specialty qualifications, as well as supporting nurses for transition to the future "Voluntary Scheme on Advanced / Specialised Nursing Practice" to be launched by the Nursing Council of Hong Kong, HA will introduce the Specialty Nurse Allowance, at a fixed rate of $2,000 per month, for full time HA employees at RN rank who possess recognised specialty qualifications and are serving in a relevant clinical specialty / service area. HA is working out the promulgation and implementation details for application by eligible RNs in due course, and approved cases will take retrospective effect from 1 March 2020 where applicable. It is estimated that as at February 2020, about 4 800 serving RNs in HA possessed the specialty nurse qualifications under the HA Specialty Nurse Recognition Scheme.
Enhancement of promotion prospect for pharmacists	15	Relevant recruitment exercise of the upgraded posts, including 10 Senior Pharmacists and 11 Pharmacists, has been completed.

Measures	Additional recurrent funding ($ million)	Details
Measures to attract and retain supporting staff (pay enhancement for supporting staff and recruitment of additional Executive Assistants in wards (EA(Ward)))	290	Pay rise at 8% for all Patient Care Assistants (PCAs)/ Operation Assistants (OpAs)/ Executive Assistants (EAs) has been implemented with effect from 1 April 2019. Over 25 000 PCAs/OpAs/EAs have benefited from the pay enhancement. Additional 200 EAs(Ward) would be recruited by phases in 2019-20 to enhance clerical support in wards.
Measures for alleviating service demand surge	50	To encourage more staff to work during the surge period with significant increase in workload anticipated, the rate of Special Honorarium Scheme (SHS) allowance has been adjusted by a 10% increase for all winter surge programmes and a 20% increase for special winter surge programmes in 2019-20 winter surge period.

Moreover, HA has formulated a series of measures to attract and retain the healthcare workforce. They include hiring full-time and part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangement, rehiring suitable retired healthcare staff, increasing the number of Resident Trainee posts to recruit local graduates, recruitment of non-locally trained doctors to work in public hospitals under Limited Registration (LR) to relieve the manpower pressure. Training opportunities and promotion prospect of healthcare staff will also be enhanced. HA will continue to provide SHS to the existing workforce to facilitate operation of extra service sessions to meet operation needs.

With the additional financial provision from the Government, HA will enhance the following manpower measures to retain staff and alleviate manpower pressure in 2020-21:

(i) enhancement of opportunities for Associate Consultants to be promoted to Consultants;
(ii) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;
(iii) provision of allowance for registered nurses who have attained recognised specialty qualifications;
(iv) continuation of enhancement measures for PCAs, OpAs and EAs; and
(v) continuation of recruitment of additional non-locally trained doctors under LR.

(c)

Owing to an ageing population and an over-burdened public healthcare system, the shortfall in the supply of healthcare professionals has been serious in the public sector. The Government has been adopting a multi-pronged approach to tackle the manpower shortage problem including increasing healthcare training places; providing funding to upgrade and increase healthcare training capacities; supporting the manpower initiatives of HA; and actively promoting and facilitating practice of qualified non-locally trained healthcare professionals in Hong Kong. The Government has also kick-started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower, and the results are expected to be available within 2020.

The Government will continue to closely monitor the situation and maintain close communication with relevant stakeholders and organisations of the healthcare professions, so as to explore other measures to increase the supply of healthcare professionals.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)375

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4608)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the use of drugs, would the Government provide the following information:

a. the number of drugs registered in Hong Kong over the past 3 years;
b. the number of drugs registered in Hong Kong which have been listed in the Drug Formulary; and among these, the respective number of subsidised and self-financed drugs over the past 3 years;
c. the number of drugs newly incorporated into and removed from the Drug Formulary and the expenditure involved over the past 3 years;
d. the expenditure involved in the Hospital Authority (HA)'s provision of general drugs and standard drugs to patients in accordance with the Drug Formulary over the past 3 years;
e. the amount of patients' contribution to self-financed drugs, the number of cases covered by the Samaritan Fund and the Community Care Fund, and the amount of subsidies granted over the past 3 years (with a breakdown by the types of drugs);
f. the average, shortest and longest time taken for a drug to be registered and listed in the Drug Formulary since its inception in 2005;
g. the number of non-formulary drugs used by HA in each of the past 5 years, with a breakdown of drugs used (i) 1 to 3 times; (ii) 4 to 6 times; (iii) 7 to 9 times; (iv) 10 times or more;
h. whether applications have been made for incorporating the above drugs into the Drug Formulary after they were used. If so, please provide: (i) the number of drugs succeeded in incorporating into the Drug Formulary, with a breakdown of the number of applications made previously; (ii) the number of drugs that failed in their applications, with a breakdown of the number of applications made previously for each drug.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 191)

Reply:

a.

The table below sets out the number of registered pharmaceutical products in Hong Kong in the past 3 years:

	2017	2018	2019
Number of Registered Pharmaceutical Products in Hong Kong	18 120	17 323	16 186

b.

The table below sets out the number of subsidised and self-financed drugs in the Hospital Authority Drug Formulary (HADF) as at January 2018, 2019 and 2020.

	Number of Drugs		
Drug Category	**January 2018**	**January 2019**	**January 2020**
a) Subsidised drugs provided at standard fees and charges in public hospitals and clinics			
i) General drugs	824	880	888
ii) Special drugs [(1)]	363	372	407
b) Self-financed drugs			
i) Self-financed items (SFI)	68	75	65
ii) Drugs covered by the Samaritan Fund (SF)	29	33	42
iii) Drugs supported by the Community Care Fund (CCF) Medical Assistance Programmes	17	20	27
Total number of drugs in HADF [(2)]	**1 301**	**1 380**	**1 429**

Note:

1. Special drugs are used under specific clinical conditions with specific specialist authorisation. Patients who do not meet specified clinical conditions but choose to use Special drugs have to pay for the drugs.
2. A drug may fall in more than 1 category (General, Special, Self-financed or Self-financed with Safety Net) in HADF due to different therapeutic indications or dose presentations. The total number is the gross summation of drugs in all categories in HADF.

c. and d.

The table below sets out the number of drugs newly incorporated into and removed from HADF in 2017-18, 2018-19 and 2019-20.

	2017-18	2018-19	2019-20
Number of new drugs incorporated into HADF	50	38	57
Number of drugs removed from HADF	86	54	19

The amount of drug consumption expenditure on General and Special Drugs in HADF (i.e. the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges) in 2017-18, 2018-19 and 2019-20 (projection based on expenditure figure as at 31 December 2019) are $5,372 million, $5,662 million and $6,206 million respectively.
e.

The table below sets out patients' contribution to Self-financed drug items covered by the SF and the CCF Medical Assistance Programmes, as well as other Self-financed drug items purchased through the Hospital Authority (HA) in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

	2017-18 ($ million)	**2018-19 ($ million)**	**2019-20 (up to 31 December 2019) ($ million)**
Patients' contribution to SFI drugs covered by SF	28.1	33.3	27.3
Patients' contribution to SFI drugs covered by CCF Medical Assistance Programme	15.0	19.7	19.9
Patients' contribution to other SFI drugs	592.5	752.1	596.9

The tables below set out the names of self-financed drug items covered by SF and CCF Medical Assistance Programmes, the number of applications approved and the amount of subsidies granted in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019):

SF

2017-18		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	35	3.12
Adalimumab	148	15.18
Azacitidine	51	12.89
Bortezomib	99	17.69
Canakinumab	2	0.69
Certolizumab Pegol	29	2.17
Cetuximab	36	3.62
Crizotinib	47	9.84
Dasatinib	120	22.52
Eltrombopag	48	3.76

2017-18		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Erlotinib	7	0.71
Etanercept	200	17.84
Everolimus	6	0.94
Fingolimod	31	7.38
Gefitinib	7	0.48
Golimumab	144	12.81
Imatinib	215	34.00
Infliximab	38	4.30
Interferon	2	0.40
Lenalidomide	49	7.45
Natalizumab	0*	0*
Nilotinib	114	27.06
Plerixafor	18	1.48
Rituximab	271	21.94
Temozolomide	48	3.13
Tocilizumab	124	8.17
Trastuzumab	489	91.65
Ustekinumab	6	0.48
Total:	**2 384**	**331.70**

* No application for this drug was received in 2017-18.

2018-19		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	41	3.69
Adalimumab	165	17.13
Afatinib	16	2.34
Alemtuzumab	2	0.61
Azacitidine	72	21.79
Bortezomib	127	25.84
Canakinumab	3	0.95
Certolizumab Pegol	36	2.64
Cetuximab	152	43.32
Crizotinib	62	13.62
Dasatinib	119	24.96
Eltrombopag	61	5.60
Erlotinib	51	5.41
Etanercept	203	18.33
Everolimus	14	1.75
Fingolimod	25	5.62

2018-19		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Gefitinib	87	8.25
Golimumab	162	13.99
Imatinib	217	35.60
Infliximab	34	3.68
Interferon	1	0.22
Lenalidomide	68	9.75
Natalizumab	0*	0*
Nilotinib	119	28.48
Panitumumab	2	0.65
Plerixafor	22	1.18
Rituximab	254	20.88
Secukinumab	34	3.15
Temozolomide	40	1.46
Tocilizumab	134	8.78
Tofacitinib	43	2.32
Trastuzumab	485	87.60
Ustekinumab	15	2.18
Vedolizumab	0*	0*
Total:	**2 866**	**421.77**

* No application for this drug was received in 2018-19.

2019-20 (Up to 31 December 2019)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	32	3.16
Adalimumab	139	14.65
Afatinib	77	9.84
Alemtuzumab	3	0.97
Azacitidine	98	16.00
Bortezomib	141	31.93
Canakinumab	3	1.07
Ceritinib	8	2.53
Certolizumab Pegol	37	2.75
Cetuximab	177	49.64
Crizotinib	59	11.61
Dasatinib	95	19.78
Eltrombopag	69	6.46
Erlotinib	391	37.59
Etanercept	153	14.32
Everolimus	0*	0*

2019-20 (Up to 31 December 2019)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Fingolimod	1	0[#]
Gefitinib	454	41.38
Golimumab	132	11.74
Ibrutinib	7	2.39
Imatinib	202	35.27
Infliximab	29	3.23
Interferon	0*	0*
Lenalidomide	58	7.42
Natalizumab	0*	0*
Nilotinib	84	21.35
Nintedanib (Ofev)	22	4.35
Obinutuzumab	23	2.60
Panitumumab	16	3.22
Plerixafor	21	1.50
Rituximab	226	20.71
Secukinumab	74	7.00
Temozolomide	15	0.52
Tocilizumab	122	8.30
Tofacitinib	106	6.05
Trastuzumab	352	68.54
Ustekinumab	4	0.40
Vedolizumab	4	0.29
Total:	**3 434**	**468.56**

[*] No application for this drug was received in 2019-20 (Up to December 2019).

[#] No subsidy was used for the case due to the re-positioning of the drug from SF to Special Drug of HADF with effect from 13 April 2019.

CCF Medical Assistance Programme (First Phase Programme)

2017-18		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abiraterone	30	4.15
Afatinib	48	6.27
Bendamustine	8	2.00
Bevacizumab	43	6.24
Enzalutamide	30	4.19
Erlotinib	383	36.28
Gefitinib	486	42.24
Lapatinib	110	7.02

2017-18		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Pazopanib	50	5.16
Pegylated liposomal Doxorubicin	53	3.47
Pemetrexed	350	7.01
Pertuzumab	48	21.36
Sorafenib	300	14.07
Sunitinib	61	7.00
Trastuzumab	9	1.60
Vemurafenib	3	0.72
Total:	**2 012**	**168.78**

2018-19		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abiraterone	34	4.11
Afatinib	61	6.75
Alectinib	5	1.98
Axitinib	7	0.38
Bendamustine	6	1.30
Bevacizumab	211	27.39
Ceritinib	1	0.09
Enzalutamide	28	3.45
Erlotinib	349	30.16
Everolimus	3	0.44
Gefitinib	486	37.63
Lapatinib	113	7.28
Nivolumab	13	4.39
Obinutuzumab	6	1.49
Osimertinib	20	5.68
Palbociclib	23	5.52
Pazopanib	61	9.47
Pegylated liposomal Doxorubicin	58	3.66
Pemetrexed	291	4.48
Pertuzumab	128	49.95
Sorafenib	281	14.44
Sunitinib	50	5.11
Trastuzumab	11	1.96
Trastuzumab emtansine (T-DM1)	10	3.07

2018-19		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Vemurafenib	7	1.63
Total:	**2 263**	**231.81**

2019-20 (Up to 31 December 2019)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abiraterone	21	2.75
Alectinib	34	9.29
Axitinib	18	1.01
Bendamustine	5	1.17
Bevacizumab	249	35.85
Certinib	13	1.60
Enzalutamide	99	13.96
Everolimus	21	2.75
Lapatinib	39	2.51
Nivolumab	16	5.29
Obinutuzumab	8	0.68
Osimertinib	123	32.63
Palbociclib	105	22.20
Pazopanib	64	8.55
Pegylated liposomal Doxorubicin	55	3.94
Pemetrexed	11	0.00
Pertuzumab	131	51.19
Ribociclib	18	3.71
Sorafenib	243	11.45
Sunitinib	43	4.87
Trastuzumab	10	2.06
Trastuzumab emtansine (T-DM1)	46	12.40
Vemurafenib	4	0.83
Total:	**1 376**	**230.69**

CCF Medical Assistance Programme "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)"

2017-18 [Note 1]		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Eculizumab	9	35.58

2018-19		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Eculizumab	10	40.99
Nusinersen [Note 2]	4	5.44
Total:	**14**	**46.43**

2019-20 (Up to 31 December 2019)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Eculizumab	12	47.88
Nusinersen [Note 2]	9	27.76
Tafamidis [Note 3]	1	0.88
Total:	**22**	**76.52**

Note 1: The CCF Medical Assistance Programme "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" was implemented on 1 August 2017.

Note 2: The drug Nusinersen has been included into the coverage of the CCF Programme with effect from 25 September 2018.

Note 3: The drug Tafamidis has been included into the coverage of the CCF Programme with effect from 13 July 2019.

The above data does not include those withdrawn / cancelled applications.

f.

HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review the existing drugs in HADF. The process follows an evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness of drugs and taking into account various factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups.

Under the existing mechanism, clinicians would submit new drug applications, based on service needs, to the HA Drug Advisory Committee (DAC) for consideration of listing on HADF. The DAC would review all new drug applications every 3 months. Appraisal of new drugs is an on-going process driven by evolving medical evidence, latest clinical development and market dynamics. HA does not capture data on the average, shortest and

longest time between the registration of new drugs with the Pharmacy and Poisons Board and their listing on HADF.

g.

Drugs listed on HADF are intended for corporate-wide use benefitting the entire local population while drugs outside HADF are to cater for the clinical needs of individual patients in exceptional situations. The use of drugs outside HADF is an integral part of medical care to bridge the gap between population and individual needs to ensure that patients are provided with appropriate clinical care. Clinicians would prescribe appropriate treatments based on their clinical expertise and professional judgement, taking into consideration the clinical conditions of individual patients. HA does not maintain statistics on the number of times that drugs outside HADF were used.

The following table sets out the number of drug items outside HADF prescribed in HA from 2015-16 to 2019-20 (up to 31 December 2019).

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Number of drug items outside HADF used	362	303	210	205	198*

* Figure as at 31 December 2019

h.

As HA is a publicly-funded healthcare service provider, the coverage of HADF is driven by clinical service needs. Drugs listed on HADF are intended for corporate-wide use benefitting the entire local population while drugs outside HADF are to cater for the clinical needs of individual patients in exceptional situations. Clinicians would initiate applications for new drug listing according to service needs.

The DAC does not accept applications for listing unregistered drugs on HADF. The table below sets out the number of registered drugs that had been incorporated into HADF or rejected for listing on HADF, and their corresponding number of applications made to the DAC between 2015-16 and 2019-20.

	Total Number	**Number of Applications Made**					
		One	**Two**	**Three**	**Four**	**Five**	**Six**
Number of drugs approved by the DAC for listing on HADF	123	86	21	12	2	2	0
Number of drugs rejected by the DAC for listing on HADF	36	22	10	3	1	0	0

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)376

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4609)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

According to the Budget Speech, the scope of the Drug Formulary has been expanded as mentioned in previous budgets. In this connection, will the Government inform this Committee of :

1. details about the work of expanding the scope of the Drug Formulary since the budget of last year;
2. the estimated number of drugs that can be added to the Drug Formulary each year;
3. the names of the newly added drugs; whether they include drugs for treating cancers or uncommon diseases, as well as their numbers;
4. the criteria adopted for selecting the drugs added; and
5. in the long run, whether the Government will consider scrapping the Drug Formulary and provide subsidies for all drugs.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 192)

Reply:

1. & 2.

As announced in the Budget for 2019-20, the Government provided an additional recurrent subvention of $400 million to the Hospital Authority (HA) for widening the scope of the HA Drug Formulary (HADF). With the additional resources, HA has expanded coverage of drugs for management of diabetes mellitus, cancers, multiple sclerosis, osteoporosis, hepatitis, tuberous sclerosis complex, psychiatric, cardiovascular, pulmonary and renal diseases in the HADF since April 2019.

In 2020-21, with the additional recurrent funding from the Government, HA will further incorporate 2 new drugs into HADF as Special drugs and extend the therapeutic application of 1 Special drug / drug class in HADF. The table below sets out the additional recurrent

resources involved and the estimated number of patients who will benefit from the drugs to be repositioned as Special drugs and extended therapeutic application of the Special drug / drug class in 2020-21.

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved ($ Million)	Estimated Number of Patients Benefited
Newly Incorporated Drugs		
i) Erlotinib for advanced or metastatic non-small-cell lung cancer	63.0	1 000
ii) Sacubitril / Valsartan for heart failure	15.6	2 167
Drug with Extended Therapeutic Application		
i) Tenofovir for treating Hepatitis B for pregnant women	5.6	783

Since appraisal of new drugs is an on-going 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 HADF in each year.

3.

Currently, there is no common definition of rare diseases / uncommon disorders available worldwide, and the interpretation varies among countries with different characteristics of the respective health systems and situations. Under the current healthcare policy, the Government and HA strive to ensure that all patients, including cancer patients and patients with uncommon disorders, will not be denied from appropriate medical treatment due to lack of means. The healthcare support provided by HA covers patients with uncommon disorders and those suffering from other diseases, and the mechanism in place also addresses the needs of all patients.

The table below sets out the concerned drug / drug class for the management of cancers and the additional recurrent resources involved in HADF in 2020-21.

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved ($ million)
Cancer	
i) Erlotinib for advanced or metastatic non-small-cell lung cancer	63.0

4. & 5.

The World Health Organization has all along been actively promoting the concept of "essential medicines". It recommends health authorities around the world establishing their own mechanisms for systematic selection of drugs to promote the availability, accessibility, affordability, quality and rational use of medicines. In keeping up with the international developments, HA has formulated HADF since July 2005, with a view to

ensuring equitable access by patients to cost-effective drugs of proven safety and efficacy by standardising the drug policy and drug utilisation in all public hospitals and clinics. The development of HADF is at the same time underpinned by other core values, including evidence-based medical practice, rational use of public resources, targeted subsidy, opportunity cost considerations and facilitation of patients' choice.

At present, HADF covers around 1 300 drugs and includes effective drugs for the treatment of various diseases. While General Drugs and Special Drugs of HADF are provided at standard fees and charges to needy patients, a safety net is provided through the Samaritan Fund to provide financial subsidy to needy patients who pass the financial assessment and meet the specific clinical criteria in meeting the expenses of Self-financed Drugs.

HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review the existing drugs in HADF. The process follows an evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness of drugs; and taking into account various factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups. HA will continue to keep abreast of the latest development of clinical and scientific evidence, listen to the views and suggestions of patient groups and follow the principle of rational use of limited public resources to appraise new drugs, review HADF and the coverage of the safety net under the established mechanisms so as to provide sustainable, affordable and optimal care for all patients in the long term.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)377**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4610)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(1) What is the number of attendance at psychiatric specialist outpatient clinics in each hospital cluster under the Hospital Authority (HA) in the past 3 years? What is the number of new cases? (2) What are the numbers of psychiatric doctors, psychiatric nurses, psychologists and allied health professionals working at psychiatric specialist outpatient clinics in the past 3 years and what are their respective estimated numbers in 2020-21? (3) As assessed by the HA, what are the shortfalls in psychiatric doctors, psychiatric nurses, psychologists and allied health professionals in the psychiatric specialty? (4) Apart from drug treatments, what other kinds of treatments are provided? What is the number of patients who received these treatments over the past 3 years and what is the average waiting time for the relevant services?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 193)

Reply:

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. to provide comprehensive and continuous medical services, including inpatient, outpatient, day rehabilitation training and community support services, to patients with mental health problems, depending on their medical conditions and clinical needs. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements.

The table below sets out the number of psychiatric specialist outpatient (SOP) (clinical) attendances in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

Cluster	2017-18	2018-19	2019-20 (up to 31 December 2019) [provisional figures]
HKEC	86 082	86 548	67 839
HKWC	64 969	70 847	54 335
KCC	65 920	67 930	52 258
KEC	110 048	108 247	84 561
KWC	240 632	246 199	185 774
NTEC	143 531	151 702	114 530
NTWC	161 959	166 304	131 346
Overall	**873 141**	**897 777**	**690 643**

The tables below set out the number of psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019) –

2017-18

Cluster	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	355	1	845	3	2 260	24
HKWC	365	1	884	3	2 452	63
KCC	129	1	939	5	1 532	25
KEC	254	<1	1 655	3	5 369	20
KWC	293	<1	769	3	11 744	15
NTEC	1 104	1	2 495	4	5 884	51
NTWC	476	<1	1 496	4	4 595	35

2018-19

Cluster	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	201	1	747	3	2 271	24
HKWC	402	1	820	3	2 495	63
KCC	143	1	1 029	5	1 318	16
KEC	128	<1	1 497	3	5 437	56
KWC	313	<1	872	4	12 306	18
NTEC	1 024	1	2 311	4	5 885	42
NTWC	483	1	1 583	5	4 972	34

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	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	203	<1	718	3	1 550	13
HKWC	417	1	573	4	1 678	66
KCC	145	1	837	4	948	14
KEC	104	1	1 108	3	4 161	69
KWC	201	<1	556	4	9 583	22
NTEC	689	1	1 807	4	4 435	55
NTWC	355	1	1 127	2	3 554	22

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses (CPNs), clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in each hospital cluster of HA in the past three years from 2017-18 to 2019-20 (as at 31 December 2019). As healthcare professionals usually provide support for a variety of psychiatric services, the manpower for supporting psychiatric outpatient clinics cannot be separately quantified.

Cluster	Psychiatric doctors [1 & 2]	Psychiatric Nurses [1 & 3] (including CPNs)	CPNs [1 & 4]	Allied Health Professionals		
				Clinical Psychologists [1]	Medical Social Workers [5]	Occupational Therapists [1]
2017-18						
HKEC	34	249	11	8	N/A	19
HKWC	26	117	8	6	N/A	23
KCC	33	238	12	10	N/A	26
KEC	35	167	16	11	N/A	19
KWC	73	673	23	23	N/A	71
NTEC	64	407	21	14	N/A	46
NTWC	82	737	49	14	N/A	59
Overall	**347**	**2 588**	**139**	**86**	**243**	**263**
2018-19						
HKEC	34	256	11	9	N/A	18
HKWC	28	116	7	6	N/A	22
KCC	35	262	11	11	N/A	29
KEC	36	177	16	12	N/A	19
KWC	77	689	23	24	N/A	73
NTEC	62	423	18	15	N/A	43
NTWC	81	747	48	13	N/A	59
Overall	**351**	**2 670**	**134**	**90**	**246**	**263**
2019-20 (as at 31 December 2019)						
HKEC	38	269	10	9	N/A	21
HKWC	30	138	8	9	N/A	24

Cluster	Psychiatric doctors [1 & 2]	Psychiatric Nurses [1 & 3] (including CPNs)	CPNs [1 & 4]	Allied Health Professionals		
				Clinical Psychologists [1]	Medical Social Workers [5]	Occupational Therapists [1]
KCC	37	267	10	10	N/A	29
KEC	40	193	16	11	N/A	21
KWC	76	722	22	27	N/A	81
NTEC	63	456	20	16	N/A	46
NTWC	84	761	46	15	N/A	63
Overall	**368**	**2 806**	**132**	**97**	**249**	**285**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital (SLH)), 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.
5. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department. Breakdown by cluster is not readily available.

HA will enhance its psychiatric services in 2020-21, including the psychiatric SOP services, as follows –

(i) Further rolling out the Student Mental Health Support Scheme to a total of 150 schools to enhance the support for students with mental health needs in the 2020/21 school year; introducing a collaborative care model between paediatrics and child and adolescent (C&A) psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder; and strengthening the allied health support services to C&A psychiatric patients. It is estimated that 4 doctors, 34 nurses, 10 clinical psychologists, 5 occupational therapists, 2.5 speech therapists and 27 supporting staff will be recruited;

(ii) Establishing the C&A psychiatric services in HKEC by phases. It is estimated that 2 doctors, 15 psychiatric nurses, 1 clinical psychologist, 1 occupational therapist, 0.4 speech therapist, 0.5 dispenser and 29 supporting staff will be recruited;

(iii) Enhancing the community psychiatric services by recruiting 16 additional case managers in HKEC, HKWC, KCC, KWC and NTWC; and

(iv) Enhancing the psychogeriatric outreach services in HKEC, KEC and NTEC to patients living in Residential Care Homes for the Elderly. It is estimated that additional 6 psychiatric nurses and 3 supporting staff will be recruited.

HA will continue to review and monitor its services to ensure that they are in keeping with 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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4611)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the recommendations of the Advisory Committee on Mental Health, please provide the following information:

a. The Government stated that it planned to conduct a large-scale mental health survey in the first quarter of 2019 on 3 groups, viz. children and adolescents aged between 6-17, adolescents between 15-24 and the elderly aged 60 or above. What are the implementation details (including the up-to-date progress, timetable for the work and targets) of the plan? What are the manpower and resources involved?

b. In the long run, will the Government establish a high-level mental health council, with members comprising various types of stakeholders (e.g. healthcare personnel, psychiatric patients and their carers, ex-mentally ill persons, social workers, social and welfare organisations, academics and concern groups), responsible for drawing up a comprehensive policy on mental health services and keeping the policy reviewed from time to time as well as promoting collaboration among various policy bureaux and relevant organisations in mental health services; if so, of the details; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 194)

Reply:

a. In order to gather more comprehensive information on the mental health status of the Hong Kong population, the Food and Health Bureau (FHB) has, based on the recommendations of the Advisory Committee on Mental Health (Advisory Committee), commissioned two universities to conduct three territory-wide mental health prevalence surveys covering children, adolescents and the elderly. The details of the surveys are as follows –

Target group	Commencement date	Tentative project duration (as at March 2020)	Approved amount
School-based children and adolescents aged 6 to 17	February 2019	30 months	$20 million
Youth aged 15 to 24	May 2019	36 months	$15 million
Elderly aged 60 or above	February 2019	33 months	$15 million

Work relating to the mental health prevalence surveys falls within the existing duties of the relevant subject officers in FHB. The manpower and resources involved cannot be separately quantified.

b. The Government has established the standing Advisory Committee since December 2017 to provide advice on mental health policies, including the adoption of a more integrated and comprehensive approach to tackle multi-faceted mental health issues in Hong Kong. It assists the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong. It also follows up on and monitors the implementation of the recommendations of the Mental Health Review Report (Review Report) promulgated in 2017. Chaired by Mr WONG Yan-lung, SC, the Advisory Committee comprises members from various sectors with a wealth of expertise and experience, including professionals from the healthcare, social service and education sectors, representatives from patient and carer advocacy groups, and lay persons with interest in mental health.

Since its establishment, the Advisory Committee has been monitoring the planning and implementation progress of various mental health related issues and initiatives, including the 40 recommendations of the Review Report; the ways to enhance mental health services for children and adolescents; an on-going mental health promotion and public education initiative; and mental health prevalence surveys. The work of the Advisory Committee in the first two-year term was detailed in LC Paper No. CB(2)468/19-20(03) and reported at the meeting of the Legislative Council Panel on Health Services held on 10 January 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4612)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding specialist outpatient services, the median waiting time of Priority 1 and Priority 2 cases for first appointment at specialist outpatient clinics as at 31 March 2019 was within 1 week and 5 weeks respectively. Yet the two median figures for the revised estimate as at 31 March 2020 increase to 2 weeks and 8 weeks respectively, and the target and plan figures for 2021 are also 2 weeks and 8 weeks respectively. Will the Government provide the reasons for such an increase in the median waiting time for first appointment at specialist outpatient clinics? Does the Government have any improvement plans? If yes, what are the manpower and resources involved? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.:195)

Reply:

It is the target of Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (urgent cases) and Priority 2 cases (semi-urgent cases) to within 2 weeks and 8 weeks respectively. The corresponding figures indicated in the Estimates for 2019-20 and 2020-21 reflect the aforementioned targets, whereas the corresponding figures for 2018-19 reflect HA's actual performance achieved (with median waiting time less than 1 week for Priority 1 patients and 5 weeks for Priority 2 patients), indicating that HA's actual performance was better than the target.

HA has implemented the triage system for new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable) categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within 2 weeks and 8 weeks respectively. HA has all along been able to keep the median waiting time of Priority 1 and

Priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will receive timely treatment.

In addition, HA has implemented a series of measures to manage SOPC waiting time, for example, enhancing public primary care service and public-private partnership; strengthening manpower; implementing SOPC annual plan programmes; reducing the disparity in waiting time at SOPCs in different clusters; optimising appointment scheduling practices of SOPCs; etc.

In 2020-21, HA will continue to implement annual plan programmes to increase SOPC service capacity in all hospital clusters covering the major specialties. For instance, Kowloon Central Cluster (KCC) and Kowloon East Cluster (KEC) will build up SOPC service capacity of Internal Medicine. KCC and Kowloon West Cluster will augment SOPC service capacity of Orthopaedics and Traumatology while enhancing their Family Medicine Specialist Clinic services to help alleviate pressure on SOPC demand. KEC will also enhance SOPC service capacity of Ophthalmology and Psychiatry.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)380

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4614)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The attendance figure of psychiatric services of the Hospital Authority (HA) has been increasing in recent years. Please provide information on the following: 1. the average waiting time for appointment at child and adolescent (C&A) psychiatric specialist outpatient (SOP) clinics by district in the past 5 years; 2. the average waiting time for appointment at adult psychiatric SOP clinics by district in the past 5 years; 3. the number of elderly dementia patients receiving psychiatric treatment at the HA and the average waiting time for psychogeriatric service in the past 5 years; 4. the average consultation time for each patient and the average number of patients a doctor needs to see every hour, considering the heavy demand for psychiatric specialist outpatient service and the high attendance figure.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 197)

Reply:

(1)
The tables below set out the number of child and adolescent (C&A) psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under the Hospital Authority (HA) from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

Cluster [#]	**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 [1]	12	2	84	3	2 711	95
HKWC [1]						
KCC [2]	38	1	245	4	3 679	41

Cluster [#]	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 [2]						
KEC	32	1	135	5	1 764	83
NTEC	120	1	190	5	1 891	84
NTWC	0	N/A	261	1	1 427	86

2016-17

Cluster [#]	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 [1]	21	<1	97	3	2 264	80
HKWC [1]						
KCC [2]	70	1	264	4	3 574	57
KWC [2]						
KEC	17	1	158	2	1 407	96
NTEC	159	1	135	3	2 001	133
NTWC	0	N/A	221	4	1 286	87

2017-18

Cluster [#]	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 [1]	14	<1	131	4	1 445	96
HKWC [1]						
KCC [2]	45	1	195	3	3 131	74
KWC [2]						
KEC	20	<1	173	5	1 527	115
NTEC	105	1	245	5	2 025	119
NTWC	55	1	163	6	1 443	92

2018-19

Cluster #	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[1] / HKWC[1]	16	<1	165	4	1 556	82
KCC[2] / KWC[2]	51	1	205	3	3 499	89
KEC	22	<1	191	1	1 511	96
NTEC	119	1	207	4	2 332	86
NTWC	74	1	162	5	1 853	70

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster #	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[1] / HKWC[1]	3	1	133	5	1 059	83
KCC[2] / KWC[2]	33	<1	204	3	2 975	113
KEC	13	<1	95	<1	1 381	93
NTEC	139	1	193	4	1 884	86
NTWC	75	1	129	4	1 356	73

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

(2)

The tables below set out the number of adult psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2015-16 to 2019-20 (up to 31 December 2019).

2015-16

Cluster #	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	299	<1	819	3	2 207	10
HKWC	573	<1	607	3	276	13
KCC	76	<1	696	3	1 029	16
KEC	362	<1	1 427	4	2 043	15

Cluster [#]	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	31	<1	226	3	8 687	4
NTEC	1 089	1	1 762	4	2 843	34
NTWC	450	<1	1 309	7	2 103	19

2016-17

Cluster [#]	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	308	1	774	3	2 173	15
HKWC	388	1	569	3	635	14
KCC	109	<1	553	3	823	16
KEC	316	<1	1 116	4	3 351	4
KWC	22	<1	262	3	8 730	4
NTEC	912	<1	1 856	4	2 526	55
NTWC	532	1	1 284	7	2 253	15

2017-18

Cluster [#]	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	346	1	815	3	1 826	18
HKWC	314	1	606	3	672	23
KCC	111	1	632	4	977	24
KEC	201	<1	1 142	3	3 005	8
KWC	58	<1	348	3	7 738	4
NTEC	846	<1	1 749	4	2 908	25
NTWC	407	<1	1 201	4	2 257	24

2018-19

Cluster [#]	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	199	1	692	3	1 760	17
HKWC	344	1	483	3	654	27
KCC	120	1	680	4	840	16

Cluster [#]	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)
KEC	89	<1	1 073	3	3 065	20
KWC	62	<1	409	3	7 843	10
NTEC	754	1	1 625	4	2 527	21
NTWC	387	1	1 267	5	2 291	15

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster [#]	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	195	<1	679	3	1 346	11
HKWC	366	1	345	3	390	15
KCC	114	1	516	4	645	13
KEC	77	1	746	3	2 005	21
KWC	36	<1	220	4	5 894	15
NTEC	461	<1	1 192	4	1 765	38
NTWC	273	1	856	1	1 594	7

(3)
The table below sets out the number of patients aged 65 or above with dementia under psychiatry in HA from 2015 to 2019.

Year	Number of patients aged 65 or above with dementia under psychiatry
2015	16 900
2016	17 900
2017	19 000
2018	20 100
2019	Not readily available

Note:
1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Refer to age as at 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. HA has aligned the method to estimate the number of patients with dementia by using diagnosis coding, drug dispensing and / or laboratory results information, and therefore such figures may not be comparable to those released in the past due to the difference in methodology and data scope.

The table below sets out the number of psychogeriatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in HA from 2015-16 to 2019-20 (up to 31 December 2019).

	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)**
2015-16	593	<1	1 626	3	4 540	27
2016-17	511	<1	1 800	4	4 721	29
2017-18	454	<1	1 683	4	4 882	36
2018-19	457	<1	1 700	5	4 953	45
2019-20 (up to 31 December 2019) [provisional figures]	329	1	1 418	5	3 615	46

(4)
HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists and etc. to provide comprehensive and continuous medical services, including in-patient, out-patient, day rehabilitation training and community support services, to patients with mental health problems, depending on their medical conditions and clinical needs. HA does not maintain statistics on the average consultation time for each patient and the average number of patients a doctor needs to see every hour in psychiatric SOP clinics.

Note:
The corresponding catchment districts of HA's clusters are listed below:

For reporting up to 31 March 2017:
HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC – Central & Western, Southern
KCC – Kowloon City, Yau Tsim
KEC – Kwun Tong, Sai Kung
KWC – Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC – Sha Tin, Tai Po, North
NTWC – Tuen Mun, Yuen Long

For reporting from 1 April 2017 onwards:
HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC – Central & Western, Southern
KCC – Kowloon City, Yau Tsim Mong, Wong Tai Sin

KEC – Kwun Tong, Sai Kung
KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC – Sha Tin, Tai Po, North
NTWC – Tuen Mun, Yuen Long

Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

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. 4615)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that "the social incidents and the novel coronavirus epidemic have affected the mental health of many people in Hong Kong … for providing appropriate support to people suffering from mental distress." In this connection, please advise this Committee of the following: (1) the resources to be allocated to the Food and Health Bureau, the Labour and Welfare Bureau and the Education Bureau respectively and the amount involved; (2) the contents of "appropriate support"; (3) whether the Government has assessed the feasibility of enhancing the support in the light of the current acute shortage of psychiatric services?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 198)

Reply:

(1) to (3)

The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress, as well as links to related websites for those in need of assistance. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic.

The Hospital Authority (HA) has earmarked an additional of around $115.3 million for 2020-21 to enhance its psychiatric services, as follows -

(i) Further rolling out the Student Mental Health Support Scheme to a total of 150 schools to enhance the support for students with mental health needs in the 2020/21 school year; introducing a collaborative care model between paediatrics and child and adolescent (C&A) psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder; and strengthening the allied health support services to C&A psychiatric patients. It is estimated that 4 doctors, 34 nurses, 10 clinical psychologists, 5 occupational therapists, 2.5 speech therapists and 27 supporting staff will be recruited;

(ii) Establishing the C&A psychiatric services in HKEC by phases. It is estimated that 2 doctors, 15 psychiatric nurses, 1 clinical psychologist, 1 occupational therapist, 0.4 speech therapist, 0.5 dispenser and 29 supporting staff will be recruited;

(iii) Enhancing the community psychiatric services by recruiting 16 additional case managers in HKEC, HKWC, KCC, KWC and NTWC; and

(iv) Enhancing the psychogeriatric outreach services in HKEC, KEC and NTEC to patients living in Residential Care Homes for the Elderly. It is estimated that additional 6 psychiatric nurses and 3 supporting staff will be recruited.

HA is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases.

In anticipation of the service demands, FHB will continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns, including but not limited to exploring more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4616)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In the past, when granting land to private hospitals for medical and healthcare purposes, the Government included conditions in the land leases stipulating that such hospitals should provide a specified number of free or low-charge beds, and plough back the surplus into the improvement and extension of hospital facilities. In this connection, please advise on the following:

1. the current number of private hospitals whose land leases contain such conditions, the details of such conditions and whether any penalty clause is included therein;
2. the current number of private hospitals whose land is granted by way of private treaty, and the number of those whose land leases contain the above conditions; if not all of them do, the reasons for not including the above conditions in the land leases;
3. the implementation of the above conditions by hospitals, with details of relevant figures in the past 3 years, including the number of specified beds provided and the progress of ploughing back the surplus into the improvement and extension of hospital facilities;
4. how the Government monitors the strict compliance of the relevant conditions by these hospitals, including the number of inspections conducted each year, the number of cases with irregularities identified, the penalties imposed and improvement measures taken; and
5. given that the Food and Health Bureau agreed with the contents of the Director of Audit's Report No. 59, which pointed out a number of problems, and undertook to take improvement measures, please advise on the improvement measures taken so far, their effectiveness, and the manpower and expenditure involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 199)

Reply:

Currently, six private hospitals are operating wholly or partly on sites of private treaty grant, among which one hospital is operating partly on a site of private treaty grant sold at market price. For the five private hospitals operating wholly or partly on sites of private treaty grant at nil or nominal premium, the relevant land grants/land document include the

"profits/surplus plough-back" condition, requiring no distribution of profits and relevant profits derived from the hospitals to be directed to the improvement or extension of the respective hospitals. In addition, the land grants of two private hospitals include the need to provide low-charge beds. These two hospitals are required to provide low-charge beds of not less than 20% of the total numbers of beds. One of these two hospitals is also required to provide not less than 20 free beds. The Department of Health (DH) monitors hospitals' compliance with the said requirements. Suspected non-compliance cases would be referred to Lands Department for action in accordance with the relevant land grants and land document.

To better serve the interests of the public, the Government conducted a review of the land disposal policy and strategy for private hospital development in 2010. In January 2011, the Executive Council approved the adoption of a set of minimum requirements for new private hospitals to be developed on new Government sites such as provision of services at packaged charge as a means to enhance the quality of private healthcare services which cater for public needs. We encourage existing private hospitals undergoing expansion/redevelopment projects and new private hospitals to be developed mainly on private land to consider accepting the aforementioned requirements.

For the two private hospitals with the land grant requirements to provide low-charge beds and/or free beds, during the years from 2017 to 2019, one private hospital provided 20 free beds and around 100 low-charge beds. For the other private hospital, it provided around 60 low-charge beds (as at the end of each year). No breach of the land grant conditions was identified. On top of the land grant requirements, the two hospitals have been implementing different measures to enhance usage of the low-charge beds and/or free beds.

Regarding the profits/surplus plough-back requirement, DH has checked the annual audited accounts submitted by the relevant hospitals, and no breach of the condition was identified for the financial years from 2017-18 to 2018-19. The audited accounts for the financial year of 2019-20 are yet to be received.

Based on the findings and recommendations set out in Chapter 4 of the Director of Audit's Report No.59, the Government has taken actions with a view to improving the regulation of compliance of private hospitals with the land grant conditions. Among others, DH has put in place a mechanism to monitor the implementation of the "provision of free/low-charge beds" and "profits/surplus plough-back requirement" which includes measures to require the hospitals concerned to submit the monthly report on low-charge and free beds and annual audited accounts for compliance checking. Besides, DH has arranged unannounced inspections to the relevant hospitals to monitor the compliance by private hospitals with the relevant land grants and land document.

The work on facilitating private hospital development is conducted with existing resources of the Food and Health Bureau, and breakdown on the expenditure involved in this area is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4617)

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:

Regarding private hospitals, please set out:

1. the numbers of hospital beds provided by private hospitals in Hong Kong, with a breakdown by hospital, type of ward and level of charge, in the past 3 years; and
2. the bed occupancy rates of private hospitals, with a breakdown by hospital, type of ward and level of charge, in the past 3 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 200)

Reply:

1. The number of beds of private hospitals in 2017 to 2019 (as at end of year) are as follows:

Name of hospital	**2017**	**2018**	**2019***
Canossa Hospital (Caritas)	179	179	189
Evangel Hospital	62	57	60
Gleneagles Hong Kong Hospital	354	354	507
Hong Kong Adventist Hospital – Stubbs Road	135	135	156
Hong Kong Adventist Hospital – Tsuen Wan	330	330	334
Hong Kong Baptist Hospital	866	849	904
Hong Kong Sanatorium & Hospital Limited	571	593	660
Matilda & War Memorial Hospital	99	99	104
Precious Blood Hospital (Caritas)	158	91	91

Name of hospital	**2017**	**2018**	**2019***
St. Paul's Hospital	413	464	502
St. Teresa's Hospital	1 069	1 098	1 122
Union Hospital	408	408	427
Total	**4 644**	**4 657**	**5 056**

*Prior to 2019, the number of private hospital beds includes inpatient beds only. Starting from 2019, the number of private hospital beds includes both inpatient beds and day beds.

According to the information provided by private hospitals, their numbers of beds in wards of different classes in 2017 to 2019 (as at end of year) are as follows:

Class of ward	**2017**	**2018**	**2019***
First Class Ward	436	455	467
Second Class Ward	799	846	846
General Ward	3 409	3 356	3 743
Total	**4 644**	**4 657**	**5 056**

*Prior to 2019, the number of private hospital beds includes inpatient beds only. Starting from 2019, the number of private hospital beds includes both inpatient beds and day beds.

The Department of Health does not collect information regarding the number of beds in private hospitals by level of charges.

2. The average bed occupancy rates of private hospitals in Hong Kong in the past 3 years are as follows:

	2017	2018	2019
Bed occupancy rate:	58.5%	59.3%	Not yet available

A breakdown by private hospital is at **Annex**. The Government does not have data on bed occupancy rates with a breakdown by bed type or by level of charge.

Annex

Average bed occupancy rate of private hospitals in 2017 and 2018

Name of Hospital	Average Bed Occupancy Rate (%)	
	2017	**2018**
Canossa Hospital (Caritas)	39.0	35.9
Evangel Hospital	35.1	35.9
Hong Kong Adventist Hospital – Stubbs Road	44.8	46.8
Hong Kong Adventist Hospital – Tsuen Wan	43.8	47.7
Hong Kong Baptist Hospital	60.2	56.7
Hong Kong Sanatorium & Hospital Limited	75.3	78.3
Matilda & War Memorial Hospital	35.6	32.4
Precious Blood Hospital (Caritas)	26.8	25.1
St Paul's Hospital	58.9	56.3
St Teresa's Hospital	58.8	57.8
Union Hospital	82.2	85.2

Notes:
1. The average bed occupancy rate of 1 private hospital is not provided as consent is not available for the Government to release its bed occupancy rate.
2. The bed occupancy rate for 2019 is not yet available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)384

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4618)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work of the Health Branch on facilitating private hospital development stated in the Matters Requiring Special Attention, will the Government provide the following information:

a. What are the details of the relevant plan and the expenditure involved? What are the target numbers of additional private hospital beds and private hospitals to be provided?

b. Please advise the detailed outcomes of the various measures adopted. What are the number of organisations which have expressed interest in providing private hospital services and the reasons for the Government's acceptance or rejection of their proposals?

c. Does the Government have any plans to reserve sites for private hospital development? If so, please list the location and size of these sites. If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 201)

Reply:

The Government's policy is to facilitate the further development of private hospitals with a view to ensuring the healthy development of a dual-track healthcare system in Hong Kong. While we do not have any additional government sites being reserved for development of private hospitals at the moment, we will continue to assess such demand in the light of further development and needs of the healthcare services in Hong Kong. In addition, we encourage existing private hospitals contemplating expansion/redevelopment projects and new private hospitals to be developed mainly on private land to consider accepting special requirements such as provision of services at packaged charge as a means to enhance the quality of private healthcare services to cater for public needs. We will continue to assess the needs of the community in formulating the overall direction of the development of private hospitals.

The work on facilitating private hospital development is conducted with existing resources of the Food and Health Bureau, and breakdown on the expenditure involved in this area is not available.

The Chinese University of Hong Kong Medical Centre under construction will have 516 beds upon full commissioning (with an expansion potential of an additional 90 beds). In addition, a few organisations have indicated intention to redevelop or expand existing hospitals. Relevant proposals, when finalised, will be processed by the Government according to established procedures.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)385

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4620)

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

Subhead (No. & title): ()

Programme: Not specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding cancer drugs, please advise on the following:

a. What were the numbers of patients receiving various types of cancer treatment from the Hospital Authority (HA) over the past 3 years? How many of them received drug subsidies and what were the subsidy amounts? How many of them were required to purchase drugs at their own expenses? What were the maximum and average amounts of expenses borne by patients for each type of self-financed drugs? Please provide a breakdown by cancer type and drug.

b. Please set out in the table below the details of the subsidies for cancer drugs from the HA, the Samaritan Fund (SF) and the Community Care Fund (CCF) over the past 3 years:

Cancer type	No. of patients	Purchase of drugs with subsidies from the SF				Purchase of drugs with subsidies from the CCF				Purchase of drugs with subsidies from other funds (please specify the name of the fund)			
		No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs	No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs	No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 203)

Reply:

a.

The Hospital Authority (HA) does not have readily available information on the breakdown of patient number, drug expenditure for treatments provided at standard fees and charges and amount of patients' expenditure on self-financed drugs by cancer types in HA.

The total number of cancer patients receiving treatment at standard fees and charges in HA and the total drug consumption expenditure involved for all types of cancers in 2017-18, 2018-19 and 2019-20 (projection as of 31 December 2019) are set out in the table below.

Year	**Number of Cancer Patients Receiving Treatment in HA[@]**	**Drug Consumption Expenditure Involved ($ Million)**
2017-18	**135 700**	**575.5**
2018-19	**140 300**	**628.2**
2019-20	**144 000**	**867.0**

[@] Figures rounded to the nearest hundred

b.

The tables below set out the names of cancer drugs covered by the Samaritan Fund and the Community Care Fund Medical Assistance Programme (the First Phase Programme), the number of applications received and approved, and the amount of subsidies granted in 2017- 18, 2018-19 and 2019-20 (up to 31 December 2019).

Samaritan Fund

2017-18				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	11	11	1.92
Brain cancer	Temozolomide	48	48	3.13
Breast cancer	Trastuzumab	489	489	91.65
Chronic Lymphocytic Leukaemia	Rituximab	18	18	1.59
Chronic Myeloid Leukaemia (CML)	Dasatinib	109	109	20.60
	Nilotinib	114	114	27.06
Colorectal cancer	Cetuximab	36	36	3.62

2017-18				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Gastrointestinal Stromal tumour (GIST)	Imatinib	215	215	34.00
Lung cancer	Crizotinib	47	47	9.84
	Erlotinib	7	7	0.71
	Gefitinib	7	7	0.48
Lymphoma	Rituximab	223	223	17.80
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	51	51	12.89
Myeloma	Bortezomib	99	99	17.69
	Lenalidomide	49	49	7.45
Total		**1 523**	**1 523**	**250.43**

2018-19				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	12	12	2.75
Brain cancer	Temozolomide	40	40	1.46
Breast cancer	Trastuzumab	485	485	87.60
Chronic Lymphocytic Leukaemia	Rituximab	11	11	1.08
Chronic Myeloid Leukaemia (CML)	Dasatinib	107	107	22.21
	Nilotinib	119	119	28.48
Colorectal cancer	Cetuximab	152	152	43.32
	Panitumumab	2	2	0.65
Gastrointestinal Stromal tumour (GIST)	Imatinib	217	217	35.60
Lung cancer	Afatinib	16	16	2.34
	Crizotinib	62	62	13.62
	Erlotinib	51	51	5.41
	Gefitinib	87	87	8.25
Lymphoma	Rituximab	218	218	17.59

2018-19				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	72	72	21.79
Myeloma	Bortezomib	127	127	25.84
	Lenalidomide	68	68	9.75
	Total	**1 846**	**1 846**	**327.74**

2019-20 (Up to 31 December 2019)				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	8	8	2.13
Brain cancer	Temozolomide	15	15	0.52
Breast cancer	Trastuzumab	352	352	68.54
Chronic Lymphocytic Leukaemia	Rituximab	8	8	0.62
Chronic Myeloid Leukaemia (CML)	Dasatinib	87	87	17.65
	Nilotinib	84	84	21.35
Colorectal cancer	Cetuximab	177	177	49.64
	Panitumumab	16	16	3.22
Gastrointestinal Stromal tumour (GIST)	Imatinib	202	202	35.27
Lung cancer	Afatinib	77	77	9.84
	Ceritinib	8	8	2.53
	Crizotinib	59	59	11.61
	Erlotinib	391	391	37.59
	Gefitinib	454	454	41.38
Lymphoma	Ibrutinib	7	7	2.39
	Obinutuzumab	23	23	2.60
	Rituximab	191	191	17.70
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	98	98	16.00

2019-20 (Up to 31 December 2019)				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Myeloma	Bortezomib	141	141	31.93
	Lenalidomide	58	58	7.42
	Total	**2 456**	**2 456**	**379.93**

Community Care Fund Medical Assistance Programme - First Phase Programme

2017-18				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Breast cancer	Lapatinib	110	110	7.02
	Pertuzumab	48	48	21.36
Colorectal cancer	Bevacizumab	27	27	1.82
Liver cancer	Sorafenib	300	300	14.07
Gastric carcinoma	Trastuzumab	9	9	1.60
Gastrointestinal tumour	Sunitinib	29	29	3.00
Leukaemia	Bendamustine	8	8	2.00
Lung cancer	Afatinib	48	48	6.27
	Erlotinib	383	383	36.28
	Gefitinib	486	486	42.24
	Pemetrexed	350	350	7.01
Ovarian cancer	Pegylated liposomal Doxorubicin	53	53	3.47
Renal cell carcinoma	Sunitinib	32	32	4.00
	Pazopanib	50	50	5.16
Skin cancer	Vemurafenib	3	3	0.72
Prostate cancer	Abiraterone	30	30	4.15
	Enzalutamide	30	30	4.19
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	16	16	4.42
	Total	**2 012**	**2 012**	**168.78**

2018-19				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Breast cancer	Everolimus	3	3	0.44
	Lapatinib	113	113	7.28
	Palbociclib	23	23	5.52
	Pertuzumab	128	128	49.95
	Trastuzumab emtansine (T-DM1)	10	10	3.07
Colorectal cancer	Bevacizumab	167	167	19.79
Liver cancer	Sorafenib	281	281	14.44
Gastric carcinoma	Trastuzumab	11	11	1.96
Gastrointestinal tumour	Sunitinib	25	25	2.87
Leukaemia	Bendamustine	6	6	1.30
	Obinutuzumab	6	6	1.49
Lung cancer	Afatinib	61	61	6.75
	Alectinib	5	5	1.98
	Ceritinib	1	1	0.09
	Erlotinib	349	349	30.16
	Gefitinib	486	486	37.63
	Osimertinib	20	20	5.68
	Pemetrexed	291	291	4.48
Ovarian cancer	Pegylated liposomal Doxorubicin	58	58	3.66
Renal cell carcinoma	Axitinib	7	7	0.38
	Sunitinib	25	25	2.24
	Pazopanib	61	61	9.47
Skin cancer	Nivolumab	13	13	4.39
	Vemurafenib	7	7	1.63
Prostate cancer	Abiraterone	34	34	4.11
	Enzalutamide	28	28	3.45
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	44	44	7.60
	Total	**2 263**	**2 263**	**231.81**

2019-20 (Up to 31 December 2019)				
Types of cancers	**Drugs**	**No. of applications received[#]**	**No. of applications approved[#]**	**Amount of subsidies granted ($ million)**
Breast cancer	Everolimus	21	21	2.75
	Lapatinib	39	39	2.51
	Palbociclib	105	105	22.20
	Pertuzumab	131	131	51.19
	Ribociclib	18	18	3.71
	Trastuzumab emtansine (T-DM1)	46	46	12.40
Colorectal cancer	Bevacizumab	219	219	31.03
Liver cancer	Sorafenib	243	243	11.45
Gastric carcinoma	Trastuzumab	10	10	2.06
Gastrointestinal tumour	Sunitinib	21	21	2.44
Leukaemia	Bendamustine	5	5	1.17
	Obinutuzumab	8	8	0.68
Lung cancer	Alectinib	34	34	9.29
	Ceritinib	13	13	1.60
	Osimertinib	123	123	32.63
	Pemetrexed	11	11	0.00
Ovarian cancer	Pegylated liposomal Doxorubicin	55	55	3.94
Renal cell carcinoma	Axitinib	18	18	1.01
	Sunitinib	22	22	2.43
	Pazopanib	64	64	8.55
Skin cancer	Nivolumab	16	16	5.29
	Vemurafenib	4	4	0.83
Prostate cancer	Abiraterone	21	21	2.75
	Enzalutamide	99	99	13.96
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	30	30	4.82
	Total	**1 376**	**1 376**	**230.69**

[#] The above data does not include those withdrawn / cancelled applications.

Note:
HA does not capture information on other cancer subsidy programmes.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)386**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4627)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding dentist training places, will the Government advise on the following:

a. the total number of dentists in Hong Kong at present, their respective numbers in the public and private sectors, and the ratio of dentists to population; and

b. whether the Government has considered increasing the number of dentist training places so as to increase the ratio of dentists to population; if yes, the targets of increase in the next 5 and 10 years and the respective target ratios of dentists to population to be achieved?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 210)

Reply:

a. As at end of December 2019, there were 2 392 dentists on the list of registered dentists resident in Hong Kong under the Dentists Registration Ordinance (Cap. 156). The ratio of resident dentist to population was 1: 3 135. According to the 2015 Health Manpower Survey on dentists conducted by the Department of Health, the distribution of those economically active dentists who were practising in different sectors is set out in the following table –

Sector of Work*	**Government**	**Private**	**Others** †
Percentage of Dentists	19.5%	74.0%	6.5%

Notes:

* Figures refer to the sector in which the dentists worked for the main job.

† Figures included dentists working in the Hospital Authority, subvented sector, academic sector and Prince Philip Dental Hospital.

b. According to the manpower projections conducted under the Strategic Review of Healthcare Manpower Planning and Professional Development, the manpower of dentists will be in shortage in the medium to long term.

To meet the anticipated demand for dental manpower, the Government increased the annual intake of University Grants Committee ("UGC")-funded first-year-first-degree ("FYFD") training places in dentistry from 53 to 73 by 20 (about 40%) in the 2016/17-2018/19 triennium. In the 2019/20 to 2021/22 triennium, the number of UGC-funded FYFD places in dentistry has been further increased to 80 per annum. The Government has also provided for 20 UGC-funded taught postgraduate places in dentistry each year in the 2019/20 to 2021/22 triennium.

The Government has commenced a new round of manpower projection exercise to update the demand and supply projection of healthcare professions, including dentists and dental hygienists. The results are expected to be available within 2020. Subject to the result of the new manpower projection, the Government will further consider the need to increase the number of relevant healthcare training places.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4629)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Prince Philip Dental Hospital, will the Government provide the following information for the past 3 years:

a. the number of attendances, the number of patients accepted and put on the waiting list, the number of teaching patients received, the average and the longest waiting time for treatment, and the manpower involved in providing treatment in each case;

b. the number of private fee paying cases received and the manpower involved in providing treatment in each case; and

c. the costs, fees and charges and subvention per patient (teaching patient/private fee paying patient)?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 212)

Reply:

The Prince Philip Dental Hospital ("PPDH") is a purpose-built teaching hospital to provide facilities for the training of dentists and other persons in professions supplementary to dentistry. Unlike general public hospitals, PPDH only provides dental services which are incidental to teaching and for a limited number of private fee paying patients. It does not provide public dental services.

At present, members of the public seeking to be teaching patients at PPDH will be screened. Only those who are found to be suitable for teaching purposes will be accepted as teaching patients. Treatments for teaching patients are mainly carried out by dental students under the supervision of qualified clinicians from the Faculty of Dentistry ("the Faculty") of the University of Hong Kong. The waiting time before commencement of treatment will depend on the training needs of the students and their study progress. PPDH does not keep statistics on the waiting time for teaching patients and the number of teaching patients accepted.

As regards private fee paying patients, they are referred by sources outside PPDH. Treatments for these patients are provided by authorised teaching staff of the Faculty.

The attendance of teaching patients* and private fee paying patients# of PPDH from 2017-18 to 2019-20 is as follows:

Financial Year	Total Attendance	
	Teaching Patients	Private Fee Paying Patients
2017-18	80 490	1 870
2018-19	78 081	1 893
2019-20 (as at 29 February 2020)^	53 470	1 897

*The total attendance of teaching patients included all sessions attended by teaching patients who had undergone single/multiple treatment sessions as well as the screening sessions attended by those seeking to be teaching patients. PPDH does not have further breakdown on those statistics.

#The total attendance of private fee paying patients included all sessions attended by private patients who had undergone single/multiple treatment sessions.

^Except for the short period of class resumption from 4 to 22 January 2020, PPDH's dental services to teaching patients had been affected since 11 November 2019 due to class suspension of dental undergraduate students.

The Hospital does not have a breakdown of its subvention/expenditure/manpower showing the amount for individual services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4631)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is stated under Matters Requiring Special Attention that there will be support for other initiatives aiming to enhance primary healthcare. In this connection, please provide the following information:

(1) the details of the initiatives and the estimated expenditure for each item;
(2) the manpower and structure of the Primary Healthcare Office (PHO), its actual expenditure for the past 3 years and the estimated expenditure for 2020-21; and
(3) the details of the change in staff establishment and expenditure after the integration of the former Primary Care Office with PHO.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 214)

Reply:

Within the term of the current Government, District Health Centres (DHCs) are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHCs was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. We plan to identify suitable rental premises for setting up DHCs in the above remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

"DHC Express" is to be established in 11 districts (Wan Chai, Eastern, Central & Western, Yau Tsim Mong, Kwun Tong, Kowloon City, Tai Po, Islands, North, Shatin and Sai Kung) pending the establishment of DHCs.

It will involve a recurrent expenditure of $654 million in a full year for operation and related expenses of the 6 DHCs and about $596 million non-recurrent expenditure for

implementation of "DHC Express" over 3 years. 11 permanent civil service posts and 5 time-limited civil service posts with total annual staff cost of about $11 million will be created to support the development and the launching of the above-mentioned 6 DHCs and 11 "DHC Express".

In respect of the former Primary Care Office (PCO) of the Department of Health, 10 civil service staff will be redeployed to the Food and Health Bureau after integration with the Primary Healthcare Office (PHO). The recurrent expenditure of PHO, including the cost of the 10 civil service staff redeployed from the former PCO and its related expenditure as well as the operation cost of DHCs, are as follows –

Year	Recurrent Expenditure ($ million)
2020-21 (estimate)	419
2019-20 (revised estimate)	98
2018-19 (actual)	16
2017-18 (actual)	Not applicable (Note)

Note: PHO was set up in March 2019.

As at 31 December 2019, the approved civil service establishment of PHO was 18. Taking into account the creation of new civil service posts and the integration of the PCO with the PHO, there will be altogether a net increase of 26 posts to 44 posts for PHO in 2020-21.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)389

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4637)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Extremely high inpatient bed occupancy rates are seen in Hong Kong's public hospitals during the winter and summer surge of influenza every year. In this connection, will the Government advise on the following:

a. the highest and average inpatient bed occupancy rates for the Medicine and Paediatrics specialties in each public hospital under various clusters during the winter and summer surge of influenza in the past 3 years;
b. the highest and average numbers of first attendances in the Accident and Emergency (A&E) department of each public hospital under various clusters in the past 3 years; and
c. the highest and average numbers of A&E first attendances at each public hospital under various clusters during the winter and summer surge of influenza in the past 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 221)

Reply:

a.

The tables below set out the inpatient (IP) bed occupancy rate and the respective highest daily figures in each hospital cluster for the Medicine and Paediatrics specialties under the Hospital Authority (HA) by quarter and full year from 2017-18 to 2019-20 (up to 31 December 2019).

2017-18 (April – June 2017)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	94%	94%	99%	108%	105%	106%	116%	103%
Highest daily IP bed occupancy rate	108%	101%	105%	118%	114%	113%	126%	110%
Paediatrics								
IP bed occupancy rate	96%	77%	77%	93%	85%	91%	136%	90%
Highest daily IP bed occupancy rate	120%	92%	94%	127%	107%	108%	170%	104%

2017-18 (July – September 2017)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	95%	94%	101%	106%	99%	106%	115%	103%
Highest daily IP bed occupancy rate	110%	100%	106%	118%	117%	116%	131%	112%
Paediatrics								
IP bed occupancy rate	90%	73%	78%	83%	74%	85%	123%	83%
Highest daily IP bed occupancy rate	133%	85%	105%	106%	109%	118%	175%	110%

2017-18 (October – December 2017)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	92%	92%	100%	108%	100%	103%	115%	102%
Highest daily IP bed occupancy rate	102%	101%	106%	118%	115%	110%	126%	109%
Paediatrics								
IP bed occupancy rate	80%	75%	81%	80%	70%	83%	113%	81%
Highest daily IP bed occupancy rate	114%	90%	102%	105%	86%	102%	154%	92%

2017-18 (January – March 2018)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	101%	98%	103%	111%	107%	105%	117%	106%
Highest daily IP bed occupancy rate	111%	105%	109%	121%	122%	113%	130%	113%
Paediatrics								
IP bed occupancy rate	97%	74%	87%	82%	82%	84%	104%	85%
Highest daily IP bed occupancy rate	135%	88%	110%	114%	120%	115%	146%	110%

2017-18

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	96%	94%	101%	108%	103%	105%	116%	104%
Highest daily IP bed occupancy rate	111%	105%	109%	121%	122%	116%	131%	113%
Paediatrics								
IP bed occupancy rate	91%	75%	81%	85%	78%	86%	118%	85%
Highest daily IP bed occupancy rate	135%	92%	110%	127%	120%	118%	175%	110%

2018-19 (April – June 2018)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	95%	93%	100%	108%	101%	104%	115%	102%
Highest daily IP bed occupancy rate	109%	103%	107%	117%	115%	112%	125%	110%
Paediatrics								
IP bed occupancy rate	89%	71%	71%	83%	73%	81%	91%	78%
Highest daily IP bed occupancy rate	116%	84%	88%	109%	88%	106%	115%	92%

2018-19 (July – September 2018)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	92%	92%	99%	107%	99%	108%	114%	102%
Highest daily IP bed occupancy rate	110%	98%	106%	115%	110%	114%	129%	111%
Paediatrics								
IP bed occupancy rate	81%	74%	68%	82%	66%	86%	88%	76%
Highest daily IP bed occupancy rate	112%	87%	84%	108%	85%	100%	119%	88%

2018-19 (October – December 2018)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	97%	94%	100%	107%	101%	101%	113%	102%
Highest daily IP bed occupancy rate	105%	100%	106%	117%	108%	113%	124%	107%
Paediatrics								
IP bed occupancy rate	92%	70%	81%	86%	78%	87%	92%	82%
Highest daily IP bed occupancy rate	124%	82%	99%	114%	91%	109%	118%	95%

2018-19 (January – March 2019)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	100%	95%	102%	111%	105%	107%	112%	105%
Highest daily IP bed occupancy rate	110%	101%	107%	119%	116%	112%	123%	111%
Paediatrics								
IP bed occupancy rate	84%	71%	85%	84%	78%	84%	88%	82%
Highest daily IP bed occupancy rate	141%	91%	108%	118%	110%	109%	118%	105%

2018-19

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	96%	93%	100%	108%	102%	105%	113%	103%
Highest daily IP bed occupancy rate	110%	103%	107%	119%	116%	114%	129%	111%
Paediatrics								
IP bed occupancy rate	87%	72%	76%	84%	74%	84%	89%	79%
Highest daily IP bed occupancy rate	141%	91%	108%	118%	110%	109%	119%	105%

2019-20 (April – June 2019)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	97%	94%	105%	112%	106%	106%	113%	105%
Highest daily IP bed occupancy rate	109%	100%	111%	118%	115%	112%	122%	111%
Paediatrics								
IP bed occupancy rate	89%	70%	81%	98%	87%	89%	96%	86%
Highest daily IP bed occupancy rate	116%	91%	102%	134%	106%	119%	114%	97%

2019-20 (July – September 2019)

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	95%	91%	102%	108%	103%	102%	114%	103%
Highest daily IP bed occupancy rate	111%	98%	109%	117%	115%	111%	126%	111%
Paediatrics								
IP bed occupancy rate	79%	68%	72%	84%	74%	82%	90%	77%
Highest daily IP bed occupancy rate	110%	83%	92%	149%	98%	116%	130%	104%

2019-20 (October – December 2019) [Provisional figures]

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	97%	91%	102%	105%	104%	100%	111%	102%
Highest daily IP bed occupancy rate	115%	99%	110%	116%	117%	108%	123%	111%
Paediatrics								
IP bed occupancy rate	71%	62%	73%	73%	70%	70%	87%	72%
Highest daily IP bed occupancy rate	100%	86%	86%	96%	91%	96%	121%	90%

2019-20 (up to 31 December 2019) [Provisional figures]

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
IP bed occupancy rate	96%	92%	103%	108%	104%	103%	113%	103%
Highest daily IP bed occupancy rate	115%	100%	111%	118%	117%	112%	126%	111%
Paediatrics								
IP bed occupancy rate	80%	67%	75%	85%	77%	80%	91%	78%
Highest daily IP bed occupancy rate	116%	91%	102%	149%	106%	119%	130%	104%

b.

The tables below set out the daily average and highest number of first attendances in each Accident and Emergency (A&E) Departments of HA in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	352	444
	RH	196	244
	SJH	26	70
HKWC	QMH	336	443
KCC	KWH	339	451
	QEH	493	650
KEC	TKOH	320	413
	UCH	472	618
KWC	CMC	361	460
	NLTH	243	379

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
	PMH	346	456
	YCH	339	423
NTEC	AHNH	339	441
	NDH	283	360
	PWH	393	515
NTWC	POH	307	397
	TMH	508	670
	TSWH^	181	274
Overall HA		**5 834**	**7 087**

2018-19

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	348	428
	RH	193	241
	SJH	25	62
HKWC	QMH	331	409
KCC	KWH	325	403
	QEH	485	587
KEC	TKOH	308	386
	UCH	446	553
KWC	CMC	357	470
	NLTH	248	353
	PMH	329	437
	YCH	329	407
NTEC	AHNH	313	403
	NDH	266	346
	PWH	392	516
NTWC	POH	291	359
	TMH	461	583
	TSWH^	292	497
Overall HA		**5 740**	**7 063**

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	345	439
	RH	183	247
	SJH	24	52
HKWC	QMH	333	417
KCC	KWH	307	393
	QEH	478	590
KEC	TKOH	315	389

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
	UCH	441	573
KWC	CMC	367	489
	NLTH	259	328
	PMH	331	422
	YCH	340	452
NTEC	AHNH	312	395
	NDH	262	330
	PWH	407	521
NTWC	POH	277	375
	TMH	458	560
	TSWH^	389	494
Overall HA		**5 828**	**7 162**

c.

The tables below set out the daily average and highest number of first attendances in each A&E Departments of HA by quarter in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019).

2017-18 (April – June 2017)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	369	436
	RH	206	244
	SJH	26	54
HKWC	QMH	356	432
KCC	KWH	359	451
	QEH	525	611
KEC	TKOH	341	413
	UCH	520	618
KWC	CMC	383	452
	NLTH	256	298
	PMH	367	431
	YCH	365	423
NTEC	AHNH	373	441
	NDH	302	360
	PWH	418	497
NTWC	POH	325	397
	TMH	551	634
	TSWH^	178	237
Overall HA		**6 220**	**7 001**

2017-18 (July – September 2017)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	344	444
	RH	191	234
	SJH	25	43
HKWC	QMH	325	416
KCC	KWH	329	405
	QEH	476	650
KEC	TKOH	311	397
	UCH	457	588
KWC	CMC	341	460
	NLTH	222	289
	PMH	333	456
	YCH	324	416
NTEC	AHNH	323	411
	NDH	277	342
	PWH	382	515
NTWC	POH	299	376
	TMH	504	670
	TSWH^	165	241
Overall HA		**5 627**	**7 087**

2017-18 (October – December 2017)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	341	418
	RH	190	217
	SJH	24	45
HKWC	QMH	330	403
KCC	KWH	336	411
	QEH	484	553
KEC	TKOH	314	406
	UCH	457	543
KWC	CMC	351	407
	NLTH	232	307
	PMH	338	403
	YCH	333	382
NTEC	AHNH	332	402
	NDH	279	325
	PWH	385	470
NTWC	POH	304	378
	TMH	493	590
	TSWH^	178	234
Overall HA		**5 701**	**6 520**

2017-18 (January – March 2018)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	353	432
	RH	196	239
	SJH	29	70
HKWC	QMH	333	443
KCC	KWH	333	432
	QEH	489	602
KEC	TKOH	313	387
	UCH	455	557
KWC	CMC	368	451
	NLTH	263	379
	PMH	347	430
	YCH	336	403
NTEC	AHNH	330	424
	NDH	272	339
	PWH	386	479
NTWC	POH	299	382
	TMH	485	592
	TSWH^	203	274
Overall HA		**5 790**	**7 010**

2018-19 (April – June 2018)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	348	422
	RH	192	220
	SJH	24	46
HKWC	QMH	329	400
KCC	KWH	329	403
	QEH	482	587
KEC	TKOH	310	386
	UCH	449	553
KWC	CMC	352	423
	NLTH	237	295
	PMH	332	382
	YCH	324	391
NTEC	AHNH	315	367
	NDH	267	324
	PWH	389	480
NTWC	POH	289	344
	TMH	464	541
	TSWH^	233	293
Overall HA		**5 665**	**6 576**

2018-19 (July – September 2018)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	340	390
	RH	184	224
	SJH	24	51
HKWC	QMH	325	387
KCC	KWH	321	390
	QEH	473	547
KEC	TKOH	303	354
	UCH	440	505
KWC	CMC	342	403
	NLTH	227	285
	PMH	324	384
	YCH	319	391
NTEC	AHNH	307	368
	NDH	266	317
	PWH	386	497
NTWC	POH	294	342
	TMH	456	559
	TSWH^	242	333
Overall HA		**5 573**	**6 279**

2018-19 (October – December 2018)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	351	411
	RH	195	241
	SJH	24	40
HKWC	QMH	333	391
KCC	KWH	328	380
	QEH	489	575
KEC	TKOH	310	360
	UCH	454	526
KWC	CMC	365	439
	NLTH	256	312
	PMH	329	413
	YCH	333	388
NTEC	AHNH	319	385
	NDH	267	330
	PWH	392	472
NTWC	POH	289	359
	TMH	466	583
	TSWH^	316	444
Overall HA		**5 815**	**6 794**

2018-19 (January – March 2019)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	352	428
	RH	199	239
	SJH	27	62
HKWC	QMH	336	409
KCC	KWH	323	399
	QEH	495	574
KEC	TKOH	311	377
	UCH	443	534
KWC	CMC	368	470
	NLTH	272	353
	PMH	333	437
	YCH	340	407
NTEC	AHNH	312	403
	NDH	266	346
	PWH	402	516
NTWC	POH	293	349
	TMH	458	563
	TSWH^	380	497
Overall HA		**5 910**	**7 063**

2019-20 (April – June 2019)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	362	439
	RH	201	247
	SJH	26	52
HKWC	QMH	350	417
KCC	KWH	323	393
	QEH	505	590
KEC	TKOH	317	379
	UCH	464	573
KWC	CMC	389	489
	NLTH	273	328
	PMH	348	422
	YCH	356	452
NTEC	AHNH	329	395
	NDH	273	330
	PWH	426	521
NTWC	POH	300	375
	TMH	480	560
	TSWH^	403	482
Overall HA		**6 122**	**7 162**

2019-20 (July – September 2019)

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	340	413
	RH	179	235
	SJH	24	52
HKWC	QMH	331	411
KCC	KWH	304	367
	QEH	471	571
KEC	TKOH	314	389
	UCH	432	515
KWC	CMC	353	439
	NLTH	244	315
	PMH	326	413
	YCH	330	400
NTEC	AHNH	305	380
	NDH	256	304
	PWH	402	510
NTWC	POH	273	323
	TMH	453	551
	TSWH^	375	483
Overall HA		**5 711**	**6 731**

2019-20 (October – December 2019) [Provisional figures]

Cluster	Hospital	Daily number of A&E first attendances	
		Average	Highest
HKEC	PYNEH	333	403
	RH	170	227
	SJH	24	43
HKWC	QMH	320	380
KCC	KWH	294	378
	QEH	459	567
KEC	TKOH	314	371
	UCH	427	511
KWC	CMC	359	437
	NLTH	259	310
	PMH	319	388
	YCH	334	404
NTEC	AHNH	302	370
	NDH	259	302
	PWH	394	481
NTWC	POH	260	305
	TMH	440	522
	TSWH^	389	494
Overall HA		**5 655**	**6 645**

^ TSWH has commenced A&E services since March 2017 by phases, initially with eight-hour A&E services daily from 08:00 to 16:00 and then with extension to 12 hours daily from 08:00 to 20:00 in March 2018. The operating hours of A&E services in TSWH have been further extended to 24 hours since November 2018.

Note:

1. In HA, day IPs refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. IPs are those who are admitted into hospitals via A&E Department or those who have stayed for more than 1 day. The calculation of IP bed occupancy rate does not include that of day IPs.

2. HA 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. Activity indicators such as IP bed occupancy rate should be interpreted at cluster level.

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

Hospital:
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
KWH – Kwong Wah Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)390

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4638)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please list the numbers of common surgical cases in different specialties (such as General Surgery, Orthopaedics & Traumatology, Gynaecology, Urology, Cardiothoracic Surgery, Otorhinolaryngology and Ophthalmology), and among which the numbers of cases with the costs of surgical materials borne by the patients (including coronary bypass operations, and hip and knee joint replacement surgeries) in hospitals under each Hospital Authority cluster over the past 3 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.:222)

Reply:

The Hospital Authority (HA) has not surveyed the number of common elective surgeries performed in different specialties in public hospitals due to the wide range of procedures performed. The table below sets out the number of some common elective surgeries performed in public hospitals in the past 3 years.

Procedure	**No. of Cases Performed in 2017-18**	**No. of Cases Performed in 2018-19**	**No. of Cases Performed in 2019-20 (up to 31 December 2019)**
Herniorrhaphy	4 202	4 356	3 102
Cholecystectomy	3 604	3 619	2 736
Total Joint Replacement	3 841	4 253	3 480
Transurethral Resection of Prostate	2 534	2 167	1 680
Myomectomy	2 304	2 551	2 010
Total Abdominal	1 650	1 652	1 231

Procedure	**No. of Cases Performed in 2017-18**	**No. of Cases Performed in 2018-19**	**No. of Cases Performed in 2019-20 (up to 31 December 2019)**
Hysterectomy +/- Bilateral Salpingectomy			
Thyroidectomy	928	982	703
Haemorrhoidectomy	1 171	1 085	838
Anterior Cruciate Ligament Reconstruction	735	707	496
Tonsillectomy	771	783	610

Note:
Charges of public medical services in HA are on an all-inclusive basis. Depending on the clinical conditions of the patients and the actual examinations and treatments required, the charges cover items such as clinical, biochemical and pathology investigations, vaccines and general nursing services. The surgical material costs of the elective surgeries listed in the above table are basically covered by the all-inclusive charges of public services.

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)391

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4653)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the 10 most common surgeries performed in different specialties of various hospitals in each cluster of the Hospital Authority in the past 3 years, the number of such surgeries performed, the number of patients on the waiting list, the waiting time and the average cost of each surgery.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.:238)

Reply:

The Hospital Authority (HA) has not surveyed the waiting list and waiting time for common elective surgeries performed in different specialties at various hospitals due to the wide range of procedures performed. The table below sets out the estimated waiting time and number of some common elective surgeries performed in public hospitals in the past 3 years.

Procedure	**Range of Estimated Waiting Time (Months)**	**No. of Cases Performed in 2017-18**	**No. of Cases Performed in 2018-19**	**No. of Cases Performed in 2019-20 (up to 31 December 2019)**	**Surgical Operation Category**
Herniorrhaphy	2 to 24	4 202	4 356	3 102	Intermediate I to Major II
Cholecystectomy	3 to 22	3 604	3 619	2 736	Major: I & II
Total Joint Replacement	29 to 68	3 841	4 253	3 480	Ultra-major: I & II
Transurethral Resection of Prostate	1 to 13	2 534	2 167	1 680	Major I

Procedure	Range of Estimated Waiting Time (Months)	No. of Cases Performed in 2017-18	No. of Cases Performed in 2018-19	No. of Cases Performed in 2019-20 (up to 31 December 2019)	Surgical Operation Category
Myomectomy	4 to 24	2 304	2 551	2 010	Minor II to Major I
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	4 to 36	1 650	1 652	1 231	Major II
Thyroidectomy	2 to 22	928	982	703	Major: I, II & III
Haemorrhoidectomy	2 to 42	1 171	1 085	838	Intermediate I
Anterior Cruciate Ligament Reconstruction	2 to 12	735	707	496	Major II
Tonsillectomy	3 to 12	771	783	610	Intermediate: I & II

Note:

1. The waiting time for the above common elective surgeries, except total joint replacement surgeries, is the estimated waiting time collected manually. Fixed operation appointment date for calculation of prospective waiting time for elective surgeries is not available.

2. The waiting time for total joint replacement surgeries is the 90th percentile waiting time for patients who have received operations in the past 12 months.

The costs of procedures (including surgeons, anaesthetics and operating theatre expenditures) are computed with reference to factors such as relative complexity of surgical procedures and operating time. The current HA fees and charges for private services (which are set on the higher of cost or market price) are set out below as a reference for the corresponding cost. Charges for procedures performed in an operating theatre and/or under general anaesthesia are categorised into 10 groups ranging from Minor I to Ultra-major III:

- Minor I $6,070 - $12,750
- Minor II $12,750 - $19,350
- Intermediate I $19,350 - $30,450
- Intermediate II $30,450 - $37,800
- Major I $37,800 - $48,850
- Major II $48,850 - $59,950
- Major III $59,950 - $72,050
- Ultra-major I $72,050 - $88,300
- Ultra-major II $88,300- $110,600
- Ultra-major III $110,600 - $471,700

It should be noted that variations within the respective range of charges would be subject to complexity of the disease treated and the exact nature and scope of treatment to be offered.

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)392

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4659)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Chief Executive allocated an additional $500 million in 2018 to the Hospital Authority (HA) to cope with the prevalence of influenza, followed by two more allocations of $500 million each (totaling $1 billion) for the same purpose in early 2019. In this connection, please advise:

a. the details on how the allocations of $500 million have been used. What are the measures taken by the HA to relieve the manpower strain with the additional provision? Please give the details of each measure, including the expenditure and manpower involved and the outcomes;

b. does the Government have any plan to earmark additional funding to the HA for coping with influenza on a regular basis? If yes, what are the details? If no, what are the reasons?

c. apart from granting additional funding, does the Government have any other plans to cope with the prevalence of influenza, including setting up more evening outpatient clinics in districts and providing outreach influenza vaccination service for the elderly in districts?

d. whether, in addition to the above measures, the HA has conducted any reviews or implemented any improvement measures to avoid prolonged public hospital emergency waiting times and medical inpatient bed occupancy rate exceeding 100% during the annual influenza season. If yes, please give the details of such measures, the expenditure and manpower involved and the outcomes. If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 244)

Reply:

a.

The Government allocated additional provision of $500 million in 2018 and 2019 respectively to the Hospital Authority (HA) to support the implementation of response measures for winter surge in 2017-18 and 2018-19.

Winter Surge 2017-18

To meet the service demand during the winter surge in 2017-18, HA put in place a response plan which included the following measures:

(i) providing additional beds;
(ii) recruiting part time and temporary healthcare staff, and utilising agency nurses and supporting staff;
(iii) enhancing virology services to facilitate and expedite patient management decision;
(iv) enhancing ward rounds of senior clinicians and related supporting services in the evenings, at weekends and on public holidays so as to facilitate early discharge of patients;
(v) enhancing support to the discharge and transfer of patients, e.g. non-emergency ambulance transfer service, pharmacy, portering services;
(vi) increasing the service quotas of general out-patient (GOP) clinics; and
(vii) enhancing geriatrics support to Accident and Emergency departments.

In response to the upsurge in service demand and with the additional $500 million allocation from the Government, HA implemented various additional measures to alleviate the manpower pressure. The additional measures were as follows:

(i) extending the use of the Special Honorarium Scheme (SHS) to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;
(ii) further relaxing and streamlining the approval for the SHS arrangement to a minimum operation need of 1 hour to cover all grades of staff to meet increasing needs for greater flexibility in the use of SHS under exceptional circumstances;
(iii) providing SHS jobs at Advanced Practice Nurse (APN) level to work on night-shift duties at both acute general, convalescent and rehabilitation wards / services to enhance senior coverage and supervision to ward staff;
(iv) relaxing the criteria for the implementation of the Continuous Night Shift Scheme (CNSS) by suspending the required night shift frequency for triggering the CNSS with a view to increasing flexibility in manpower deployment; and
(v) increasing the rate of SHS allowance by 10% under a special one-off arrangement to encourage more staff to work during the surge period with significant anticipated increase in workload.

HA's total expenditure for the winter surge in 2017-18 was $649 million, part of which was met by fully utilising the additional $500 million allocation from the Government while the remaining $149 million was covered by HA's own resources.

Winter Surge 2018-19

To cope with service demand of winter surge in 2018-19, HA implemented a response plan with reference to that in 2017-18. In addition, in order to further enhance manpower, a locum recruitment office was set up to enhance the flexibility and efficiency in recruiting

part-time doctors and nurses. Besides, SHS arrangement was relaxed to a minimum operation need of 1 hour to facilitate staff participation.

Furthermore, several enhancement measures implemented in 2017-18 were regularised to help alleviate manpower shortage, including:

(i) extending the use of SHS to provide extra manpower of clerical and supporting staff to support healthcare staff so that the latter could focus more on clinical work;
(ii) providing SHS jobs at APN level to work on night-shift duties at both acute general, convalescent and rehabilitation wards / services to enhance senior coverage and supervision to ward staff; and
(iii) relaxing the criteria for the implementation of CNSS by suspending the required night shift frequency for triggering CNSS with a view to increasing flexibility in manpower deployment.

In view of the upsurge in service demand, the Government provided an additional allocation of $500 million to HA for implementation of various additional measures to alleviate the service demand. The additional measures were as follows:

(i) enhancing senior coverage by offering SHS allowance based on the clinical ranks of staff to encourage participation of senior doctors, nurses and allied health professionals in the SHS;
(ii) strengthening nursing night shift support by arranging temporary undergraduate nursing students and agency nurses on night shifts to provide runner support, e.g. escorting patients; and
(iii) further enhancing the SHS by increasing the rate of SHS allowance by 10% and streamlining approval process to increase flexibility.

HA's total expenditure for the winter surge in 2018-19 was $821 million, part of which was met by fully utilising the additional $500 million allocation from the Government while the remaining $321 million was covered by HA's own resources.

Details of the expenditure for the winter surge in 2017-18 and 2018-19 are set out in the table below.

Expenditure ($ million)	**2017-18**	**2018-19**
Personal Emoluments		
Doctor	64	98
Nurse	244	325
Allied Health Professional	21	29
Supporting Staff	75	103
Sub-total	**404**	**555**
Other charges (Note)	245	266
Total	**649**	**821**

Note:
Other charges include around $60 million and $78 million as the expenditure for engaging agency staff in 2017-18 and 2018-19 respectively.

b.

Every year, HA reviews the measures implemented in previous surge period and develop an overall response plan for the next demand surge. As the service demand situation in different clusters, influenza activity and weather situation may vary, each cluster would adopt the relevant measures under the overall response plan according to their specific situation. HA will allocate necessary resources for implementation of the response measures.

c.

Vaccination is one of the effective means to prevent seasonal influenza and its complications. It also reduces the risks of flu-associated in-patient admission and mortality. Therefore, the Government has all along been encouraging the public to receive seasonal influenza vaccination (SIV) as early as possible.

In 2019/20 season, the Department of Health (DH) has implemented the Government Vaccination Programme (GVP) (including Residential Care Home Vaccination Programme (RVP)), the Vaccination Subsidy Scheme (VSS) and the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP)[Note] to provide free/subsidised SIV to eligible groups which are generally at a higher risk. Elderly can receive free or subsidised SIV through the GVP or the VSS respectively. Residents of residential care homes for the elderly can also receive free SIV from visiting Medical Officers under the RVP. The DH will continue to enhance the SIV arrangements for better protection of high risk groups.

Apart from vaccination, the DH will continue to implement programmes to combat influenza, including surveillance, infection control, treatment, public education, publicity and risk communication, etc.

The Elderly Health Service (EHS) of the DH has also deployed its Visiting Health Teams to conduct health promotion activities for influenza prevention for the elderly in the community, as well as those living in residential care settings and their carers. It also provides infection control training for staff of elderly care facilities. During the implementation of the SIV programmes each year, the EHS will enhance its efforts in promoting influenza prevention, which include encouraging the elderly in the community and members of Elderly Health Centres (EHCs) to receive SIV. To facilitate more elderly in receiving SIV, other than providing vaccination to their own members, 15 EHCs will also offer free vaccination to non-members who are Hong Kong residents aged 65 or above.

As regards GOP service, HA will continue to increase the GOP service quotas, including the evening clinic service, subject to manpower and financial resources.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in

2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres as a pilot programme.

d.

The service demand surge situation faced by HA is related to escalating demand due to the ageing population, manpower shortage and limitations of hospital facilities. HA has been maintaining close communication with the Government to formulate short, medium and long term measures to cope with the growing service demand.

To increase the healthcare manpower, HA will continue to hire full-time, part-time and temporary healthcare professionals, utilise agency nurses and supporting staff, rehire suitable retired healthcare staff, increase the number of Resident Trainee posts and hire non-locally trained doctors to work in public hospitals under limited registration. In addition, recruitment and offering of locum jobs for doctors, nurses and allied health professionals have started to attract more potential talents to work in HA for short-term flexible engagement on need and ad-hoc basis. With the increase in the number of medical and nursing graduates from 2018-19 onwards, as well as HA's continued efforts to recruit available healthcare professionals in the market, it is expected that the shortage in manpower would gradually be alleviated in the medium and long term.

Capacities of public hospital facilities are being expanded through opening of new beds in existing hospitals, development of new hospitals, as well as hospital redevelopment and expansion projects. The Government, as mentioned in the 2016 Budget, has set aside a dedicated provision of $200 billion for the first ten-year Hospital Development Plan (HDP) to enable HA to expand and upgrade healthcare facilities in a more flexible and long-term manner. Over 6 000 additional public hospital beds will be provided under the first ten-year HDP. As announced in the 2018 Policy Address, the Government has invited HA to start planning for the second ten-year HDP, which will cover a total of 19 projects for a budget of $270 billion. Upon completion of the second ten-year HDP, there will be a planned capacity of over 9 000 additional beds and other additional hospital facilities.

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

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)393**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4660)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether funding is available in the Estimates for 2020-21 for the Hospital Authority to improve the working hours of doctors. If yes, what are the resources and manpower (with ranks) earmarked for this purpose? What are the additional resources and manpower involved? Please provide a breakdown of the details. If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 245)

Reply:

Since 2009, the Hospital Authority (HA) has implemented programmes to improve doctors' working hours. These include allocating funding to set up Emergency Medicine Wards, enhancing operating theatre (OT) services in order to reduce 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 dropped from around 18% in 2006 to around 3.4% in 2017-18.

HA is committed to improving doctors' working hours and working condition without compromising the quality of care and patient safety. Despite the manpower shortage of doctors, the number of doctors has increased over the years and is estimated to increase in 2019-20 and 2020-21, as set out in the table below.

	2016-17	**2017-18**	**2018-19**	**2019-20 (Revised estimate)**	**2020-21 (Estimate)**
Number of doctors	5 783	5 858	5 963	6 130	6 300

HA will continue to monitor the condition and identify ways to manage workload, and at the same time ensure 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 further increase in supply of local graduating interns to 470 in 2023-24 and 530 in 2026-27. HA will continue to monitor the manpower situation of doctors, particularly in 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 doctors' working hours.

HA has put in place various measures to attract and retain healthcare professionals, such as enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes. HA will continue central recruitment of full-time and part-time clinical staff to further increase manpower strength and improve staff retention.

In view of the manpower shortage, HA plans to recruit about 530 doctors in 2020-21 to further increase its manpower strength. HA will continue to implement existing measures to retain doctors, including creation of additional Associate Consultant posts for promotion of doctors with 5 years post-fellowship experience by merits, increase of the Resident Trainee posts to recruit and provide specialist training to all qualified local medical graduates and recruitment of non-locally trained doctors under Limited Registration to supplement local recruitment drive. Training opportunities will also be enhanced. HA will continue to provide Special Honorarium Scheme to the existing workforce to facilitate operation of extra service sessions to meet operational needs and the Fixed Rate Honorarium to enhance recognition to doctors for their excessive workload and on site call/clinical duties. Furthermore, HA will enhance the promotion opportunities for Associate Consultants to be promoted to Consultants in 2020-21.

A Special Retired and Rehire Scheme, which was first implemented in 2015-16, aims at rehiring suitable serving doctors upon their retirement or completion of contract at/beyond their normal retirement age, for retaining suitable expertise for training and knowledge transfer, and alleviating manpower pressure. This special scheme supports re-employment of retired staff without creating promotion blockage to serving staff by the creation of supernumerary posts. Further enhancement will be implemented from 2020-21 to better engage the retirees in advance.

Note :

1. The manpower figures are calculated on a full-time equivalent basis including permanent, contract and temporary staff in HA.

2. Doctors exclude Intern and Dental Officer.

3. The average weekly working hours of doctors are quoted according to the surveys conducted in 2006 and 2017-18. 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 from July to December. On the other hand, full-scale monitoring for all specialties has been conducted from July to

December every alternate year starting from 2011. Thus, the average weekly working hours of doctors in 2018-19 are not available for all specialties. The average weekly working hours of doctors for the year 2019-20 are being collected and are not available at present.

4. 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 a 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4661)

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)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please advise this Committee of the following information on manpower with a breakdown by department in each hospital in the Hospital Authority clusters in the past 3 years:

a. the number of nurses of each rank, and their ratios to patients;

b. the number of allied health professionals (including physiotherapists and occupational therapists) of each rank, and their ratios to patients; and

c. the number of health care assistants (including phlebotomists) of each rank, and their ratios to patients?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 247)

Reply:

(a)
The tables below set out the number of nurses and nurse-to-patient ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) by cluster and by major specialty for inpatients and day inpatients in the Hospital Authority (HA).

Nurse-to-patient ratios by cluster

Cluster	**Number of Nurses**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2017-18 (as at 31 March 2018)			
HKEC	2 780	22.9	14.7
HKWC	2 862	23.6	13.2

Cluster	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
KCC	5 257	23.3	14.8
KEC	2 921	21.5	14.5
KWC	4 260	20.4	14.3
NTEC	4 362	22.6	13.8
NTWC	3 627	23.5	15.0
Cluster Total	**26 068**	**22.5**	**14.3**
2018-19 (as at 31 March 2019)			
HKEC	2 855	23.7	15.0
HKWC	2 891	24.4	13.2
KCC	5 522	24.4	15.3
KEC	3 120	22.9	15.5
KWC	4 506	21.7	15.1
NTEC	4 565	23.9	14.3
NTWC	3 756	24.3	15.2
Cluster Total	**27 214**	**23.6**	**14.8**
2019-20 (as at 31 December 2019)			
HKEC	2 984	24.9	15.4
HKWC	3 061	26.1	13.7
KCC	5 943	26.0	16.1
KEC	3 331	24.0	16.0
KWC	4 752	22.0	15.2
NTEC	4 694	24.5	14.6
NTWC	3 975	25.2	15.8
Cluster Total	**28 740**	**24.6**	**15.3**

Nurse-to-patient ratios by major specialty

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2017-18 (as at 31 March 2018)			
Medicine	7 255	14.3	9.3
Obstetrics & Gynaecology	1 201	13.0	8.3
Orthopaedics & Traumatology	1 185	11.5	9.3
Paediatrics	1 504	14.7	11.0
Psychiatry	2 489	137.8	136.7
Surgery	2 315	11.9	6.9

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2018-19 (as at 31 March 2019)			
Medicine	7 604	15.2	9.7
Obstetrics & Gynaecology	1 189	13.2	8.3
Orthopaedics & Traumatology	1 234	11.7	9.5
Paediatrics	1 521	16.1	11.7
Psychiatry	2 573	139.1	138.0
Surgery	2 392	12.1	7.0
2019-20 (as at 31 December 2019)			
Medicine	7 930	15.6	9.8
Obstetrics & Gynaecology	1 211	13.9	8.7
Orthopaedics & Traumatology	1 260	11.8	9.6
Paediatrics	1 579	16.4	11.8
Psychiatry	2 699	150.8	149.6
Surgery	2 495	12.3	7.2

(b)
The table below sets out the number of allied health professionals and their ratios to patients in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) by cluster and by major allied health grades in HA.

Cluster	Grade	2017-18 (As at 31 March 2018)			2018-19 (As at 31 March 2019)			2019-20 (As at 31 December 2019)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
HKEC	Dispenser	151	1.2	0.8	156	1.3	0.8	154	1.3	0.8
	Medical Laboratory Technologist	122	1.0	0.6	124	1.0	0.7	128	1.1	0.7
	Occupational Therapist	81	0.7	0.4	85	0.7	0.4	86	0.7	0.4
	Pharmacist	76	0.6	0.4	79	0.7	0.4	79	0.7	0.4
	Physiotherapist	124	1.0	0.7	125	1.0	0.7	130	1.1	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	137	1.1	0.7	134	1.1	0.7	137	1.1	0.7
	Social Worker	49	0.4	0.3	50	0.4	0.3	48	0.4	0.2
	Others	92	0.8	0.5	94	0.8	0.5	98	0.8	0.5
HKWC	Dispenser	131	1.1	0.6	133	1.1	0.6	132	1.1	0.6
	Medical Laboratory Technologist	254	2.1	1.2	253	2.1	1.2	262	2.2	1.2

Cluster	Grade	2017-18 (As at 31 March 2018)			2018-19 (As at 31 March 2019)			2019-20 (As at 31 December 2019)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
	Occupational Therapist	83	0.7	0.4	83	0.7	0.4	89	0.8	0.4
	Pharmacist	74	0.6	0.3	72	0.6	0.3	71	0.6	0.3
	Physiotherapist	119	1.0	0.5	120	1.0	0.6	124	1.1	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	140	1.2	0.6	138	1.2	0.6	133	1.1	0.6
	Social Worker	50	0.4	0.2	52	0.4	0.2	51	0.4	0.2
	Others	121	1.0	0.6	122	1.0	0.6	128	1.1	0.6
KCC	Dispenser	247	1.1	0.7	266	1.2	0.7	282	1.2	0.8
	Medical Laboratory Technologist	337	1.5	0.9	381	1.7	1.1	412	1.8	1.1
	Occupational Therapist	151	0.7	0.4	157	0.7	0.4	161	0.7	0.4
	Pharmacist	120	0.5	0.3	135	0.6	0.4	140	0.6	0.4
	Physiotherapist	234	1.0	0.7	246	1.1	0.7	258	1.1	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	233	1.0	0.7	245	1.1	0.7	256	1.1	0.7
	Social Worker	73	0.3	0.2	76	0.3	0.2	84	0.4	0.2
	Others	175	0.8	0.5	189	0.8	0.5	193	0.8	0.5
KEC	Dispenser	139	1.0	0.7	146	1.1	0.7	148	1.1	0.7
	Medical Laboratory Technologist	144	1.1	0.7	150	1.1	0.7	158	1.1	0.8
	Occupational Therapist	88	0.6	0.4	93	0.7	0.5	98	0.7	0.5
	Pharmacist	66	0.5	0.3	68	0.5	0.3	70	0.5	0.3
	Physiotherapist	131	1.0	0.6	141	1.0	0.7	150	1.1	0.7
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	95	0.7	0.5	96	0.7	0.5	100	0.7	0.5
	Social Worker	45	0.3	0.2	50	0.4	0.2	53	0.4	0.3
	Others	97	0.7	0.5	104	0.8	0.5	112	0.8	0.5
KWC	Dispenser	236	1.1	0.8	237	1.1	0.8	240	1.1	0.8
	Medical Laboratory Technologist	221	1.1	0.7	217	1.0	0.7	218	1.0	0.7
	Occupational Therapist	166	0.8	0.6	167	0.8	0.6	182	0.8	0.6
	Pharmacist	117	0.6	0.4	121	0.6	0.4	120	0.6	0.4
	Physiotherapist	148	0.7	0.5	146	0.7	0.5	153	0.7	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	186	0.9	0.6	191	0.9	0.6	192	0.9	0.6
	Social Worker	55	0.3	0.2	56	0.3	0.2	62	0.3	0.2
	Others	134	0.6	0.5	140	0.7	0.5	143	0.7	0.5
NTEC	Dispenser	227	1.2	0.7	233	1.2	0.7	240	1.3	0.7
	Medical Laboratory Technologist	250	1.3	0.8	251	1.3	0.8	262	1.4	0.8
	Occupational Therapist	148	0.8	0.5	151	0.8	0.5	159	0.8	0.5

Cluster	Grade	2017-18 (As at 31 March 2018)			2018-19 (As at 31 March 2019)			2019-20 (As at 31 December 2019)		
		Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths	Number of staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
	Pharmacist	101	0.5	0.3	107	0.6	0.3	110	0.6	0.3
	Physiotherapist	174	0.9	0.5	184	1.0	0.6	198	1.0	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	198	1.0	0.6	197	1.0	0.6	200	1.0	0.6
	Social Worker	37	0.2	0.1	36	0.2	0.1	36	0.2	0.1
	Others	149	0.8	0.5	150	0.8	0.5	148	0.8	0.5
NTWC	Dispenser	172	1.1	0.7	182	1.2	0.7	184	1.2	0.7
	Medical Laboratory Technologist	168	1.1	0.7	172	1.1	0.7	178	1.1	0.7
	Occupational Therapist	132	0.9	0.5	135	0.9	0.5	140	0.9	0.6
	Pharmacist	82	0.5	0.3	82	0.5	0.3	86	0.5	0.3
	Physiotherapist	133	0.9	0.5	135	0.9	0.5	143	0.9	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	155	1.0	0.6	153	1.0	0.6	161	1.0	0.6
	Social Worker	35	0.2	0.1	36	0.2	0.1	38	0.2	0.2
	Others	140	0.9	0.6	142	0.9	0.6	152	1.0	0.6

(c)

The table below sets out the number of supporting (care-related) staff (including phlebotomists) and their ratios to patients in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) by cluster for inpatients and day inpatients in HA.

Supporting (care-related) staff-to-patient ratios by cluster

Cluster	Number of Supporting (Care-related) staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2017-18 (as at 31 March 2018)			
HKEC	1 534	12.6	8.1
HKWC	1 421	11.7	6.5
KCC	3 042	13.5	8.6
KEC	1 606	11.8	8.0
KWC	2 201	10.5	7.4
NTEC	2 582	13.4	8.1
NTWC	2 553	16.5	10.5
Cluster Total	**14 937**	**12.9**	**8.2**
2018-19 (as at 31 March 2019)			
HKEC	1 551	12.9	8.2
HKWC	1 388	11.7	6.4

Cluster	Number of Supporting (Care-related) staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
KCC	3 214	14.2	8.9
KEC	1 658	12.2	8.2
KWC	2 269	10.9	7.6
NTEC	2 675	14.0	8.4
NTWC	2 595	16.8	10.5
Cluster Total	**15 349**	**13.3**	**8.4**
2019-20 (as at 31 December 2019)			
HKEC	1 637	13.6	8.4
HKWC	1 377	11.7	6.2
KCC	3 394	14.8	9.2
KEC	1 793	12.9	8.6
KWC	2 352	10.9	7.5
NTEC	2 770	14.5	8.6
NTWC	2 724	17.3	10.8
Cluster Total	**16 047**	**13.7**	**8.5**

Note:

(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) For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2019-20, the manpower status as at 31 December 2019 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2019-20 are projected figures as of 31 December 2019.

(3) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

(4) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day.

(5) 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.

(6) 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 on the ratio of the number of allied health staff to the number of discharges and deaths.

(7) For table (b), the group of "Others" includes Audiology Technicians, Clinical Psychologists, Dental Technicians, Dietitians, Mould Laboratory Technicians, Optometrists, Orthoptists, Physicists, Podiatrists, Prosthetists & Orthotists, Scientific Officers (Medical)-Pathology, Scientific Officers (Medical)-Audiology, Scientific Officers (Medical)-Radiology, Scientific Officers (Medical)-Radiotherapy and Speech Therapists.

(8) It is important to note that supporting (care-related) 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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4663)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 45 of the Budget Speech, it is mentioned that the Task Group on Sustainability has proposed reviewing the strategies for retaining staff. Regarding proposal (c), would the Government please advise this Committee of:

(1) the number of "registered nurses who have attained specialty qualifications"; and

(2) the details of the plan for providing allowance, including how to apply, the quota, the mode of payment and the anticipated year and month in which the allowance will be paid.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 249)

Reply:

To encourage professional development of nurses through recognising their specialty qualifications, as well as supporting nurses for transition to the future "Voluntary Scheme on Advanced/Specialised Nursing Practice" to be launched by the Nursing Council of Hong Kong, the Hospital Authority (HA) will introduce a Specialty Nurse Allowance, at a fixed rate of $2,000 per month, for full-time HA employees at Registered Nurse (RN) rank who possess recognised specialty qualifications and are serving in a relevant clinical specialty/service area. HA is working out the promulgation and implementation details for application by eligible RNs in due course, and approved cases will take retrospective effect from 1 March 2020 where applicable.

It is estimated that as at February 2020, about 4 800 serving RNs in HA possessed the specialty nurse qualifications under the HA Specialty Nurse Recognition Scheme. The corresponding projected expenditure is around $115 million a year.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)396

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4664)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In paragraph 45 of the Budget Speech, it is mentioned that the Task Group on Sustainability has proposed reviewing the strategies for retaining staff. Regarding proposal (b), would the Government please advise this Committee:

(1) of the respective numbers of Associate Consultants eligible for promotion in each of the hospital clusters and the specialties involved; and

(2) whether in the promotion exercise for doctors, the Hospital Authority will consider if the candidate has participated in any strike or assembly organised by a trade union.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 250)

Reply:

(1)

To retain experienced manpower, the Hospital Authority (HA) will introduce additional measure to enhance promotion prospect of serving Associate Consultants (ACs). With the additional funding from the Government, HA will upgrade more AC posts to Consultant posts to enhance promotion opportunities in addition to those arising from attrition and new Consultant posts created under new service programmes. HA plans to upgrade around 200 AC posts to Consultant posts by phases over the coming 5 years, starting with 60 posts in 2020-21, in order to address the service, manpower and training needs in HA.

(2)

HA strives to maintain equity and fairness in staff recruitment and appointment process (including that to a higher rank). Selection boards will be formed for interview and selection processes. Selection of the most suitable candidate is based on merit of the candidate, the requirements of the job specification and the required core competencies.

Relevant provisions in human resources policies are also in place to govern the selection process in order to ensure fairness in the selection process.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)397**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4665)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 45 of the Budget Speech that a Task Group on Sustainability has put forward proposal (a) on retaining staff. In this connection, please advise this Committee on the following:

(1) How many doctors are expected to be rehired under the Special Retired and Rehire Scheme to continue their service on contract terms? How long will be the contractual period in terms of years or months?

(2) How are the salaries determined?

(3) What are the expected increase in manpower and the expenditure involved?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 251)

Reply:

Recurrent subvention to the Hospital Authority (HA) in 2020-21 amounts to $75.0 billion, representing an increase of 5.0% over the 2019-20 revised estimate ($71.4 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance existing services and measures including, among others, measures to retain staff and alleviate manpower pressure.

The Special Retired and Rehire Scheme (SRRS), which was first implemented in 2015-16, aims at rehiring suitable serving doctors upon their retirement or completion of contract at / beyond their normal retirement age, for retaining suitable expertise for training and knowledge transfer, and alleviating manpower pressure. This special scheme supports re-employment of retired staff without creating promotion blockage to serving staff by the creation of supernumerary posts. Currently, one-year full-time contract is offered to rehired retirees under the SRRS subject to age 65.

To recognise the previous experience and contributions of the retired staff, the rehirees would be offered their last drawn basic salary in HA (i.e. salary before they leave service at normal retirement age) subject to the maximum of the prevailing rank offered.

As at 31 December 2019, there were 67 doctors rehired after retirement and serving in HA. Further enhancements will be implemented from 2020-21 onwards to better engage the retirees in advance.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4666)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the Licensing Examination of the Medical Council:

1. what are the respective numbers of candidates sitting for the Licensing Examination and passing different parts of the Licensing Examination in the past 5 years? Please list by country or region where the medical education was received.
2. what are the respective numbers of persons registered after passing the Licensing Examination and employed by the Hospital Authority in the past 5 years? Please list by country or region where the medical education was received.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 252)

Reply:

(1)

The number of candidates who sat and passed the Licensing Examination of the Medical Council of Hong Kong in the past five years by the jurisdictions of qualification held by candidates are set out in the following tables –

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2015 (First Sitting)	2	(Australia)	0	(Australia)	0	2	(Australia)	2	(Australia)	100	2	(Ireland)	2	(Ireland)	100
	1	(Colombia)	0	(Colombia)	0	1	(Colombia)	1	(Colombia)	100	1	(Nepal)	0	(Nepal)	0
	4	(India)	0	(India)	0	2	(India)	1	(India)	50	1	(Russia)	0	(Russia)	0
	5	(Ireland)	2	(Ireland)	40	1	(Japan)	1	(Japan)	100	1	(Singapore)	1	(Singapore)	100
	1	(Japan)	0	(Japan)	0	1	(Netherlands)	1	(Netherlands)	100	6	(Taiwan, China)	1	(Taiwan, China)	17
	1	(Netherlands)	0	(Netherlands)	0	1	(New Zealand)	1	(New Zealand)	100	29	(The Mainland of China)	8	(The Mainland of China)	28
	2	(New Zealand)	0	(New Zealand)	0	1	(Pakistan)	1	(Pakistan)	100	1	(The United Arab Emirates)	0	(The United Arab Emirates)	0
	1	(Pakistan)	0	(Pakistan)	0	1	(Philippines)	1	(Philippines)	100	18	(UK)	11	(UK)	61
	1	(Philippines)	0	(Philippines)	0	1	(Russia)	1	(Russia)	100	3	(USA)	1	(USA)	33
	1	(Poland)	0	(Poland)	0	1	(Switzerland)	1	(Switzerland)	100					
	3	(Russia)	2	(Russia)	67	2	(Taiwan, China)	1	(Taiwan, China)	50					
	1	(Switzerland)	0	(Switzerland)	0	21	(The Mainland of China)	11	(The Mainland of China)	52					
	4	(Taiwan, China)	0	(Taiwan, China)	0	5	(UK)	5	(UK)	100					
	62	(The Mainland of China)	4	(The Mainland of China)	6	2	(USA)	2	(USA)	100					
	29	(UK)	7	(UK)	24										
	3	(USA)	3	(USA)	100										
Total	**121**		**18**		**15**	**42**		**30**		**71**	**62**		**24**		**39**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2015 (Second Sitting)	2	(Australia)	1	(Australia)	50	1	(Mynamar)	1	(Mynamar)	100	1	(Australia)	0	(Australia)	0
	7	(Ireland)	2	(Ireland)	29	1	(Pakistan)	1	(Pakistan)	100	2	(Ireland)	1	(Ireland)	50
	1	(Myanmar)	0	(Myanmar)	0	1	(Philippines)	1	(Philippines)	100	1	(Mynamar)	0	(Mynamar)	0
	1	(Netherlands)	0	(Netherlands)	0	1	(Russia)	1	(Russia)	100	1	(Nepal)	0	(Nepal)	0
	3	(Pakistan)	0	(Pakistan)	0	3	(Taiwan, China)	3	(Taiwan, China)	100	1	(Pakistan)	0	(Pakistan)	0
	2	(Philippines)	0	(Philippines)	0	43	(The Mainland of China)	37	(The Mainland of China)	86	2	(Russia)	0	(Russia)	0
	1	(Poland)	0	(Poland)	0	6	(UK)	6	(UK)	100	1	(Taiwan, China)	1	(Taiwan, China)	100
	1	(Russia)	0	(Russia)	0						37	(The Mainland of China)	6	(The Mainland of China)	16
	1	(Singapore)	0	(Singapore)	0						18	(UK)	7	(UK)	39
	1	(South Africa)	0	(South Africa)	0						2	(USA)	1	(USA)	50
	6	(Taiwan, China)	0	(Taiwan, China)	0										
	113	(The Mainland of China)	22	(The Mainland of China)	19										
	36	(UK)	15	(UK)	42										
	1	(USA)	1	(USA)	100										
Total	**176**		**41**		**23**	**56**		**50**		**89**	**66**		**16**		**24**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2016 (First Sitting)	1	(Australia)	1	(Australia)	100	1	(Bulgaria)	1	(Bulgaria)	100	1	(Australia)	0	(Australia)	0
	1	(Bulgaria)	0	(Bulgaria)	0	1	(Germany)	1	(Germany)	100	2	(Ireland)	2	(Ireland)	100
	1	(Germany)	0	(Germany)	0	3	(India)	3	(India)	100	1	(Nepal)	1	(Nepal)	100
	5	(India)	0	(India)	0	2	(Ireland)	2	(Ireland)	100	2	(Russia)	1	(Russia)	50
	4	(Ireland)	1	(Ireland)	25	1	(Italy)	1	(Italy)	100	1	(Taiwan, China)	0	(Taiwan, China)	0
	1	(Italy)	0	(Italy)	0	1	(Nepal)	1	(Nepal)	100	36	(The Mainland of China)	1	(The Mainland of China)	3
	2	(Nepal)	0	(Nepal)	0	1	(Pakistan)	1	(Pakistan)	100	22	(UK)	8	(UK)	36
	1	(Netherlands)	0	(Netherlands)	0	1	(Poland)	1	(Poland)	100	3	(USA)	1	(USA)	33
	3	(Pakistan)	0	(Pakistan)	0	1	(South Africa)	1	(South Africa)	100					
	1	(Philippines)	0	(Philippines)	0	1	(South Korea)	1	(South Korea)	100					
	1	(Poland)	0	(Poland)	0	38	(The Mainland of China)	35	(The Mainland of China)	92					
	2	(Russia)	0	(Russia)	0	7	(UK)	7	(UK)	100					
	1	(South Africa)	0	(South Africa)	0	2	(USA)	2	(USA)	100					
	1	(South Korea)	0	(South Korea)	0										
	3	(Taiwan, China)	0	(Taiwan, China)	0										
	91	(The Mainland of China)	9	(The Mainland of China)	10										
	42	(UK)	10	(UK)	24										
	2	(USA)	1	(USA)	50										
Total	**163**		**22**		**13**	**60**		**57**		**95**	**68**		**14**		**21**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2016 (Second Sitting)	4	(Australia)	0	(Australia)	0	4	(Australia)	4	(Australia)	100	1	(Australia)	1	(Australia)	100
	1	(Czech)	0	(Czech)	0	1	(France)	1	(France)	100	1	(Poland)	0	(Poland)	0
	1	(France)	0	(France)	0	1	(Netherlands)	1	(Netherlands)	100	1	(Russia)	1	(Russia)	100
	1	(Germany)	0	(Germany)	0	1	(Poland)	1	(Poland)	100	37	(The Mainland of China)	13	(The Mainland of China)	35
	1	(India)	0	(India)	0	2	(Taiwan, China)	1	(Taiwan, China)	50	1	(The United Arab Emirates)	0	(The United Arab Emirates)	0
	2	(Ireland)	0	(Ireland)	0	23	(The Mainland of China)	20	(The Mainland of China)	87	21	(UK)	12	(UK)	57
	1	(Italy)	0	(Italy)	0	5	(UK)	5	(UK)	100	2	(USA)	0	(USA)	0
	2	(Netherlands)	0	(Netherlands)	0										
	2	(Pakistan)	0	(Pakistan)	0										
	2	(Poland)	1	(Poland)	50										
	1	(South Africa)	0	(South Africa)	0										
	3	(Taiwan, China)	0	(Taiwan, China)	0										
	76	(The Mainland of China)	6	(The Mainland of China)	8										
	35	(UK)	7	(UK)	20										
Total	**132**		**14**		**11**	**37**		**33**		**89**	**64**		**27**		**42**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2017 (First Sitting)	5	(Australia)	3	(Australia)	60	3	(Australia)	3	(Australia)	100	3	(Australia)	0	(Australia)	0
	1	(Bangladesh)	0	(Bangladesh)	0	1	(Bangladesh)	1	(Bangladesh)	100	1	(Germany)	0	(Germany)	0
	1	(Egypt)	0	(Egypt)	0	1	(Egypt)	1	(Egypt)	100	1	(India)	0	(India)	0
	1	(France)	0	(France)	0	1	(Malaysia)	1	(Malaysia)	100	1	(Malaysia)	0	(Malaysia)	0
	1	(Germany)	1	(Germany)	100	2	(Nepal)	2	(Nepal)	100	1	(Pakistan)	1	(Pakistan)	100
	2	(India)	1	(India)	50	2	(Philippines)	2	(Philippines)	100	1	(Poland)	0	(Poland)	0
	1	(Ireland)	0	(Ireland)	0	1	(South Africa)	1	(South Africa)	100	2	(Taiwan, China)	1	(Taiwan, China)	50
	1	(Malaysia)	1	(Malaysia)	100	31	(The Mainland of China)	26	(The Mainland of China)	84	27	(The Mainland of China)	11	(The Mainland of China)	41
	3	(Nepal)	0	(Nepal)	0	2	(UK)	2	(UK)	100	24	(UK)	13	(UK)	54
	3	(Pakistan)	0	(Pakistan)	0	1	(USA)	1	(USA)	100	2	(USA)	1	(USA)	50
	3	(Philippines)	0	(Philippines)	0										
	1	(Poland)	1	(Poland)	100										
	1	(South Africa)	0	(South Africa)	0										
	1	(Taiwan, China)	0	(Taiwan, China)	0										
	55	(The Mainland of China)	8	(The Mainland of China)	15										
	28	(UK)	16	(UK)	57										
	1	(USA)	0	(USA)	0										
Total	**109**		**31**		**28**	**45**		**40**		**89**	**63**		**27**		**43**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2017 (Second Sitting)	7	(Australia)	3	(Australia)	43	4	(Australia)	4	(Australia)	100	5	(Australia)	4	(Australia)	80
	1	(Bangladesh)	0	(Bangladesh)	0	1	(Italy)	1	(Italy)	100	1	(Germany)	0	(Germany)	0
	5	(Ireland)	3	(Ireland)	60	1	(Malaysia)	1	(Malaysia)	100	1	(India)	0	(India)	0
	2	(Italy)	0	(Italy)	0	2	(Philippines)	2	(Philippines)	100	2	(Ireland)	0	(Ireland)	0
	1	(Malaysia)	1	(Malaysia)	100	1	(Poland)	1	(Poland)	100	1	(Philippines)	0	(Philippines)	0
	2	(Nepal)	0	(Nepal)	0	1	(South Korea)	1	(South Korea)	100	1	(Portugal)	0	(Portugal)	0
	4	(Philippines)	1	(Philippines)	25	26	(The Mainland of China)	26	(The Mainland of China)	100	1	(South Korea)	0	(South Korea)	0
	1	(Poland)	0	(Poland)	0	4	(UK)	4	(UK)	100	28	(The Mainland of China)	10	(The Mainland of China)	36
	1	(South Africa)	0	(South Africa)	0	3	(USA)	3	(USA)	100	1	(The United Arab Emirates)	1	(The United Arab Emirates)	100
	1	(South Korea)	1	(South Korea)	100	1	(Venezuela)	1	(Venezuela)	100	21	(UK)	10	(UK)	48
	1	(Taiwan, China)	0	(Taiwan, China)	0						1	(USA)	1	(USA)	100
	68	(The Mainland of China)	9	(The Mainland of China)	13										
	18	(UK)	9	(UK)	50										
	3	(USA)	2	(USA)	67										
	1	(Venezuela)	0	(Venezuela)	0										
Total	**116**		**29**		**25**	**44**		**44**		**100**	**63**		**26**		**41**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2018 (First Sitting)	4	(Australia)	3	(Australia)	75	3	(Australia)	3	(Australia)	100	5	(Australia)	1	(Australia)	20
	1	(Brazil)	0	(Brazil)	0	1	(Brazil)	1	(Brazil)	100	1	(Canada)	1	(Canada)	100
	1	(Canada)	1	(Canada)	100	1	(Canada)	1	(Canada)	100	1	(India)	1	(India)	100
	1	(Hungary)	0	(Hungary)	0	1	(Hungary)	1	(Hungary)	100	4	(Ireland)	3	(Ireland)	75
	1	(India)	0	(India)	0	1	(India)	1	(India)	100	1	(Singapore)	1	(Singapore)	100
	5	(Ireland)	4	(Ireland)	80	2	(Ireland)	2	(Ireland)	100	1	(South Korea)	1	(South Korea)	100
	2	(Nepal)	0	(Nepal)	0	1	(Philippines)	1	(Philippines)	100	25	(The Mainland of China)	8	(The Mainland of China)	32
	1	(Netherlands)	0	(Netherlands)	0	4	(Taiwan, China)	4	(Taiwan, China)	100	13	(UK)	9	(UK)	69
	2	(Philippines)	0	(Philippines)	0	30	(The Mainland of China)	26	(The Mainland of China)	87	2	(USA)	0	(USA)	0
	7	(Taiwan, China)	0	(Taiwan, China)	0	6	(UK)	6	(UK)	100	1	(Venezuela)	0	(Venezuela)	0
	73	(The Mainland of China)	8	(The Mainland of China)	11	1	(USA)	1	(USA)	100					
	21	(UK)	6	(UK)	29	1	(Venezuela)	1	(Venezuela)	100					
	1	(USA)	1	(USA)	100										
	2	(Venezuela)	1	(Venezuela)	50										
Total	**122**		**24**		**20**	**52**		**48**		**92**	**54**		**25**		**46**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2018 (Second Sitting)	3	(Australia)	2	(Australia)	67	1	(Australia)	1	(Australia)	100	6	(Australia)	4	(Australia)	67
	1	(Brazil)	0	(Brazil)	0	2	(Ireland)	2	(Ireland)	100	3	(Ireland)	3	(Ireland)	100
	2	(India)	0	(India)	0	2	(Nepal)	2	(Nepal)	100	1	(Nepal)	1	(Nepal)	100
	5	(Ireland)	3	(Ireland)	60	2	(Philippines)	1	(Philippines)	50	2	(Taiwan, China)	0	(Taiwan, China)	0
	2	(Nepal)	1	(Nepal)	50	1	(Taiwan, China)	1	(Taiwan, China)	100	26	(The Mainland of China)	9	(The Mainland of China)	35
	3	(Philippines)	0	(Philippines)	0	38	(The Mainland of China)	29	(The Mainland of China)	76	14	(UK)	7	(UK)	50
	6	(Taiwan, China)	3	(Taiwan, China)	50	9	(UK)	9	(UK)	100	3	(USA)	2	(USA)	67
	74	(The Mainland of China)	16	(The Mainland of China)	22	1	(USA)	1	(USA)	100	1	(Venezuela)	0	(Venezuela)	0
	20	(UK)	14	(UK)	70										
	1	(USA)	1	(USA)	100										
Total	**117**		**40**		**34**	**56**		**46**		**82**	**56**		**26**		**46**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2019	11	(Australia)	6	(Australia)	55	8	(Australia)	8	(Australia)	100	6	(Australia)	2	(Australia)	33
(First Sitting)	1	(Germany)	1	(Germany)	100	1	(Germany)	1	(Germany)	100	1	(Germany)	0	(Germany)	0
	2	(India)	0	(India)	0	2	(India)	2	(India)	100	2	(Ireland)	0	(Ireland)	0
	3	(Ireland)	0	(Ireland)	0	1	(Malaysia)	1	(Malaysia)	100	1	(New Zealand)	1	(New Zealand)	100
	1	(Malaysia)	0	(Malaysia)	0	2	(New Zealand)	2	(New Zealand)	100	1	(Poland)	0	(Poland)	0
	2	(New Zealand)	1	(New Zealand)	50	4	(Philippines)	3	(Philippines)	75	1	(Portugal)	0	(Portugal)	0
	1	(Pakistan)	0	(Pakistan)	0	1	(Portugal)	1	(Portugal)	100	3	(Taiwan, China)	0	(Taiwan, China)	0
	5	(Philippines)	0	(Philippines)	0	1	(Russia)	0	(Russia)	0	35	(The Mainland of China)	9	(The Mainland of China)	26
	1	(Portugal)	1	(Portugal)	100	2	(Taiwan, China)	2	(Taiwan, China)	100	18	(UK)	8	(UK)	44
	1	(Russia)	0	(Russia)	0	42	(The Mainland of China)	22	(The Mainland of China)	52	1	(USA)	0	(USA)	0
	5	(Taiwan, China)	1	(Taiwan, China)	20	14	(UK)	14	(UK)	100	1	(Venezuela)	1	(Venezuela)	100
	91	(The Mainland of China)	26	(The Mainland of China)	29	1	(USA)	1	(USA)	100					
	19	(UK)	16	(UK)	84	1	(Venezuela)	1	(Venezuela)	100					
	1	(USA)	1	(USA)	100										
	1	(Venezuela)	0	(Venezuela)	0										
Total	**145**		**53**		**37**	**80**		**58**		**73**	**70**		**21**		**30**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

Year	Part I: Exam in Professional Knowledge					Part II: Proficiency Test in Medical English					Part III: Clinical Examination				
	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%	Number who sat the exam		Number who passed		%
2019	4	(Australia)	1	(Australia)	25	3	(Australia)	3	(Australia)	100	6	(Australia)	6	(Australia)	100
(Second Sitting)	1	(Denmark)	0	(Denmark)	0	1	(Denmark)	1	(Denmark)	100	1	(Germany)	0	(Germany)	0
	1	(France)	0	(France)	0	1	(France)	1	(France)	100	1	(India)	1	(India)	100
	3	(India)	2	(India)	67	1	(India)	1	(India)	100	3	(Ireland)	2	(Ireland)	67
	6	(Ireland)	1	(Ireland)	17	2	(Ireland)	2	(Ireland)	100	1	(Poland)	1	(Poland)	100
	1	(Malaysia)	0	(Malaysia)	0	1	(Mauritius)	1	(Mauritius)	100	1	(Portugal)	1	(Portugal)	100
	1	(Mauritius)	0	(Mauritius)	0	1	(New Zealand)	1	(New Zealand)	100	3	(Taiwan, China)	1	(Taiwan, China)	33
	1	(New Zealand)	0	(New Zealand)	0	1	(Taiwan, China)	1	(Taiwan, China)	100	37	(The Mainland of China)	13	(The Mainland of China)	35
	2	(Philippines)	0	(Philippines)	0	45	(The Mainland of China)	37	(The Mainland of China)	82	16	(UK)	6	(UK)	38
	4	(Taiwan, China)	0	(Taiwan, China)	0	1	(Turkey)	1	(Turkey)	100	1	(USA)	1	(USA)	100
	82	(The Mainland of China)	10	(The Mainland of China)	12	12	(UK)	12	(UK)	100					
	1	(Turkey)	0	(Turkey)	0										
	17	(UK)	4	(UK)	24										
Total	**124**		**18**		**15**	**69**		**61**		**88**	**70**		**32**		**46**

Remarks: ( ) jurisdictions in which medical qualifications were acquired

(2)

The number of Licentiate Interns recruited by the Hospital Authority ("HA") as Resident Trainees ("RT") in the Annual Recruitment Exercise for RT in 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 is set out in the table below –

Year	**Number of Licentiate Interns recruited by HA as RT**
2015-16	62
2016-17	31
2017-18	29
2018-19	35
2019-20	29

Relevant information on the country / region of the medical education of the Licentiate Interns is not readily available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)399

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4667)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the voluntary accredited registers scheme for healthcare professions, will the Government advise on:

a. the items of expenditure and amounts of expenditure incurred for the past 3 years;

b. the estimated expenditure for 2020-21;

c. the current progress of work on the scheme;

d. the reasons for the slow progress of the scheme so far and Bureau's evaluation of the effectiveness of the scheme; and

e. whether it will consider extending the scope of registration to cover other healthcare professions, such as counselling, art therapy and hypnotherapy? What are the criteria for selecting the professions to be covered? Is there a timetable in this connection or will there be public consultation? If not, why?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 253)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong has been appointed as the independent Accreditation Agent of the AR Scheme.

(a) & (b)

The Food and Health Bureau is responsible for overseeing the implementation of the AR Scheme with the Department of Health ("DH") serving as the implementation agent. At bureau level, the additional workload arising from the AR Scheme will be absorbed by existing manpower resources.

DH's actual expenditure on the AR Scheme in 2017-18 and 2018-19 was $2.2 million and $2.8 million respectively. DH's expenditure on the AR Scheme for 2019-20, including the costs for publicity, was $5.8 million (revised estimate). In 2020-21, $7.6 million will be allocated for DH to take forward the AR Scheme.

(c) & (d)

The application for the AR Scheme was closed in February 2017. The Government announced in June 2017 that the Accreditation Agent considered that five healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, were preliminarily assessed to meet the criteria for accreditation process under the AR Scheme. These professions have subsequently passed accreditation assessments and were granted full accreditation status in 2018 and 2019 respectively. The results for speech therapists and audiologists were announced in April and November 2018, while those for dietitians, educational psychologists and clinical psychologists were announced in October 2019.

(e)

The Accreditation Agent will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4669)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding rare diseases, please advise on the following:

a. the number of types of rare diseases identified by the Hospital Authority (HA) so far;

b. the number of rare disease patients currently receiving treatment in the HA with a breakdown by type of disease.

c. the details of the support, including medication or support for family members of the patients, currently provided by the Government for rare disease patients receiving treatment in the HA;

d. whether the Government will give a definition for rare diseases. If yes, what are the details? If not, what are the reasons?

e. whether the Government will protect rare disease patients through legislation. If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 255)

Reply:

(a) to (c)

The Government and the Hospital Authority (HA) place high importance in providing optimal care for all patients, including those with rare diseases / uncommon disorders, based on available medical evidence while ensuring optimal and rational use of public resources. Currently, there is no common definition of rare diseases / uncommon disorders available worldwide, and the interpretation varies among countries with different characteristics of the respective health systems and situations. The healthcare support provided by HA covers patients with uncommon disorders and those suffering from other diseases, and the mechanism in place also addresses the needs of all patients. HA makes use of the recurrent funding from the Government, the Samaritan Fund and the Community Care Fund (CCF) Medical Assistance Programmes to provide sustainable, affordable and optimal care for all

patients, including those with rare diseases / uncommon disorders.

Currently, HA makes use of the designated funding from the Government to provide a special drug programme for treatment of specific lysosomal storage disorders (LSDs) through enzyme replacement therapy (ERT). In view of the rising demand for patients with uncommon disorders to receive ultra-expensive drug treatments, the Government and HA rolled out in August 2017 a CCF Medical Assistance Programme, namely "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" (the CCF Ultra-expensive Drugs Programme). HA Expert Panels on the respective drugs under these arrangements will assess the clinical benefits of drug treatments on a case-by-case basis according to the specific patients' clinical conditions and established treatment guidelines.

Apart from drug treatments, HA also 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, with an aim to properly addressing the individual needs of each patient.

The following table sets out the number of HA patients who were on drug treatment in HA under the aforementioned arrangements as at 31 December 2019.

Uncommon Disorders	**Number of HA patients on drug treatment as at 31 December 2019**
1. LSD	
a) Pompe	10
b) Gaucher	3
c) Fabry	11
d) Mucopolysaccharidosis (MPS) Type I	2
e) MPS Type IV	2
f) MPS Type VI	1
2. Paroxysmal Nocturnal Haemoglobinuria (PNH)	10
3. Atypical Haemolytic Uraemic Syndrome (aHUS)	3
4. Spinal Muscular Atrophy (SMA)	13 Note 1
5. Familial Amyloid Polyneuropathy (FAP)	1 Note 2

Note:

1. An Expanded Access Programme (EAP) was implemented in May 2018 to provide free treatment for patients with infantile onset SMA and the EAP programme ended in December 2018. These patients have continued to receive their drug treatment under the CCF Ultra-expensive Drugs Programme since 2019.
2. The drug Tafamidis for treatment of FAP has been included into the coverage of the CCF Ultra-expensive Drugs Programme with effect from 13 July 2019.

(d) and (e)

Each disease has its uniqueness and individual patients would require different clinical attention and care. If a definition on rare diseases is introduced and only patients with certain diseases falling under that definition would receive the certain entitlements, the focus of our support would be diverted to how the line is being drawn and how to review the defined coverage, thereby obscuring the crucial mission of addressing the specific clinical needs of individual patients. A definition based on prevalence rate would overlook other significant factors to be considered such as the severity of the disease and the availability of treatments. The optimal treatment for a patient – whether struck by known or rare disease, hinges more on professional judgement, the seriousness (not just rarity) of the disease, and availability of expertise and resources, etc. than on the presence of an official definition.

The Government and HA are committed to providing the most suitable care and treatment for all patients, including those with uncommon disorders. Mechanisms are in place to provide support for such patients in various aspects, including clinical diagnosis and assessment, multi-disciplinary care and rehabilitation services, introduction of new drugs, as well as subsidising drug treatments. Legislating for purposes that can be achieved through an administrative route is neither necessary nor desirable.

To further support patients with uncommon disorders, the Government and HA plan to implement progressively a series of targeted measures, which include developing databases for individual uncommon disorders to facilitate clinical diagnosis and treatment, and to enhance public awareness of such disorders; strengthening support to patients with uncommon disorders through the safety net mechanism; reviewing manpower support and deploying resources to help meet the needs of patients and promote technological development and clinical research relating to uncommon disorders. The Government and HA will continue the on-going dialogue with stakeholders including patient groups to review and strengthen the support for patients with uncommon disorders.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)401

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4670)

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

Subhead (No. & title): ()

Programme: (1) Health, (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 the quality of drugs provided to patients with psychosis and dementia, please advise this Committee of the following:

a. the details of the services provided to such patients, including the manpower and resources involved in each service and the expected outcome;

b. the number of dementia patients treated by the Hospital Authority, the number of new cases, the number of patients on the waiting list and the average waiting time in the past 3 years;

c. the number of patients receiving treatment in ambulatory and community settings in the past 3 years; and

d. whether the Government has assessed the current number of dementia patients in Hong Kong.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 256)

Reply:

a.

Over the years, the Hospital Authority (HA) has taken steps to increase the use of new psychiatric drugs which have proven effectiveness and safety profile, including antipsychotic drugs, antidepressant drugs, and drugs for dementia and attention deficit / hyperactivity disorder. In 2014-15, HA has repositioned the new generation oral antipsychotic drugs (save for Clozapine due to its more complicated side effects) from Special to General drug category in its Drug Formulary so that all these drugs could be prescribed as first-line drugs.

HA has put in place an established mechanism under which experts will examine and review regularly the treatment options and drugs for patients with adjustments made as appropriate, taking into account factors like scientific evidences, clinical risks and treatment

efficacy, technological advancement and views of patient groups, etc. HA will continue to closely monitor the latest development of clinical and scientific evidences of new psychiatric drugs. HA will also continue to review and introduce new drugs, and formulate guidelines for clinical use of such drugs in accordance with the established mechanism having regard to the principle of optimising the use of public resources and providing the most appropriate drug treatment for needy patients.

b.

The table below sets out the number of dementia patients treated in HA and the number of dementia patients who are new to HA in 2016, 2017 and 2018. Statistics of 2019 are not yet available pending consolidation and validation.

	2016	**2017**	**2018 [Provisional figures]**
Number of dementia patients treated in HA	68 000	70 800	73 400
Number of dementia patients who are new to HA	13 000	13 400	13 300

Note:

1. Figures are rounded to the nearest hundred.
2. HA has aligned the method to estimate the number of patients with dementia, by using diagnosis coding and drug dispensing information, and therefore such figures may not be comparable to those released in the past due to difference in methodology and data scope.
3. Statistics of 2018 are provisional figures as there may still be an adjustment to the figures after further data updates such as clinical notes, operative records, pathological reports, etc.

Subject to the clinical conditions of individual patients, patients with dementia are mainly managed under the specialty of Psychiatry and specialty of Medicine as appropriate.

The table below sets out the number of psychogeriatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in HA from 2017-18 to 2019-20 (up to 31 December 2019).

	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)**
2017-18	454	<1	1 683	4	4 882	36
2018-19	457	<1	1 700	5	4 953	45
2019-20 (up to 31 December 2019) [provisional figures]	329	1	1 418	5	3 615	46

The table below sets out the number of medicine SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in HA from 2017-18 to 2019-20 (up to 31 December 2019).

	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)**
2017-18	13 966	<1	27 067	5	97 158	65
2018-19	12 993	1	26 553	5	102 033	69
2019-20 (up to 31 December 2019) [provisional figures]	9 557	1	20 650	5	77 274	76

The number of patients on the waiting list of the SOP clinics is not readily available.

c.
The table below sets out the total number of psychiatric patients who have received psychiatric day hospital services and adult community psychiatric services in HA from 2017-18 to 2019-20 (projection as of 31 December 2019).

	2017-18	**2018-19**	**2019-20 (projection as of 31 December 2019)**
Number of psychiatric patients received psychiatric day hospital services	11 000	11 500	11 100
Number of psychiatric patients received adult community psychiatric services	33 100	33 600	33 900

Note:
Figures are rounded to the nearest hundred.

d.
HA does not have statistics on the total number of people with dementia in Hong Kong. In order to gather more comprehensive information on the mental health status of the Hong Kong population, the Food and Health Bureau has commissioned two universities to conduct three territory-wide mental health prevalence surveys, including one survey covering the elderly aged 60 or above.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)402

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4671)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As regards community psychiatric nurses, would the Government provide the following information of all the clusters under the Hospital Authority:

a. the numbers of community psychiatric nurses and psychiatric patients in the cluster, and the ratios between the community psychiatric nurses and the elderly population in the district at present and in the past 3 years; and

b. the numbers of psychiatric patients served per community psychiatric nurse, the numbers of cases requiring long-term follow-up, the numbers of visits per case every year, and the duration of every visit for each case?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 257)

Reply:

a.

The table below sets out the number of community psychiatric nurses (CPNs) working in psychiatric stream in each cluster in the Hospital Authority (HA) in the past three years (from 2017-18 to 2019-20).

Cluster	**CPNs [1&2]**		
	2017-18	**2018-19**	**2019-20 (as at 31 December 2019)**
HKEC	11	11	10
HKWC	8	7	8
KCC	12	11	10
KEC	16	16	16
KWC	23	23	22
NTEC	21	18	20

Cluster	CPNs [1 & 2]		
	2017-18	2018-19	2019-20 (as at 31 December 2019)
NTWC	49	48	46
Overall	**139**	**134**	**132**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. 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 total number of psychiatric patients treated in each cluster from 2017-18 to 2019-20 (projection as of 31 December 2019).

Cluster	Total number of psychiatric patients treated [1, 2, 3]		
	2017-18	2018-19	2019-20 (projection as of 31 December 2019)
HKEC	22 000	22 600	23 300
HKWC	21 700	23 200	24 500
KCC	18 300	19 100	19 600
KEC	35 500	35 900	37 000
KWC	72 100	74 300	75 900
NTEC	46 300	49 500	50 700
NTWC	40 200	42 400	44 300
Overall	**251 300**	**261 800**	**270 300**

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Figures are rounded to the nearest hundred.
3. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.

Patients in need of community psychiatric service (CPS) are currently followed up by the multi-disciplinary community psychiatric teams in various HA clusters. The teams, which comprise healthcare professionals such as psychiatric doctors, psychiatric nurses (including CPNs), clinical psychologists, occupational therapists, medical social workers and peer support workers etc., provide necessary community support services for patients with mental health needs residing in the community, having regard to their conditions and clinical needs.

Also, HA has launched the Case Management Programme (the Programme) since 2010-11 by phases to provide intensive, continuous and personalised support for patients with severe mental illness. By 2014-15, the Programme had been extended to cover all the 18 districts in Hong Kong. As at 31 December 2019, HA recruited a total of 375 case managers to provide personalised and intensive community support for around 16 200 patients under the Programme.

In planning 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.

b.
The number of cases handled by a healthcare professional in CPS (including CPN) varies, depending on a number of factors such as patients' conditions and clinical needs as well as experience of the staff. The number and duration of visits also vary from case to case. On average, each takes care of about 40 to 60 patients at any one time. The requested information on average number of visits or duration in respect of CPS is not readily available.

Abbreviations

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

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)403

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4672)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding child psychiatry services, please provide the following information for the past 3 years:

a. the manpower (including psychiatrists, nurses, community nurses, psychologists and occupational therapists) of hospitals in each cluster of the Hospital Authority (HA), and their respective staff-to-patient ratios;
b. the number of child psychiatric patients, and the number of child psychiatric patients with various learning disabilities (including autism, attention deficit, hyperactivity disorder); and
c. the median waiting time for child psychiatric outpatient new cases at hospitals in each cluster of the HA.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 258)

Reply:

a.

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals providing child and adolescent (C&A) psychiatric services in HA also support other psychiatric services, HA does not have the breakdown on the manpower and the requested staffing ratio for supporting C&A psychiatric services only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses (CPNs), clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in the past three years (from 2017-18 to 2019-20):

Cluster	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPNs)	CPNs[1 & 4]	Allied Health Professionals		
				Clinical Psychologists[1]	Medical Social Workers[5]	Occupational Therapists[1]
2017-18						
HKEC	34	249	11	8	N/A	19
HKWC	26	117	8	6	N/A	23
KCC	33	238	12	10	N/A	26
KEC	35	167	16	11	N/A	19
KWC	73	673	23	23	N/A	71
NTEC	64	407	21	14	N/A	46
NTWC	82	737	49	14	N/A	59
Overall	**347**	**2 588**	**139**	**86**	**243**	**263**
2018-19						
HKEC	34	256	11	9	N/A	18
HKWC	28	116	7	6	N/A	22
KCC	35	262	11	11	N/A	29
KEC	36	177	16	12	N/A	19
KWC	77	689	23	24	N/A	73
NTEC	62	423	18	15	N/A	43
NTWC	81	747	48	13	N/A	59
Overall	**351**	**2 670**	**134**	**90**	**246**	**263**
2019-20 (as at 31 December 2019)						
HKEC	38	269	10	9	N/A	21
HKWC	30	138	8	9	N/A	24
KCC	37	267	10	10	N/A	29
KEC	40	193	16	11	N/A	21
KWC	76	722	22	27	N/A	81
NTEC	63	456	20	16	N/A	46
NTWC	84	761	46	15	N/A	63
Overall	**368**	**2 806**	**132**	**97**	**249**	**285**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatry doctors refer to all doctors working for the specialty of psychiatry except Interns.
3. Psychiatric 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.
5. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department.

The table below sets out the doctor-to-patient ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) in psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2017-18	19.2	19.0
2018-19	19.0	18.8
2019-20 (as at 31 December 2019)	20.6	20.4

The table below sets out the nurse-to-patient ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) in psychiatry for inpatients and day inpatients in HA –

	Ratio per 1 000 inpatient discharges and deaths	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2017-18	137.8	136.7
2018-19	139.1	138.0
2019-20 (as at 31 December 2019)	150.8	149.6

Note:

1. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2019-20, the manpower status as at 31 December 2019 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2019-20 are projected figures as of 31 December 2019.
2. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.
3. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day.
4. Psychiatry specialty includes services for the mentally handicapped.

5. It is important to note that doctors and nurses 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.

In planning 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. 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 by clusters which may not reflect the actual level of service provision due to the above reasons.

b.

The table below sets out the number of psychiatric patients aged below 18 treated and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression / depressive disorders in HA from 2017-18 to 2019-20 (projection as of 31 December 2019).

	Number of psychiatric patients aged below 18[1,2,3]	**Number of patients aged below 18 diagnosed with[4]**				
		Autism spectrum disorder	**Attention-deficit hyperactivity disorder**	**Behavioural and emotional disorders**	**Schizophrenic spectrum disorder**	**Depression/ depressive disorders**
2017-18	34 900	11 800	14 000	1 700	400	800
2018-19	37 900	13 400	16 100	2 200	400	1 000
2019-20 (projection as of 31 December 2019)	39 700	14 100	17 000	2 600	300	1 000

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.
2. Refer to age as at 30 June of the respective year.
3. Figures are rounded to the nearest hundred.
4. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.

c.

The tables below set out the number of C&A psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

2017-18

Cluster	**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[1]	14	<1	131	4	1 445	96

Cluster	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)
HKWC[1]						
KCC[2]	45	1	195	3	3 131	74
KWC[2]						
KEC	20	<1	173	5	1 527	115
NTEC	105	1	245	5	2 025	119
NTWC	55	1	163	6	1 443	92

2018-19

Cluster	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[1]	16	<1	165	4	1 556	82
HKWC[1]						
KCC[2]	51	1	205	3	3 499	89
KWC[2]						
KEC	22	<1	191	1	1 511	96
NTEC	119	1	207	4	2 332	86
NTWC	74	1	162	5	1 853	70

2019-20 (up to 31 December 2019) [Provisional figures]

Cluster	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[1]	3	1	133	5	1 059	83
HKWC[1]						
KCC[2]	33	<1	204	3	2 975	113
KWC[2]						
KEC	13	<1	95	<1	1 381	93
NTEC	139	1	193	4	1 884	86
NTWC	75	1	129	4	1 356	73

Note:

1. The majority of the C&A psychiatric services in HKEC is supported by the C&A psychiatric specialist team of HKWC.
2. The majority of the C&A psychiatric services in KCC is supported by the C&A psychiatric specialist team of KWC.

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. 4673)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What was the average annual expenditure on the drugs purchased and the drugs prescribed per patient per day for psychiatric inpatients and outpatients in the past 3 years? 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 intervals between follow-up consultations? What was the average expenditure on the drugs purchased and the drugs prescribed for these patients?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 259)

Reply:

The table below sets out the relevant information on the utilisation of psychiatric drugs in the Hospital Authority (HA) in the past three years. HA does not maintain statistics on the re-admission rates and interval between follow-up consultations for patients prescribed with conventional anti-psychotic drugs versus new anti-psychotic drugs.

	2017-18	**2018-19**	**2019-20 (projection as of 31 December 2019)**
Average expenditure on drugs for psychiatric inpatients	$134 per patient day	$147 per patient day	$162 per patient day
Average expenditure on drugs for psychiatric out-patients	$506 per attendance	$547 per attendance	$572 per attendance
Number of patients prescribed with new anti-psychotic drugs[1]	85 500	90 500	94 600
Estimated percentage of new	91%	91%	91%

	2017-18	2018-19	2019-20 (projection as of 31 December 2019)
cases of psychotic patients prescribed with new anti-psychotic drugs[2]			
Estimated average expenditure on new anti-psychotic drugs per patient per year	$2,664	$2,775	$2,853

Note :

1. Figures are rounded to the nearest hundred.
2. Decision on the type of anti-psychotics drugs to be prescribed is mainly a clinical judgement based on the conditions of individual patients. As different anti-psychotic drugs have different potency and side effect profile, the attending doctor will discuss with the patient concerned for the most appropriate treatment.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)405

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4674)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding improvements in manpower and training for psychiatric services, please advise on the following:

a. What were the numbers of training places for (i) psychiatrists; (ii) clinical psychologists; and (iii) occupational therapists in the past 5 years and the respective numbers of enrolment applications, successful enrolments, graduates and registrations each year?

b. What were the numbers of graduates and successful registrations (if required) for (i) psychiatrists; (ii) clinical psychologists; and (iii) occupational therapists in the past 5 years? How many of them were recruited by the Hospital Authority and what percentage did they account for?

c. Does the Government have any five-year or ten-year plan in respect of the manpower for psychiatric services? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 260)

Reply:

(a) and (b)

(i) Psychiatrists

The number of Resident Trainees ("RT") in the specialty of Psychiatry recruited by the Hospital Authority ("HA") in the annual RT recruitment exercise in the past 5 years is set out in the following table –

Year	Number of RT recruited in Psychiatry in the Annual Recruitment Exercise for RT
2015-16	23
2016-17	21
2017-18	20
2018-19	26
2019-20	32

We do not have the numbers of enrolment applications, successful enrolments and graduates for Psychiatrists. The number of specialists and those newly registered in psychiatry under the Specialist Register of the Medical Council of Hong Kong in the past 5 years are set out in the following table –

	Position as at 31 December				
	2015	2016	2017	2018	2019
Number of Specialist in Psychiatry	338	355	376	392	401
Number of Newly Registered Specialist in Psychiatry	23	19	23	18	11

(ii) Clinical Psychologists

At present, clinical psychologists are not subject to statutory registration, hence we do not have the number of registrations for clinical psychologists. According to the 2014 Health Manpower Survey conducted by the Department of Heath on the 16 types of healthcare professionals included in the health services functional constituency, a total of 515 clinical psychologists were employed by the covered institutions. Among them, 27.6% were employed by HA.

We do not have the number of enrolment applications in respect of Clinical Psychology programmes. The information on the number of University Grants Committee ("UGC")-funded taught postgraduate ("TPg") places in Clinical Psychology, number of admissions and number of graduates from the 2014/15 to 2018/19 academic years are set out in the following table –

	2014/15	2015/16	2016/17	2017/18	2018/19
Number of Publicly-funded Local Training Places in TPg Clinical Psychology	38	19	38	19	38
Number of Admissions	36	19	35	17	36
Number of Graduates [Year of entry]	19 [2013/14]	38 [2014/15]	19 [2015/16]	38 [2016/17]	19 [2017/18]

Note:
The UGC assumes that the usual duration of study of a TPg Clinical Psychology graduate of a certain year (e.g. 2014/15) is 2 years. The duration of study differs for some students, for example, some students may

delay or even terminate their study, while some may complete the course beyond the normal duration. Under these circumstances, the UGC cannot trace the actual enrollment year of the graduate.

(iii) Occupational Therapists

We do not have the number of enrolment applications in respect of Occupational Therapy programmes. The information on the number of UGC-funded First-year-first-degree ("FYFD") local training places for Occupational Therapy, number of admissions and number of graduates from the 2014/15 to 2018/19 academic years are set out in the following table –

	2014/15	**2015/16**	**2016/17**	**2017/18**	**2018/19**
Number of Publicly-funded FYFD in Occupational Therapy	90	90	100	100	100
Number of Admissions	89	89	101	102	102
Number of Graduates [Year of entry]	90 [2012/13 Old academic structure]	90 [2012/13 New academic structure]	90 [2013/14]	90 [2014/15]	90 [2015/16]

Notes:
The UGC assumes that the usual duration of study of an occupational therapy graduate of a certain year (e.g. 2015/16) is 4 years (under the new academic structure). Besides, 2012/13 is the double-cohort year. For occupational therapy students entering the university in the 2012/13 academic year, the duration of study for those under the old academic structure was normally 3 years (i.e. graduating in 2014/15), while the duration of study for those under the new academic structure was normally 4 years (i.e. graduating in 2015/16).
The duration of study differs for some students, for example, some students may delay or even terminate their study, while some may complete the course beyond the normal duration. Under these circumstances, the UGC cannot trace the actual enrollment year of the graduate. Hence, the actual number of student intake in a year may be different from the number of places.

Tung Wah College ("TWC") also offers self-financing degree programme in Occupational Therapy. The number of professionally accredited undergraduate Occupational Therapy training places provided by TWC, number of admissions and number of graduates for the past 5 years are set out in the following table –

	2014/15	**2015/16**	**2016/17**	**2017/18**	**2018/19**
Target Number of Training Places in Occupational Therapy provided by TWC	50	50	50	50	50
Number of Admissions	44	48	64	45	50
Number of Graduates	–	–	35	38	40

Notes :
The Bachelor of Science (Honours) Occupational Therapy has its first batch of graduates in the 2016/17 academic year.
The usual duration of study of an occupational therapy graduate is 4 years. The duration of study differs for some students, for example, some students may delay or even terminate their study, while some may complete the course beyond the normal duration.

The number of occupational therapists registered and those newly registered with the Occupational Therapists Board in the past 5 years are set out in the following table –

	Position as at 31 December				
	2015	**2016**	**2017**	**2018**	**2019**
Number of Registered Occupational Therapist	1 783	1 911	2 070	2 224	2 403
Number of Newly Registered Occupational Therapist	115	134	167	168	185

We do not have the percentage of (i) psychiatrists; (ii) clinical psychologists; and (iii) occupational therapists graduates recruited by HA. The number of doctors, clinical psychologists and occupational therapists working in the psychiatric stream in HA from 2015-16 to 2019-20 (as at 31 December 2019) is set out in the following table –

Year	**2015-16**	**2016-17[3]**	**2017-18[3]**	**2018-19[3]**	**2019-20[3] (as at 31 Dec 2019)**
Psychiatric doctors[1,2]	344	349	347	351	368
Clinical Psychologists[1]	82	90	86	90	97
Occupational Therapists[1]	245	257	263	263	285

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, but excluding those in HA Head Office.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns.
3. Starting from 2016-17, psychiatric doctors also include doctors working in Siu Lam Hospital.

(c)

The Government promulgated the report of the Strategic Review on Healthcare Manpower Planning and Professional Development ("the Strategic Review") in 2017, setting out ten recommendations to lay the foundation for healthcare manpower planning and the direction for professional development and regulation of healthcare professionals, with a view to ensuring that there are qualified healthcare professionals to support the healthy and sustainable development of the healthcare system in Hong Kong. We are actively taking forward the recommendations of the Strategic Review with a view to planning ahead for the long-term manpower need. For instance, the Government has increased the number of UGC-funded first-year-first-degree places in healthcare-related disciplines by over 150 (including 60 medical, 60 nursing and some 30 dental and allied health), and increased the number of TPg training places for clinical psychology to 38 per annum (instead of 38 and 19 places in alternate years), in the 2019/20-2021/22 UGC triennium. The Government has also subsidised 1 320 students (including 50 occupational therapist students) to pursue self-financing bachelor degree programmes in healthcare disciplines under the Study Subsidy Scheme for Designated Professions/Sectors in the 2019/20 school year. The Government has commenced a new round of manpower projection exercise to update the demand and supply projection of healthcare professions. The results are expected to be available within 2020. Subject to the result of the new manpower projection, the Government will consider further increasing the number of relevant healthcare training places.

To facilitate long-term healthcare manpower planning, HA will, under the HA integrated planning model framework, conduct manpower requirement projections having regard to a set of service workload projections across the spectrum of HA services. HA conducts manpower requirement projection which covers all clinical grades, including doctor, nurse, allied health and pharmacy professionals to develop recruitment strategies for the respective healthcare professions.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)406**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4675)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether funding is available in the Estimates for the coming year for the Hospital Authority to improve its psychiatric services. If so, what are the details about improving the waiting time and consultation time for psychiatric outpatient services? What are the details about improving the consultation time? What are the targets of the improvement measures? What are the additional resources and manpower involved? Please provide a breakdown of the details.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 261)

Reply:

With an aim to enhance the psychiatric services including the psychiatric specialist outpatient services, the Hospital Authority (HA) has earmarked an additional of around $115.3 million in 2020-21 as follows -

(i) Further rolling out the Student Mental Health Support Scheme to a total of 150 schools to enhance the support for students with mental health needs in the 2020/21 school year; introducing a collaborative care model between paediatrics and child and adolescent (C&A) psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder; and strengthening the allied health support services to C&A psychiatric patients. It is estimated that 4 doctors, 34 nurses, 10 clinical psychologists, 5 occupational therapists, 2.5 speech therapists and 27 supporting staff will be recruited;

(ii) Establishing the C&A psychiatric services in HKEC by phases. It is estimated that 2 doctors, 15 psychiatric nurses, 1 clinical psychologist, 1 occupational therapist, 0.4 speech therapist, 0.5 dispenser and 29 supporting staff will be recruited;

(iii) Enhancing the community psychiatric services by recruiting 16 additional case managers in HKEC, HKWC, KCC, KWC and NTWC; and

(iv) Enhancing the psychogeriatric outreach services in HKEC, KEC and NTEC to patients living in Residential Care Homes for the Elderly. It is estimated that additional 6 psychiatric nurses and 3 supporting staff will be recruited.

HA does not maintain statistics on the consultation time and the estimated improvement of the waiting time cannot be envisaged at this stage. HA will continue to closely monitor the implementation of the above enhancement measures with a view to ensuring that they would address the service needs.

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. 4676)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding mental health services, will the Government provide the following information for the past 3 years:
a. the estimated number of mentally-ill persons in the territory;
b. the number of mentally-ill persons seeking consultation from the Hospital Authority (HA) and the number of those diagnosed with severe mental illness in each cluster;
c. the manpower for psychiatric services (including psychiatrists, nurses and community nurses) and their respective ratios to patients seeking consultation from the HA in each hospital of each cluster;
d. the daily consultation hours, the actual attendances, the daily consultation quotas (the number of discs allocated) and the daily consultation quota of each doctor of psychiatric outpatient services in each hospital of each cluster;
e. the respective ratios of psychiatrists and nurses to the overall population, mental patients and the population aged 65 or above in each cluster; and
f. the number of psychiatric inpatient discharges and deaths, and the unplanned re-admission rates within 28 days and 3 months respectively in each cluster?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 262)

Reply:

a.
The Hospital Authority (HA) does not have statistics on the estimated number of mentally-ill persons in the territory.

b.

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with schizophrenic spectrum disorder in each hospital cluster under HA from 2017-18 to 2019-20 (projection as of 31 December 2019):

	2017-18		2018-19		2019-20 (projection as of 31 December 2019)	
Cluster	**Total number of psychiatric patients treated[1 to 3]**	**Number of patients diagnosed with schizophrenic spectrum disorder [2 to 5]**	**Total number of psychiatric patients treated[1]**	**Number of patients diagnosed with schizophrenic spectrum disorder[2 to 5]**	**Total number of psychiatric patients treated[1 to 3]**	**Number of patients diagnosed with schizophrenic spectrum disorder [2 to 5]**
HKEC	22 000	3 500	22 600	3 500	23 300	3 500
HKWC	21 700	3 100	23 200	3 200	24 500	3 200
KCC	18 300	4 900	19 100	5 000	19 600	5 000
KEC	35 500	7 400	35 900	7 500	37 000	7 500
KWC	72 100	16 100	74 300	16 300	75 900	16 300
NTEC	46 300	7 800	49 500	8 000	50 700	8 100
NTWC	40 200	8 600	42 400	8 600	44 300	8 600
Overall	**251 300**	**49 800**	**261 800**	**50 400**	**270 300**	**50 600**

Note:

1. Including inpatients, patients at specialist outpatient (SOP) clinics and day hospitals.
2. Figures are rounded to the nearest hundred.
3. Sum of clusters may not add up to the total as a patient may be treated in more than one cluster.
4. In HA, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffering from other diagnosis are not included.
5. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.

c. & e.

The table below sets out the number of psychiatric doctors, psychiatric nurses and community psychiatric nurses in HA in the past three years by cluster.

Cluster	**Psychiatric doctors[1 & 2]**	**Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses (CPNs)**	**CPNs[1 & 4]**
2017-18			
HKEC	34	249	11
HKWC	26	117	8
KCC	33	238	12
KEC	35	167	16
KWC	73	673	23
NTEC	64	407	21
NTWC	82	737	49

Cluster	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses (CPNs))	CPNs[1 & 4]
Overall	**347**	**2 588**	**139**
2018-19			
HKEC	34	256	11
HKWC	28	116	7
KCC	35	262	11
KEC	36	177	16
KWC	77	689	23
NTEC	62	423	18
NTWC	81	747	48
Overall	**351**	**2 670**	**134**
2019-20 (as at 31 December 2019)			
HKEC	38	269	10
HKWC	30	138	8
KCC	37	267	10
KEC	40	193	16
KWC	76	722	22
NTEC	63	456	20
NTWC	84	761	46
Overall	**368**	**2 806**	**132**

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but exclude those in HA Head Office. Individual figures may not add up to the total due to rounding.
2. Psychiatric doctors refer to all doctors working for the specialty of psychiatry except Interns.
3. Psychiatric 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.

The table below sets out the doctor-to-patient ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) in psychiatry for inpatients and day inpatients in HA.

	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2017-18	19.2	19.0
2018-19	19.0	18.8
2019-20 (as at December 2019)	20.6	20.4

The table below sets out the doctor-to-overall population and doctor-to-population aged 65 or above ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) in psychiatry in HA.

	Ratio per 1 000 overall population	**Ratio per 1 000 population aged 65 or above**
2017-18	0.05	0.29
2018-19	0.05	0.28
2019-20 (as at December 2019)	0.05	0.28

The table below sets out the nurse-to-patient ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) in psychiatry for inpatients and day inpatients in HA.

	Ratio per 1 000 inpatient discharges and deaths	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2017-18	137.8	136.7
2018-19	139.1	138.0
2019-20 (as at December 2019)	150.8	149.6

The table below sets out the nurse-to-overall population and nurse-to-population aged 65 or above ratios in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019) in Psychiatry in HA.

	Ratio per 1 000 overall population	**Ratio per 1 000 population aged 65 or above**
2017-18	0.34	2.05
2018-19	0.35	2.03
2019-20 (as at December 2019)	0.36	2.04

Note:

1. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2019-20, the manpower status as at 31 December 2019 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year. The numbers of inpatient and day inpatient discharges and deaths for 2019-20 are projected figures as of 31 December 2019.
2. HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not by patient headcount as the latter is unable to

reflect in full the services (e.g. admission / attendances, discharges, transfers etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.

3. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than one day.
4. Psychiatry specialty includes services for the mentally handicapped.
5. It is important to note that doctors and nurses 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.
6. The manpower to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

In planning 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 some clusters are providing services for patients throughout the territory. HA does not have ready breakdown on the requested staffing ratios by clusters which may not reflect the actual level of service provision due to the above reasons.

d.

The table below sets out the number of psychiatric SOP (clinical) attendances in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

Cluster	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [provisional figures]**
HKEC	86 082	86 548	67 839
HKWC	64 969	70 847	54 335
KCC	65 920	67 930	52 258
KEC	110 048	108 247	84 561
KWC	240 632	246 199	185 774
NTEC	143 531	151 702	114 530
NTWC	161 959	166 304	131 346
Overall	**873 141**	**897 777**	**690 643**

HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists and etc. to provide comprehensive and continuous medical services, including in-patient, out-patient, day rehabilitation training and community support services, to patients with mental health problems, depending on their medical conditions and clinical needs. HA does not maintain statistics on consultation time per day, daily consultation quotas and daily consultation quotas per doctor in psychiatric SOP clinics.

f.

The table below sets out the number of discharges and deaths for inpatient psychiatric service in each hospital cluster under HA from 2017-18 to 2019-20 (up to 31 December 2019).

Cluster	**Number of discharges and deaths for inpatient psychiatric service**		
	2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [Provisional figures]**
HKEC	1 660	1 777	1 371
HKWC	597	705	479
KCC	3 078	3 192	2 443
KEC	581	474	287
KWC	4 453	4 484	3 284
NTEC	4 224	4 428	3 173
NTWC	2 839	2 855	2 114
Overall	**17 432**	**17 915**	**13 151**

Note:

The number of day inpatient discharges and deaths for psychiatric service are not included in the above table because it only accounts for small volume at about 126, 136 and 104 in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) [provisional figures] respectively.

The table below sets out the unplanned readmission rates within 28 days for psychiatry specialty in HA. Registering the unplanned readmission rate within 28 days for respective specialty is an established practice in HA. HA does not have statistics on unplanned readmission rate within three months after discharge.

	Unplanned readmission rate within 28 days for psychiatry specialty
2017-18	7.6%
2018-19	8.3%
2019-20 (up to 31 December 2019) [Provisional figures]	8.6%

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. 4677)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate, by hospital cluster, the respective numbers of cases who have not settled their in-patient maintenance fee and medication fee, with a breakdown of non-local and local residents, in each of the past 5 years.

Asked by: HON KWOK Ka-ki (LegCo internal reference no.: 264)

Reply:

The table below sets out the number of inpatient cases with outstanding ward maintenance fees[1] for Eligible Persons[2] (EP) and Non-eligible Persons[3] (NEP) in the Hospital Authority (HA) in the past 5 financial years.

Patient Type	**Cluster[4]**	**Number of inpatient cases with outstanding ward maintenance fees**				
		As at 31 March 2016	**As at 31 March 2017**	**As at 31 March 2018**	**As at 31 March 2019**	**2019-20 (As at 31 December 2019)**
EP	HKEC	2 727	2 432	2 154	2 260	2 158
	HKWC	4 120	3 831	3 640	3 278	3 218
	KCC	3 812	3 587	4 661	4 474	4 900
	KEC	3 566	3 249	2 740	2 605	2 902
	KWC	6 277	5 536	3 338	3 498	3 959
	NTEC	5 152	4 982	4 129	4 127	4 059
	NTWC	4 825	4 127	3 667	4 064	4 195
	Sub-total for EP	30 479	27 744	24 329	24 306	25 391

Patient Type	Cluster[4]	Number of inpatient cases with outstanding ward maintenance fees				
		As at 31 March 2016	As at 31 March 2017	As at 31 March 2018	As at 31 March 2019	2019-20 (As at 31 December 2019)
NEP	HKEC	140	144	108	108	105
	HKWC	94	95	100	75	88
	KCC	308	244	326	336	366
	KEC	60	61	38	35	49
	KWC	381	383	256	261	250
	NTEC	91	76	70	60	57
	NTWC	234	239	191	184	188
	Sub-total for NEP	1 308	1 242	1 089	1 059	1 103
Total		**31 787**	**28 986**	**25 418**	**25 365**	**26 494**

Abbreviations

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

Note:

1. Public ward maintenance fee includes charges for clinical, biochemical and pathology investigations (including consultation, diagnostic imaging and other examinations), vaccines and general nursing, where such examinations or treatments are necessary, and prescriptions within the scale provided at the hospitals and clinics.
2. According to the Gazette (G.N. 5708 issued on 27 September 2013), patients falling into the following categories are eligible for the rates of charges applicable to EP:
   (i) holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
   (ii) children who are Hong Kong residents and under 11 years of age; or
   (iii) other persons approved by the Chief Executive of HA.
3. Persons who are not EPs are classified as NEPs.
4. Kwong Wah Hospital, Our Lady of Maryknoll Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital, together with the service units in the concerned communities, were re-delineated from the KWC to KCC with effect from 1 December 2016. Reports on services / manpower statistics and financial information are continued to be based on the previous clustering arrangement (i.e. concerned service

units under KWC) for the entire 2016-17 financial year (i.e. up to 31 March 2017), while reporting based on the new clustering arrangement starts from 1 April 2017. All statistics and financial information for KCC and KWC before and on / after 1 April 2017 are therefore not directly comparable.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)409

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4678)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned in the 2019 Budget Speech that $10 billion would be earmarked to set up a public healthcare stabilisation fund. In this connection, will the Government advise on:

1. the criteria for using the fund, including a detailed definition of the "unexpected circumstances" which might be faced by the Hospital Authority;
2. whether the uses of the fund include, inter alia, hiring of additional manpower or provision of additional beds by the Hospital Authority;
3. the objectives of and expected outcome to be achieved by the fund; and
4. the utilisation and project types of the fund currently?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 265)

Reply:

The Government has earmarked $10 billion for the public healthcare stabilisation fund. The fund serves to cope with the contingency needs of Hospital Authority (HA) in case there is not enough in the public coffers to meet HA's additional requirements or additional expenditure arising from unforeseeable circumstances. The fund has not been mobilised for use by HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4683)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

On organ donation, please advise this Committee of the following:

(a). The total number of persons who registered their wish to donate organs in the Centralised Organ Donation Register in the past 3 years, with a breakdown by type of organ to be donated;

(b). The respective numbers of patients waiting for organ donation, their average waiting time and the number of patients who successfully received organ donation in the past 3 years; and

(c). Details of the publicity efforts previously made by the Government, the effectiveness of such efforts as well as the manpower and expenditure involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 270)

Reply:

(a)
The number of registrations recorded in the Centralised Organ Donation Register (CODR) in the past 3 years with breakdown by type of organ/ tissue to be donated are as follows –

Year	**2017**	**2018**	**2019**
Total number of registrations during the year	37 285	18 772	20 001
Organ they wish to donate (number of persons) :			
All organs	33 619	16 976	18 254
Kidney	3 235	1 564	1 477
Heart	3 125	1 515	1 454
Liver	3 150	1 507	1 399
Lung	3 006	1 424	1 325
Cornea	2 802	1 370	1 295

Bone	1 350	703	625
Skin	779	407	377

Note: A person can indicate his wish to donate more than one or all organs.

(b)
The number of patients waiting for organ / tissue transplant, their average waiting time and the number of organ / tissue donations in the Hospital Authority (HA) in the past 3 years are as follows –

Year (as at December 31)	**Organ / Tissue**	**Number of Patients Waiting for Transplant**	**Average Waiting Time (months)** Note 1	**Number of Donations**
2017	Kidney	2 153	51	78
	Heart	48	21.7	13
	Lung	20	9.3	13
	Liver	87	42	74
	Cornea (piece)	273	11	367
	Bone	NA Note 2		3
	Skin			11
2018	Kidney	2 237	52	76
	Heart	51	22	17
	Lung	19	13.1	7
	Liver	69	43.2	53
	Cornea (piece)	274	12	346
	Bone	NA Note 2		0
	Skin			10
2019	Kidney	2 268	54	57
	Heart	54	26	8
	Lung	24	15	7
	Liver	60	43.8	43
	Cornea (piece)	269	11	324
	Bone	NA Note 2		1
	Skin			5

<u>Note</u>:
(1): "Average waiting time" is the average of the waiting time for patients on the organ / tissue transplant waiting list as at the end of that year.

(2): NA = Not Applicable. 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 / tissue donation waiting list.

HA does not maintain statistics on the number of patients who successfully received organ donation.

(c)
Over the years, the Food and Health Bureau, together with the Department of Health (DH) and HA, have been making continuous efforts to promote organ donation on various fronts in collaboration with community partners. These include: (1) conducting promotion booths/ promotion activities in the 9 Smart Identity Card Replacement Centres (SIDCCs); (2) institution-based networking with signatories of the Organ Donation Promotion Charter and supporters to promote organ donation and to encourage registration for the CODR; (3) public education through exhibitions, talks and seminars; (4) publicity campaigns using various channels, e.g. television, radio, newspapers, Internet, etc.; (5) e-engagement of the public by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK"; (6) development of promotional materials and distributing them in various occasions and events; and (7) organisation of large-scale activities.

The Organ Donation Promotion Charter was introduced in 2016 to engage different sectors of the community in promoting organ donation. As at 31 December 2019, there were around 590 signatories which had conducted over 1500 promotional actions and activities. Signatories have pledged to promote the culture of organ donation by encouraging their staff or members to register their wish to donate organs and further promote the culture to family members of their staff or members and in the community.

The Government also designated the second Saturday of November every year as the Organ Donation Day and the anniversary of the launching of the CODR. Large-scale activities, such as public ceremony and organ donation promotion vehicle, have been organised to raise public awareness on organ donation and facilitate registration for the CODR. The expenditure on the publicity for organ donation cannot be separately identified as it is absorbed by DH's overall provision for health promotion.

In line with DH's strategies and initiatives of promoting organ donation, HA has been organising various activities and appreciation events, which include (1) providing publicity and education videos and a hyperlink to the CODR website on a designated webpage in HA's internet and intranet websites; (2) promoting organ donation on HA's social media platform (e.g. Facebook); (3) media pitching about organ donation and articles on various media platforms; (4) setting up promotion booths in various HA hospitals and outpatient clinics, (5) inviting summer volunteers to participate in organ donation promotion activities, (6) supporting DH in the publicity work on the Organ Donation Day and (7) promulgating the Paired Kidney Donation Pilot Programme to the renal community and the general public through different channels, etc.. The expenditure on the publicity for organ donation cannot be separately identified as it is absorbed by HA's overall provision of healthcare services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4686)

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

Subhead (No. & title): ()

Programme: (1) Health, (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 :

To meet the rising demand of a growing and ageing population, will the Government advise on :

a. details of the relevant measures, and the expenditure, manpower and staff ranks involved? If no, what are the reasons?

b. any other plans on top of the work mentioned above to improve the medical services in districts such as the New Territories West cluster where the demand is particularly high by enhancing the service capacity. If yes, what are the details, and the expenditure, manpower and staff ranks involved. If no, what are the reasons?

Asked by : Hon KWOK Ka-Ki (LegCo internal reference no. : 274)

Reply:

a.

Recurrent subvention to the Hospital Authority (HA) in 2020-21 amounts to $75.0 billion, representing an increase of 5.0% over the 2019-20 revised estimate ($71.4 billion). With the additional financial provision of the Government, HA will implement new initiatives and enhance various types of services including the following key measures :

(1) increasing 416 public hospital beds;

(2) enhancing the following manpower measures to retain staff and alleviate manpower pressure :

  (i) enhancement of opportunities for Associate Consultants to be promoted to Consultants;

  (ii) enhancement of the Special Retired and Rehire Scheme to flexibly re-employ more doctors upon their retirement until age 65;

  (iii) provision of allowance for registered nurses who have attained recognised specialty qualifications;

  (iv) continuation of enhancement measures for Patient Care Assistants, Operation Assistants and Executive Assistants; and

(v) continuation of recruitment of additional non-locally trained doctors under Limited Registration; and

(3) enhancing radiological imaging services; increasing the quotas for general outpatient clinics; providing additional specialist outpatient clinic attendances, etc.

The number of medical, nursing and allied health staff in 2020-21 is expected to increase by, on a full-time equivalent basis, 183, 1 140 and 460 respectively when compared with 2019-20. HA will deploy existing staff and recruit additional staff for implementation of the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

b.

HA has earmarked an additional provision of around $676 million in 2020-21 for implementing initiatives to better manage growing service demand and improve quality of medical services in New Territories West Cluster (NTWC). These measures include:

(1) opening 64 acute beds in NTWC, which comprise :

(i) 2 in Tuen Mun Hospital (TMH);

(ii) 2 in Pok Oi Hospital; and

(iii) 60 in Tin Shui Wai Hospital;

(2) increasing quotas for general outpatient services by 2 370 attendances;

(3) enhancing geriatric support for patients attending Accident and Emergency Departments by providing services for 750 additional focused geriatric assessments at TMH;

(4) enhancing the transitional post-discharge support for elderly patients by providing 1 800 additional needs assessments and 4 320 additional home visits with rehabilitation at NTWC; and

(5) enhancing the Community Geriatric Assessment Team support for terminally-ill patients in Residential Care Homes for the Elderly by providing services for 700 additional geriatric outreach attendances.

NTWC will deploy existing staff and recruit additional staff to maintain the existing services and implement the above initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4687)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the support services provided by the Hospital Authority's Community Geriatric Assessment Teams (CGATs) for terminally ill patients living in residential care homes for the elderly (RCHEs), please provide the following information:

a. the establishment of CGAT of each hospital cluster, with a breakdown of the professional staff and healthcare staff;

b. the number of visits by CGATs to RCHEs (including private and subsidised RCHEs), the number of attendances by elderly persons who received such outreach services, and the total annual expenditure and unit cost of these services for each of the past 5 years; and

c. details of the support services provided for terminally ill patients in RCHEs and the resources involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 275)

Reply:

(a)

The 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. The services provided include medical consultations, nursing assessments and treatments, as well as community rehabilitation services by allied health professionals.

CGAT staff are members of the hospital's medical team coming from sub-specialty of Geriatrics under the specialty of Medicine. Apart from providing outreach support to RCHEs, they also provide inpatient services in medical wards. HA does not have specific breakdown on the deployment of the CGAT manpower for outreach services to RCHEs.

(b)

The table below sets out the number of CGAT attendances for elderly patients living in RCHEs (including subsidised and private RCHEs) in the past 5 years.

2015-16 (Actual)	**2016-17 (Actual)**	**2017-18 (Actual)**	**2018-19 (Actual)**	**2019-20 (Revised Estimate)**
637 777	661 988	685 469	679 871	682 800

The table below sets out the total service cost and average cost per attendance of CGAT services provided by HA in the past 5 years.

Year	**Total service cost ($ million)**	**Average cost per attendance ($)**
2015-16	315	495
2016-17	338	510
2017-18	354	515
2018-19	385	566
2019-20 (Revised Estimate)	425	623

The CGAT service costs include direct staff costs (such as doctors and nurses) for providing services to patients; expenditure incurred for clinical support services (such as pharmacy); and other operating costs (such as travelling expenses). The average cost per attendance represents an average computed with reference to the total CGAT service costs and the corresponding activities (in terms of attendances) provided.

(c)

HA has been strengthening CGAT service in phases since 2015-16 in enhancing end-of-life (EOL) care for elderly patients living in RCHEs. HA has deployed additional resources of around $21.8 million on the enhancement. CGATs are working in partnership with the Palliative Care teams and RCHEs to improve medical and nursing care for elderly patients living in RCHEs facing terminal illness, and to provide training for RCHE staff. In 2020-21, HA plans to further strengthen EOL care for elderly patients in RCHEs and the additional resource involved is around $12.0 million per annum.

HA will regularly review the demand for various medical services, including support for elderly patients facing terminal illness, plan for the development of its services having regard to such factors as population growth and changes, advancement of medical

technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)413

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4688)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

As regards the healthcare services for the elderly, please provide the following information of all the clusters under the Hospital Authority:

a. the number of community geriatric nurses, the size of the elderly population, and the ratio between community geriatric nurses and the elderly population in each cluster at present and in the past 3 years; and
b. the number of elderly persons served by each community geriatric nurse, the number of cases requiring long-term follow-up, the number of visits per case every year, and the length of every visit per case.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 276)

Reply:

Community nurses (CNs) of the Hospital Authority (HA) serve clients of all ages including geriatrics in the community. In 2019-20 (up to December 2019), around 668 000 home visits were made by CNs and the proportion of home visits made for geriatric patients is about 85%.

The table below sets out the number of CNs and their ratio to local elderly persons in 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

Cluster	No. of CNs[1]	Elderly population[2]	No. of CNs to 1 000 elderly population ratio[3]	Catchment Districts
2017-18				
HKEC	58	131 300	0.45	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	27	87 000	0.31	Central & Western, Southern
KCC	91	196 600	0.46	Kowloon City, Yau Tsim Mong, Wong Tai Sin

Cluster	No. of CNs[1]	Elderly population[2]	No. of CNs to 1 000 elderly population ratio[3]	Catchment Districts
KEC	101	188 900	0.53	Kwun Tong, Sai Kung
KWC	93	222 900	0.42	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	61	212 400	0.29	Sha Tin, Tai Po, North
NTWC	59	175 300	0.34	Tuen Mun, Yuen Long
TOTAL	**490**	**1 214 600**	**0.40**	
2018-19				
HKEC	54	136 300	0.40	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	29	91 000	0.32	Central & Western, Southern
KCC	93	204 600	0.45	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	102	197 900	0.52	Kwun Tong, Sai Kung
KWC	95	231 100	0.41	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	64	220 200	0.29	Sha Tin, Tai Po, North
NTWC	66	185 000	0.36	Tuen Mun, Yuen Long
TOTAL	**504**	**1 266 200**	**0.40**	
2019-20 (as at 31 December 2019)				
HKEC	55	139 800	0.40	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	27	93 100	0.29	Central & Western, Southern
KCC	91	212 000	0.43	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	106	208 000	0.51	Kwun Tong, Sai Kung
KWC	94	245 700	0.38	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	72	229 800	0.31	Sha Tin, Tai Po, North
NTWC	63	196 200	0.32	Tuen Mun, Yuen Long
TOTAL	**507**	**1 324 600**	**0.38**	

At present, each CN attends to about 188 cases 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 2017-18, 2018-19 and 2019-20 (as at 31 December 2019).

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)
2017-18				
HKEC	95 125	7 863	12.1	23.0
HKWC	56 055	3 824	14.7	18.2
KCC	173 852	10 351	16.8	23.2
KEC	167 913	12 198	13.8	22.2

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)
KWC	156 129	10 360	15.1	25.9
NTEC	123 717	7 198	17.2	19.6
NTWC	91 621	5 020	18.3	22.7
TOTAL	**866 412**	**56 814**	**15.2**	**22.6**
2018-19				
HKEC	95 813	7 976	12.0	23.0
HKWC	56 516	3 867	14.6	18.4
KCC	177 749	10 629	16.7	22.9
KEC	171 393	12 442	13.8	21.9
KWC	156 304	9 980	15.7	26.0
NTEC	124 507	7 179	17.3	19.2
NTWC	96 255	5 305	18.1	22.6
TOTAL	**878 537**	**57 378**	**15.3**	**22.4**
2019-20 (up to 31 December 2019)				
HKEC	71 409	7 031	10.2	23.3
HKWC	42 079	3 421	12.3	18.2
KCC	133 713	9 254	14.4	22.7
KEC	127 207	10 223	12.4	21.3
KWC	118 997	8 246	14.4	25.8
NTEC	98 498	5 891	16.7	18.5
NTWC	67 515	4 382	15.4	22.9
TOTAL	**659 418**	**48 448**	**13.6**	**22.2**

Note:

(1) The manpower figures of CN are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA, and are the position as at end March of respective years (except for 2019-20 in which case the position is as at 31 December 2019). Individual figures may not add up to the total due to rounding.

(2) The population figures are based on the latest revised mid-year population estimates by the Census and 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) The CN to population ratio involves the use of the latest revised mid-year population estimates by the Census and Statistics Department and the latest projection by the Planning Department.

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 area of cluster for community nursing service may be different from the geographical delineation of population adopted by the Census and Statistics Department.

(4) Hong Kong Children's Hospital (HKCH) in KCC is a specialty hospital providing territory-wide paediatric services and serving as a tertiary referral centre for complex cases. Manpower of HKCH is therefore excluded when calculating the manpower ratio (i.e. number of CN per 1 000 population) in KCC, but included when calculating the overall HA manpower ratio.

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 -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)414

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4699)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the fight against the Wuhan pneumonia epidemic, please set out, by hospital, the following information:
(1) whether lots were drawn in selecting healthcare staff for the Dirty Teams in the hospitals as listed below; and
(2) the numbers of doctors, nurses and other staff involved.

(A) Hong Kong East Cluster: Pamela Youde Nethersole Eastern Hospital, Ruttonjee Hospital, St. John Hospital, Tang Shiu Kin Hospital, Tung Wah Eastern Hospital, Wong Chuk Hang Hospital
(B) Hong Kong West Cluster: Grantham Hospital, MacLehose Medical Rehabilitation Centre, Queen Mary Hospital, The Duchess of Kent Children's Hospital at Sandy Bay, Tsan Yuk Hospital, Tung Wah Group of Hospitals Fung Yiu King Hospital, Tung Wah Hospital
(C) Kowloon Central Cluster: Hong Kong Buddhist Hospital, Hong Kong Children's Hospital, Hong Kong Eye Hospital, Hong Kong Red Cross Blood Transfusion Service, Kowloon Hospital, Kwong Wah Hospital, Our Lady of Maryknoll Hospital, Queen Elizabeth Hospital, Tung Wah Group of Hospitals Wong Tai Sin Hospital
(D) Kowloon East Cluster: Haven of Hope Hospital, Tseung Kwan O Hospital, United Christian Hospital
(E) Kowloon West Cluster: Caritas Medical Centre, Kwai Chung Hospital, North Lantau Hospital, Princess Margaret Hospital, Yan Chai Hospital
(F) New Territories East Cluster: Alice Ho Miu Ling Nethersole Hospital, Bradbury Hospice, Cheshire Home, Shatin, North District Hospital, Prince of Wales Hospital, Shatin Hospital, Tai Po Hospital
(G) New Territories West Cluster: Castle Peak Hospital, Pok Oi Hospital, Siu Lam Hospital, Tin Shui Wai Hospital, Tuen Mun Hospital

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 287)

Reply:

To meet the operational need of high risk areas, clinical departments arrange their staff through rotation arrangements. Staff from various units/specialties is also deployed to share the workload. The number of healthcare workers deployed to high risk areas during the Coronavirus Disease 2019 epidemic is adjusted from time to time according to the operational need. The requested numbers are therefore not available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)415

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4774)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the following:

(1) the number of Accident and Emergency attendances in various districts by cause of disease;

(2) the number of specialist outpatient attendances in various districts by cause of disease; and

(3) the number of general outpatient clinic attendances in various districts by cause of disease.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 394)

Reply:

(1)

The table below sets out the number of Accident & Emergency (A&E) attendances in each hospital cluster under the Hospital Authority (HA) in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

Number of A&E attendances							**HA Overall**
HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
158 173	94 312	227 933	213 724	365 941	270 940	318 390	**1 649 413**

A&E departments of HA provide acute medical care to critically ill or injured persons with a wide range of medical conditions. Statistics on A&E attendances by disease type are not available.

(2) & (3)

The tables below set out the number of specialist outpatient (SOP) attendances by major specialty and general outpatient (GOP) attendances in each hospital cluster under HA in 2019-20 (up to 31 December 2019).

2019-20 (up to 31 December 2019) [Provisional figures]

Major Specialty	Number of SOP attendances							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
ENT	36 981	28 314	44 677	30 510	42 218	49 043	33 431	**265 174**
GYN	19 912	33 991	54 860	32 529	20 860	32 648	26 024	**220 824**
MED	232 785	213 836	321 550	182 355	354 476	289 786	237 015	**1 831 803**
OBS	14 159	30 213	79 145	22 879	15 068	36 041	34 498	**232 003**
OPH	94 830	71 359	194 930	102 756	133 408	135 054	137 990	**870 327**
ORT	48 134	50 254	84 410	70 074	87 249	94 652	69 023	**503 796**
PAE	12 211	27 897	49 779	29 053	30 267	28 563	24 178	**201 948**
PSY	67 839	54 335	52 258	84 561	185 774	114 530	131 346	**690 643**
SUR	70 117	102 140	143 571	89 593	116 697	95 592	85 349	**703 059**
All specialties	647 824	695 012	1 154 504	677 677	1 047 070	975 295	840 611	**6 037 993**

* Individual figures may not add up to the figure for all specialties because the figure includes attendances of other specialties apart from the major specialties as listed in the table.

2019-20 (up to 31 December 2019) [Provisional figures]

Number of GOP attendances							HA Overall
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
436 166	286 034	858 858	718 454	787 073	770 713	673 811	4 531 109

The common diseases among patients attending GOP clinics included hypertension, lipid disorder, diabetes mellitus, upper respiratory tract infection, gout and benign prostatic hypertrophy.

Patients attending SOP and GOP clinics may seek medical consultation for more than one disease at a time. Categorisation of attendances by disease type does not appropriately reflect patient profile of SOP and GOP clinics.

Note:
The corresponding catchment districts of HA's clusters are listed below:
• HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
• HKWC – Central & Western, Southern
• KCC – Kowloon City, Yau Tsim Mong, Wong Tai Sin
• KEC – Kwun Tong, Sai Kung
• KWC – Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
• NTEC – Sha Tin, Tai Po, North
• NTWC – Tuen Mun, Yuen Long

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4985)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the additional funding for the Hospital Authority (HA) in 2018 to recruit more staff to tackle influenza winter surge, which involved recruiting agency nurses and supporting staff through agencies, please provide the following information:

1. details of tenders issued by the HA, including the number of tenders, award dates of the contracts, contract periods, names of successful tenderers for each tender, contract sums awarded, services provided and service clusters concerned;
2. the accounts from which the contract sums are paid out of. Are they paid out of the recurrent provision of the HA, provision awarded to tackle influenza winter surge or by other means? Please list by each contract;
3. the duration of service provided by the agencies and the manpower involved in each contract, broken down by grade (such as enrolled nurse, registered nurse, patient care assistant and health care assistant).

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 808)

Reply:

1.

The Government allocated an additional funding of $500 million in 2018 to the Hospital Authority (HA) to support the expenditure requirement for winter surge in 2017-18, i.e. from December 2017 to May 2018. To meet the service demand during the winter surge in 2017-18, HA put in place a response plan with a variety of measures to increase service capacity and enhance manpower. To augment HA's capacity under manpower shortages, HA implemented manpower measures such as recruitment of part-time and temporary healthcare staff, utilisation of agency nurses and supporting staff through the existing agency service contracts; and increase in the rate of Special Honorarium Scheme allowance.

The total expenditure incurred in implementing the response measures was $649 million, including $59 million for engaging agency staff. The details of the expenditure for each hospital cluster are set out at the table below.

Expenditure in $ million	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Total**
Personal Emoluments								
Doctor	3	4	13	10	12	8	14	64
Nurse	25	15	48	32	24	49	51	244
Allied Health Professional	1	2	4	5	3	5	1	21
Supporting Staff	8	6	15	11	9	12	14	75
Sub-total	**37**	**27**	**80**	**58**	**48**	**74**	**80**	**404**
Other Charges								
Agency Staff	1	–	11	5	30	8	4	59
Other	11	13	42	27	35	21	37	186
Sub-total	**12**	**13**	**53**	**32**	**65**	**29**	**41**	**245**
Total	**49**	**40**	**133**	**90**	**113**	**103**	**121**	**649**

2.

The expenditure incurred in implementing the winter surge response measures was from the one-off resources allocation for winter surge to each hospital cluster.

3.

The table below sets out the number of man-hours of agency nurse and hospital supporting staff service utilised for winter surge in 2017-18.

Staff Group	**Number of man-hours**
Nurse	194 849
Hospital Supporting Staff	193 105
Total	**387 954**

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 -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. FHB(H)417

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5032)

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

Subhead (No. & title): ()

Programme: Not specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1.) Please provide a detailed breakdown of the expenditure on counselling and treatment provided for HIV/AIDS patients by the Department of Health (DH) and the Hospital Authority (HA) in the past 3 years. Will the DH and the HA allocate additional resources to provide counselling and treatment for these patients in 2020-21? Please provide a detailed breakdown in this regard.
2.) What is the manpower involved in the AIDS Counselling and Testing Services (ACTS) provided by HA hospitals and the DH in the past 3 years? What is the manpower reserved by the HA and the DH for such services in 2020-21?
3.) How many people living with HIV (PLHIV) received counselling under ACTS in HA hospitals and the DH in the past 3 years?
4.) It is understood that the Princess Margaret Hospital will provide anal Pap test for PLHIV to prevent HPV infection. What is the estimated number of PLHIV to undergo such test in 2020-21? What is the funding earmarked for this purpose in 2020-21?
5.) Has the Government provided any form of support for partners of PLHIV over the past 3 years? What were the types of and expenditure on the support services? Will the Government provide additional support for partners of PLHIV in 2020-21, including allowing them to use pre-exposure prophylaxis (PrEP) to reduce the chance of HIV transmission?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 900)

Reply:

(1), (2) and (3)

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health (DH) does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients. The Government will keep in view the service demand in the coming years for resource allocation.

The number of attendances at the AIDS Counselling and Testing Services under DH in the past 3 financial years are as follows:

Financial year	Number of attendance
2017-18	2 581
2018-19	2 871
2019-20*	2 062

* Provisional figure as of 29 February 2020

The approved establishment of the AIDS Counselling and Testing Service of the DH from 2017-18 to 2019-20 is 7.

As the healthcare staff of the Hospital Authority (HA) providing medical treatment and nursing care for patients AIDS also provide clinical services for other patients, the manpower involved and expenditure incurred by HA specifically for AIDS patients are not separately quantifiable.

The number of attendances of AIDS patients who had received psychological counselling provided by HA in the past three financial years is set out in the table below:

Financial year	Number of attendance
2017-18	11 249
2018-19	12 446
2019-20^	10 428

^ Up to 31 December 2019

(4)

The Department of Medicine and Geriatrics of Princess Margaret Hospital (PMH) is planning to pilot a project on "Anal Pap Smear Testing", funded by a donation to the PMH Charitable Trust, for AIDS patients. Apart from prevention of human papillomavirus (HPV), the test aims at providing anal cancer screening for high-risk AIDS group. As the project is at a preliminary planning stage, detailed information is not yet available.

(5)

The HIV Clinic of DH provides integrated HIV clinical care through a multidisciplinary health care team approach to HIV patients.

Counselling service is provided by nurse counsellors to assess the care needs of patients and planning appropriate interventions. Counselling provides knowledge of HIV and treatment and empowers the patients to make the best informed choice in management of the disease. On-going counselling is offered to meet the needs of individual patient and to provide physical and psychosocial interventions.

Medical Social Service is provided by medical social workers to render support to HIV/AIDS patients, their partners and their families with social and emotional problems arising from illness or disabilities. It enables patients and their families to make the best

use of medical and rehabilitative service in medical institutions and in the community. It contributes to the total rehabilitation of individuals and their reintegration into the society as well as strives for the promotion of health for patients, their families and the community.

Expenditure for services supporting partners of HIV patients are absorbed within the DH's overall provision and cannot be separately identified.

Regarding pre-exposure prophylaxis (PrEP), DH currently adopts the recommendations of the Scientific Committee on AIDS and Sexually Transmitted Infections (the Scientific Committee) in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk men who have sex with men to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost-effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model.

From 2017-18 to 2019-20, the Council for the AIDS Trust Fund approved a sum of $7.3 million to support 6 research studies related to PrEP. It is expected that results of the PrEP-related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6794)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What policies and initiatives had been introduced and implemented in connection with the primary healthcare development in Hong Kong in the past 5 financial years respectively? What were the details of these policies and initiatives as well as their operating expenditures in the respective financial years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 228)

Reply:

For years, the Government has been developing the primary healthcare system in Hong Kong through strengthening the services of the Department of Health ("DH") and the Hospital Authority ("HA"), subsidizing non-government organisations in providing primary healthcare services, and launching public education, etc. We recognize nonetheless the need to promote individual and community involvement, enhance coordination among various medical and social sectors and strengthen district level primary healthcare services.

Since the announcement in the Chief Executive's Policy Address 2017, the Food and Health Bureau ("FHB") has been pushing ahead with the development of the District Health Centres (DHCs) in 18 districts of Hong Kong with a view to further illustrating the effectiveness of medical-social collaboration in providing primary healthcare service. The Primary Healthcare Office (PHO) was established in March 2019 under the Food and Health Bureau to oversee and steer the development of primary healthcare service. The latest progress and work plan of major primary healthcare initiatives under PHO are as follows –

(a) DHCs

The Government is committed to setting up DHCs in all 18 districts progressively. The first DHC in Kwai Tsing commenced service in September 2019 with the appointment of the Kwai Tsing Safe Community and Health City Association to operate the K&T DHC

with a total contract sum of about $284 million for a 3-year operation period.

Within the term of the current government, DHCs are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen Mun and Southern).

(b) DHC Express

"DHC Express" is to be established in the remaining 11 districts.

It will involve a recurrent expenditure of $654 million in a full year for operation and related expenses of the 6 DHCs and about $596 million non-recurrent expenditure for implementation of "DHC Express" over 3 years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6796)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in the New Territories West from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 11)

Reply:

(1)
The General Out-patient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory, of which 8 GOPCs are under the New Territories West Cluster (as at 31 December 2019). Utilisation of GOPC services is over 95%.

The table below sets out the number of GOP attendances of the New Territories West Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) :

2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
859 190	870 595	673 811

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine

specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the New Territories West Cluster in the past 3 years :

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
82	85	91

Note :
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
As at 31 December 2019, the Kwai Tsing District Health Centre (K&T DHC) has 2 292 registered members with a cumulative attendance of 8 340. All DHC clients are now offered basic health assessment during their first attendance at the DHC.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)420**

CONTROLLING OFFICER'S REPLY

(Question Serial No.6797)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres on Hong Kong Island from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 160)

Reply:

(1)
The General Outpatient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory, of which 12 GOPCs are under the Hong Kong East Cluster and 6 GOPCs are under the Hong Kong West Cluster respectively (as at 31 December 2019). Utilisation of GOPC services is is over 95%.

The table below sets out the number of GOP attendances in the Hong Kong East Cluster and Hong Kong West Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019):

Cluster	**2017-18**	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
Hong Kong East Cluster	609 434	592 360	436 166

Hong Kong West Cluster	394 334	385 091	286 034

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the Hong Kong East Cluster and Hong Kong West Cluster in the past 3 years:

Cluster	**2017-18 (as at 31 March 2018)**	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
Hong Kong East Cluster	59	55	57
Hong Kong West Cluster	41	43	43

Note:
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
There are no district health centres in the concerned districts.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6798)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in Kowloon West from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 161)

Reply:

(1)
The General Out-patient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory, of which 16 GOPCs are under the Kowloon West Cluster (as at 31 December 2019). Utilisation of GOPC services is over 95%.

The table below sets out the number of GOP attendances of the Kowloon West Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) :

2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
1 076 600	1 038 954	787 073

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the Kowloon West Cluster in the past 3 years :

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
115	113	120

Note :
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
There are no district health centres in the concerned districts.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6799)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in Kowloon East from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 162)

Reply:

(1)
The General Outpatient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory, of which 8 GOPCs are under the Kowloon East Cluster (as at 31 December 2019). Utilisation of GOPC services is over 95%.

The table below sets out the number of GOP attendances in the Kowloon East Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019):

2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
973 772	985 363	718 454

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the Kowloon East Cluster in the past 3 years:

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
93	92	88

Note:
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
There are no district health centres in the concerned districts.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6800)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in the New Territories East from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 163)

Reply:

(1)
The General Outpatient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory, of which 10 GOPCs are under the New Territories East Cluster (as at 31 December 2019). Utilisation of GOPC services is over 95%.

The table below sets out the number of GOP attendances in the New Territories East Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019):

2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
983 997	1 033 493	770 713

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff

Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the New Territories East Cluster in the past 3 years:

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
94	98	100

Note:
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
There are no district health centres in the concerned districts.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6801)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in the Islands District from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 164)

Reply:

(1)
The General Out-patient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. There are 12 GOPCs in the Hong Kong East Cluster inclusive of 4 GOPCs in the Islands District; and 16 GOPCs in the Kowloon West Cluster inclusive of 3 GOPCs in the Islands District (as at 31 December 2019). Utilisation of GOPC services is over 95%.

The table below sets out the number of GOP attendances of the Hong Kong East Cluster and the Kowloon West Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) :

Cluster	2017-18	2018-19	2019-20 (up to 31 December 2019) [provisional]
Hong Kong East Cluster	609 434	592 360	436 166
Kowloon West Cluster	1 076 600	1 038 954	787 073

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the Hong Kong East Cluster and the Kowloon West Cluster in the past 3 years :

Cluster	2017-18 (as at 31 March 2018)	2018-19 (as at 31 March 2019)	2019-20 (as at 31 December 2019)
Hong Kong East Cluster	59	55	57
Kowloon West Cluster	115	113	120

Note :
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
There is no district health centre in the concerned district.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6802)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in Yuen Long District from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 165)

Reply:

(1)
The General Out-patient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. There are 8 GOPCs in the New Territories West Cluster inclusive of 5 GOPCs in Yuen Long District (as at 31 December 2019). Utilisation of GOPC service is over 95%.

The table below sets out the number of GOP attendances of the New Territories West Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) :

2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
859 190	870 595	673 811

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine

specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the New Territories West Cluster in the past 3 years :

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
82	85	91

Note :
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
There is no district health centre in the concerned district.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6803)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in Tuen Mun District from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 166)

Reply:

(1)
The General Out-patient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. There are 8 GOPCs in the New Territories West Cluster inclusive of 3 GOPCs in Tuen Mun District (as at 31 December 2019). Utilisation of GOPC services is over 95%.

The table below sets out the number of GOP attendances of the New Territories West Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) :

2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
859 190	870 595	673 811

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine

specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the New Territories West Cluster in the past 3 years :

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
82	85	91

Note :
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
There is no district health centre in the concerned district.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6804)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in Tsuen Wan District from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 167)

Reply:

(1)
The General Out-patient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. There are 16 GOPCs in the Kowloon West Cluster inclusive of 3 GOPCs in Tsuen Wan District (as at 31 December 2019). Utilisation of the GOPC service is over 95%.

The table below sets out the number of GOP attendances of the Kowloon West Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) :

2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
1 076 600	1 038 954	787 073

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine

specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the Kowloon West Cluster in the past 3 years :

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
115	113	120

Note :
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
There is no district health centre in the concerned district.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6805)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

Please provide in table form the number, utilisation rates of services, actual number of attendances/patients receiving services, daily consultation quotas (the number of discs allocated), daily consultation quota of each doctor; where patients had to wait for the services, the number of patients on the waiting list, the average waiting time and the longest waiting time of the following clinics/health centres in Kwai Tsing District from 2017 to 2020:

(1) general outpatient clinics

(2) district health centres

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 168)

Reply:

(1)
The General Out-patient Clinics (GOPCs) under the Hospital Authority (HA) are primarily used by the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. There are 16 GOPCs in the Kowloon West Cluster inclusive of 6 GOPCs in Kwai Tsing District (as at 31 December 2019). Utilisation of GOPC services is over 95%.

The table below sets out the number of GOP attendances of the Kowloon West Cluster for 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) :

2017-18	**2018-19**	**2019-20 (up to 31 December 2019) [provisional]**
1 076 600	1 038 954	787 073

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine

specialty, with the majority of doctors working in GOPCs.

The table below sets out the number of doctors (on full-time equivalent basis) of the Family Medicine specialty of the Kowloon West Cluster in the past 3 years :

2017-18 (as at 31 March 2018)	**2018-19 (as at 31 March 2019)**	**2019-20 (as at 31 December 2019)**
115	113	120

Note :
1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. Doctors exclude Interns and Dental Officers.

Consultation timeslots of GOPCs in the next 24 hours are available for booking through HA's telephone appointment system for the patients with episodic diseases. Chronic disease patients requiring follow-up consultations will be assigned a visit timeslot after each consultation and do not need to make separate appointment by phone. There is no waiting list for general outpatient services.

(2)
As at 31 December 2019, the Kwai Tsing District Health Centre (K&T DHC) has 2 292 registered members with a cumulative attendance of 8 340. All DHC clients are now offered basic health assessment during their first attendance at the DHC.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)429**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3386)

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)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the $10 billion Public-Private Partnership (PPP) Endowment Fund for operating clinical PPP programmes, please advise on the utilisation of the Fund, the expenditures and implementation schedules of various programmes in the past, as well as the programmes for the coming 3 years.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 58)

Reply:

The Hospital Authority (HA) has implemented nine Public-Private Partnership (PPP) programmes since 2008, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP)[1], Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP)[2]. The implementation dates of the various programmes are set out in the below table.

Programme	Date of Implementation
CSP	February 2008
TSW PPP[1]	June 2008
HD PPP	March 2010
PEP	March 2010
Radi Collaboration	May 2012
GOPC PPP	June 2014
Infirmary Service PPP	September 2016
Colon PPP	December 2016
Glaucoma PPP[2]	June 2019

On 31 March 2016, HA was allocated $10 billion as endowment fund to generate investment returns by placing with the Exchange Fund for regularising and enhancing ongoing clinical PPP programmes, as well as developing new clinical PPP initiatives. The HA PPP Fund was accordingly established, comprising the $10 billion endowment fund and $442 million from the remaining balance of the one-off designated funding provided previously by the Government for PPP programmes. The projected financial position of the HA PPP Fund up to 31 March 2020 is as follows:

	Projected Fund Balance ($ million)
Opening Balance on 31 March 2016	**10,442.0**
Income	1,360.2
Expenditure	(968.1)
Projected Balance on 31 March 2020	**10,834.1**

The projected expenditures by PPP programme from April 2016 to March 2020 are set out in the table below.

Programme	**Projected Expenditure[3] from April 2016 to March 2020 ($ million)**
CSP	12.0
TSW PPP[1]	7.5
HD PPP	218.0
PEP	95.0
Radi Collaboration	157.7
GOPC PPP	235.1
Infirmary Service PPP	82.7
Colon PPP	68.0
Glaucoma PPP[2]	1.5

HA will carefully consider relevant factors when exploring new PPP programmes, including the potential complexity of the programmes, and the capacity and readiness of the private sector. HA will continue to communicate with the public and patient groups, and will work closely with stakeholders to explore the feasibility of introducing other PPP programmes.

Note:

1. The TSW PPP ended on 31 March 2018 and was migrated to the GOPC PPP on 1 April 2018.
2. Glaucoma PPP is a new clinical PPP launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by HA's ophthalmology specialist outpatient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community.
3. Excluding expenditure on information technology and administration support.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)430**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3387)

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)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strengthening of psychogeriatric service to residential care homes for the elderly (RCHEs), please advise this Committee of the specific measures, number of RCHEs benefited and number of beneficiaries, and the expenditure and manpower involved.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 59)

Reply:

In 2020-21, the Hospital Authority has earmarked an additional $6.5 million to enhance the psychogeriatric outreach services in the Hong Kong East Cluster, the Kowloon East Cluster and the New Territories East Cluster to patients living in Residential Care Homes for the Elderly. It is estimated that additional 6 psychiatric nurses and 3 supporting staff will be recruited.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3664)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question :

Please set out the following information :

1. in respect of each cluster of the Hospital Authority, the population served, the population aged 65 and over, as well as the numbers of doctors, nurses and general beds per 1 000 population over the past 3 years and in the coming year; and
2. a breakdown of the numbers of hospital beds in each hospital over the past 3 years and in the coming year.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 14)

Reply :

1.

The tables below set out the population and the population aged 65 or above in respect of each cluster of the Hospital Authority (HA) in 2017, 2018, 2019 and 2020.

Population Estimates in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	765 700	131 300
Central & Western, Southern	HKWC	515 600	87 000
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 179 800	196 600
Kwun Tong, Sai Kung	KEC	1 135 900	188 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 369 600	222 900
Sha Tin, Tai Po, North	NTEC	1 305 400	212 400

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Tuen Mun, Yuen Long	NTWC	1 118 600	175 300
Overall Hong Kong		**7 391 700**	**1 214 600**

Population Estimates in 2018 (as at mid-2018)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 100	136 300
Central & Western, Southern	HKWC	518 700	91 000
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 178 900	204 600
Kwun Tong, Sai Kung	KEC	1 154 700	197 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 372 400	231 100
Sha Tin, Tai Po, North	NTEC	1 314 400	220 200
Tuen Mun, Yuen Long	NTWC	1 143 700	185 000
Overall Hong Kong		**7 451 000**	**1 266 200**

Projected Population in 2019 (as at mid-2019)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	761 100	139 800
Central & Western, Southern	HKWC	512 900	93 100
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 174 800	212 000
Kwun Tong, Sai Kung	KEC	1 169 400	208 000
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 408 900	245 700
Sha Tin, Tai Po, North	NTEC	1 318 700	229 800
Tuen Mun, Yuen Long	NTWC	1 155 400	196 200
Overall Hong Kong		**7 502 600**	**1 324 600**

Projected Population in 2020 (as at mid-2020)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	757 200	145 200
Central & Western, Southern	HKWC	509 000	96 100
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 182 800	223 600
Kwun Tong, Sai Kung	KEC	1 176 700	217 900

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 428 800	257 000
Sha Tin, Tai Po, North	NTEC	1 343 300	241 600
Tuen Mun, Yuen Long	NTWC	1 159 300	205 300
Overall Hong Kong		**7 558 100**	**1 386 800**

The tables below set out the number of doctors, nurses, and general beds in HA by cluster in 2017-18, 2018-19, 2019-20 and 2020-21, together with their respective ratios to overall population :

2017-18

Cluster	Number of doctors, nurses and general beds with ratio per 1 000 population						Catchment districts
	Doctors	Ratio to overall population	Nurses	Ratio to overall population	General Beds #	Ratio to overall population	
HKEC	614	0.8	2 780	3.6	2 105	2.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	643	1.2	2 862	5.6	2 860	5.5	Central & Western, Southern
KCC	1 167	1.0	5 257	4.4	4 900	4.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	684	0.6	2 921	2.6	2 405	2.1	Kwun Tong, Sai Kung
KWC	985	0.7	4 260	3.1	3 431	2.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	960	0.7	4 362	3.3	3 730	2.9	Sha Tin, Tai Po, North
NTWC	793	0.7	3 627	3.2	2 596	2.3	Tuen Mun, Yuen Long
Cluster Total	**5 846**	**0.8**	**26 068**	**3.5**	**22 027**	**3.0**	

\# Hospital beds as at 31 March 2018

2018-19

Cluster	Number of doctors, nurses and general beds with ratio per 1 000 population						Catchment districts
	Doctors	Ratio to overall population	Nurses	Ratio to overall population	General Beds #	Ratio to overall population	
HKEC	622	0.8	2 855	3.7	2 177	2.8	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	630	1.2	2 891	5.6	2 866	5.5	Central & Western, Southern
KCC	1 235	1.0	5 522	4.5	4 949	4.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	698	0.6	3 120	2.7	2 531	2.2	Kwun Tong, Sai Kung
KWC	1 000	0.7	4 506	3.3	3 531	2.6	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	963	0.7	4 565	3.5	3 819	2.9	Sha Tin, Tai Po, North
NTWC	802	0.7	3 756	3.3	2 688	2.4	Tuen Mun, Yuen Long
Cluster Total	**5 952**	**0.8**	**27 214**	**3.7**	**22 561**	**3.0**	

\# Hospital beds as at 31 March 2019

2019-20 (as at 31 December 2019)

Cluster	Number of doctors, nurses and general beds with ratio per 1 000 population						Catchment districts
	Doctors	Ratio to overall population	Nurses	Ratio to overall population	General Beds ^	Ratio to overall population	
HKEC	640	0.8	2 984	3.9	2 247	3.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	667	1.3	3 061	6.0	2 831	5.5	Central & Western, Southern
KCC	1 275	1.0	5 943	4.8	5 135	4.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin

Cluster	Number of doctors, nurses and general beds with ratio per 1 000 population						Catchment districts
	Doctors	Ratio to overall population	Nurses	Ratio to overall population	General Beds ^	Ratio to overall population	
KEC	724	0.6	3 331	2.8	2 604	2.2	Kwun Tong, Sai Kung
KWC	1 034	0.7	4 752	3.4	3 559	2.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 014	0.8	4 694	3.6	3 886	2.9	Sha Tin, Tai Po, North
NTWC	851	0.7	3 975	3.4	2 787	2.4	Tuen Mun, Yuen Long
Cluster Total	**6 204**	**0.8**	**28 740**	**3.8**	**23 049**	**3.1**	

^ Hospital beds as at 31 December 2019

2020-21 (Estimate)

Cluster	Number of general beds with ratio per 1 000 population		Catchment districts
	General Beds (Estimate) #	Ratio to overall population	
HKEC	2 275	3.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 794	5.5	Central & Western, Southern
KCC	5 282	4.3	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 690	2.3	Kwun Tong, Sai Kung
KWC	3 633	2.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	4 001	3.0	Sha Tin, Tai Po, North
NTWC	2 851	2.5	Tuen Mun, Yuen Long
Cluster Total	**23 526**	**3.1**	

Hospital beds as at 31 March 2021

Note :

a) The above population figures are based on the latest revised mid-year population estimates 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.

b) The ratios of doctors, nurses and 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 :

   (i) 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 considered;

   (ii) patients may receive treatment in hospitals other than those in their own residential districts; and

   (iii) 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.

c) The above bed information includes only the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds are not included given their specific nature.

d) The manpower figures are calculated on a full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.

e) The manpower and general bed to population ratios involve the use of the latest revised mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

f) Doctors exclude Interns and Dental Officers.

g) Hong Kong Children's Hospital (HKCH) in KCC is a specialty hospital providing territory-wide paediatric services and serving as a tertiary referral centre for complex cases. Hospital beds / manpower of HKCH are therefore excluded when calculating the bed / manpower ratios (i.e. number of beds per 1 000 population and number of staff per 1 000 population) in KCC, but included when calculating the overall HA bed / manpower ratios.

2.

The table below sets out the number of hospital beds in each hospital of HA in 2017-18, 2018-19 and 2019-20.

Cluster	Hospital	Number of hospital beds		
		2017-18 (as at 31 March 2018)	2018-19 (as at 31 March 2019)	2019-20 (as at 31 December 2019)
HKEC	CCH	240	240	240
	PYNEH	1 759	1 829	1 889
	RTSKH	621	623	633
	SJH	87	87	87
	TWEH	265	265	265
	WCHH	160	160	160
HKWC	DKCH	133	133	133
	FYKH	272	272	272
	GH	389	389	389
	MMRC	110	110	110
	QMH	1 705	1 711	1 676
	TWH	532	532	532
	TYH	1	1	1
KCC	HKBH	324	324	364
	HKCH #	–	40	177
	HKEH	45	45	45
	KH	1 321	1 361	1 361
	KWH	1 186	1 186	1 186
	OLMH	236	236	236
	QEH	1 932	1 941	1 950
	WTSH	531	531	531
KEC	HHH	481	481	521
	TKOH	687	747	757
	UCH	1 433	1 499	1 522
KWC	CMC	1 193	1 211	1 229
	KCH	920	920	920
	NLTH	40	90	130
	PMH	1 741	1 773	1 747
	YCH	813	813	809
NTEC	AHNH	545	585	605
	BBH	26	26	26
	NDH	623	646	658
	PWH	1 708	1 734	1 749
	SCH	304	304	304
	SH	571	571	591
	TPH	994	994	994
NTWC	CPH	1 156	1 156	1 156
	POH	757	795	768
	SLH	520	520	520
	TMH	1 994	2 016	2 034
	TSWH *	–	32	140

HKCH commenced inpatient services in March 2019.

* Tin Shui Wai Hospital commenced inpatient services in November 2018.

HA has been opening new hospital beds every year to meet the service demand. The table below sets out the planned number of new hospital beds in 2020-21 :

Cluster	Hospital	Planned number of new hospital beds in 2020-21
HKEC	PYNEH	7
	RH	20
KCC	HKBH	12
	QEH	68
KEC	TKOH	20
	UCH	26
KWC	CMC	16
	NLTH	50
	PMH	18
NTEC	NDH	25
	PWH	58
	TPH	32
NTWC	POH	2
	TSWH	60
	TMH	2

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 :

CCH – Cheshire Home, Chung Hom Kok
PYNEH – Pamela Youde Nethersole Eastern Hospital
RTSKH – Ruttonjee and Tang Shiu Kin Hospitals
SJH – St. John Hospital
TWEH – Tung Wah Eastern Hospital
WCHH – Wong Chuk Hang Hospital
DKCH – The Duchess of Kent Children's Hospital at Sandy Bay
FYKH – Tung Wah Group of Hospitals Fung Yiu King Hospital
GH – Grantham Hospital
MMRC – MacLehose Medical Rehabilitation Centre
QMH – Queen Mary Hospital
TWH – Tung Wah Hospital
TYH – Tsan Yuk Hospital

HKBH – Hong Kong Buddhist Hospital
HKCH – Hong Kong Children's Hospital
HKEH – Hong Kong Eye Hospital
KH – Kowloon Hospital
KWH – Kwong Wah Hospital
OLMH – Our Lady of Maryknoll Hospital
QEH – Queen Elizabeth Hospital
WTSH – Tung Wah Group of Hospitals Wong Tai Sin Hospital
HHH – Haven of Hope Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KCH – Kwai Chung Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
BBH – Bradbury Hospice
NDH – North District Hospital
PWH – Prince of Wales Hospital
SCH – Cheshire Home, Shatin
SH – Shatin Hospital
TPH – Tai Po Hospital
CPH – Castle Peak Hospital
POH – Pok Oi Hospital
SLH – Siu Lam Hospital
TMH – Tuen Mun Hospital
TSWH – Tin Shui Wai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3692)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the District Health Centre (DHC) in Kwai Tsing District, please advise on the staff establishment and the expenditure involved in the past year, and the figures of various types of services provided upon the operation of the DHC;

2. Please advise on the criteria adopted by the Government to determine the estimated expenditures for each DHC and DHC Express. Will the Government determine the amount of subsidy by notional team with reference to the practice of Integrated Community Centre for Mental Wellness?

3. What are the potential sites, timetable and estimated expenditures for the establishment of DHCs and DHC Expresses in the remaining 17 districts of Hong Kong?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.:76)

Reply:

(1) The Kwai Tsing Safe Community and Health City Association has been appointed to operate Kwai Tsing District Health Centre (K&T DHC) with total contract sum of about $284 million for a 3-year operation period. As at 31 December 2019, the K&T DHC has an establishment of 58 staff including nurse, physiotherapist, occupational therapist, dietitian, pharmacist, social workers, administrative and supporting staff. The K&T DHC has 2 292 registered members with a cumulative attendance of 8 340.

(2) We have taken into account a series of factors including the demographic pattern, operation requirements, the level and trend of consumer prices, staff and rental costs, etc., in preparation of the estimate of a DHC. For estimate of "DHC Expresses", the funding requirement is estimated with reference to that of the K&T DHC taking into account the transitional nature and comparatively smaller scale of "DHC Express".

(3) Within the current term of Government, DHCs are expected to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Yuen Long, Tsuen Wan, Tuen

Mun and Southern). Invitation to tender for the operation of the SSP and WTS DHC was issued in December 2019. It is expected that the SSP and WTS DHCs will start operation around the second quarter of 2021 and second quarter of 2022 respectively. The SSP DHC would be located in the Shek Kip Mei Estate Phase 6 Redevelopment, and the WTS DHC would be located in Diamond Hill Public Housing Development Phase I. We plan to identify suitable rental premises for setting up DHCs in the above remaining four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

"DHC Express" is to be established in 11 districts (Wan Chai, Eastern, Central & Western, Yau Tsim Mong, Kwun Tong, Kowloon City, Tai Po, Islands, North, Shatin and Sai Kung) pending the establishment of DHCs. Non-governmental organisations (NGOs) will be identified to operate "DHC Express" by way of invitation of proposals. The NGOs will propose the premises for "DHC Express". The Food and Health Bureau plans to invite proposals for "DHC Express" in the third quarter of 2020. "DHC Express" in the various districts are targeted to commence services in 2021.

It will involve a recurrent expenditure of $654 million in a full year for operation and related expenses of the 6 DHCs and $596 million non-recurrent expenditure for implementation of "DHC Express" over 3 years.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)433

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6726)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please inform this Committee of the number of children who attended the Child Assessment Service of the Department of Health and were diagnosed with developmental disorders in each of the past 5 years by type of developmental conditions?

Type of developmental disorder	2015	2016	2017	2018	2019
Language Delay					
Developmental Delay					
Attention Deficit/Hyperactivity Disorder					
Psychological Problems/Emotional and Behavioural Problems/Disorders					
Developmental Coordination Disorder					
Delayed Motor Milestones/Delayed Motor Milestones (pre-school)					
Dyslexia and Mathematics Learning Disorder					
Mental Retardation					
Autism Spectrum Disorders					
Cerebral Palsy					
Hearing Impairment (moderate to severe)					
Visual Impairment (moderate to severe)					
Total					

Asked by: Hon LEUNG Yiu-chung (LegCo internal reference no.: 528)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past 5 years are as follows –

Developmental conditions	**Number of newly diagnosed cases**				
	2015	**2016**	**2017**	**2018**	**2019 (provisional figures)**
Attention / Hyperactive Problems / Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems / Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay / Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay / Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3728)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the annual balances, injections from the Government, investment or other incomes and total expenditures of the following funds in 2018-19. For funds within the Bureau's purview which are not listed below, please also provide the information accordingly.

1. Samaritan Fund
2. Health Care and Promotion Fund
3. Health and Medical Research Fund
4. Public-Private Partnership (PPP) Endowment Fund of the Hospital Authority

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 22)

Reply:

1. Samaritan Fund (SF)

The SF's balance, interest and other income, and total expenditure in 2018-19 are listed in the table below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March ($ million)	Interest and other income Note ($ million)	Total expenditure ($ million)
2018-19	10,737	442	522

Note:
Interest and other income mainly include interest income, donation income and reimbursements from the Social Welfare Department.

2. Health Care and Promotion Fund (HCPF)

The former HCPF's balance, interest income and total expenditure in 2018-19 are listed below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March ($ million)	Interest income ($ million)	Total expenditure ($ million)
2018-19	10.9	0.3	8

Note:
The HCPF was incorporated into the Health and Medical Research Fund with effect from 28 April 2017.

3. Health and Medical Research Fund (HMRF)

The HMRF's balance, government injection and total expenditure in 2018-19 are listed below. There was no injection of fund from the Government during this period. No investment income is generated from the HMRF which is a commitment of government expenditure nor is there income from other sources.

Year	Annual balance as at 31 March ($ million)	Total expenditure ($ million)
2018-19	1,938	205

4. Hospital Authority (HA) Public-Private Partnership (PPP) Fund

The HA PPP Fund's balance, interest and other income, and total expenditure in 2018-19 are listed in the table below. There was no injection of fund from the Government during this period.

Year	Annual balance as at 31 March ($ million)	Interest and other income ($ million)	Total expenditure ($ million)
2018-19	10,790	438	261

5. Chinese Medicine Development Fund (CMDF)

The Government announced the establishment of a $500 million dedicated fund to promote the development of Chinese medicine (CM) in the 2018-19 Budget. The objectives of the CMDF are to enhance the overall standard of the industry, to nurture talent necessary for the CM hospital development, to promote CM-related scientific research and to enhance public knowledge and understanding of CM. The annual funding allocation and expenditure under different programmes will depend on the actual number of applications and amounts of grants approved, subject to recommendations by the Advisory Committee taking into account prevailing market conditions and stakeholders/industry needs.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)435

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3757)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Will the Food and Health Bureau/Hospital Authority please advise this Committee of the following:

a. the average waiting time of pre-school children suspected of having special education needs for assessment by general practitioners and psychiatric doctors in 2019-20 (listed by the categories of Priority 1, Priority 2 and Routine cases); and
b. the number of pre-school children who are still waiting for assessment in 2019-20?

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 55)

Reply:

a. & b.

Pre-school children suspected with special education needs requiring specialist medical support in the Hospital Authority (HA) will usually be referred to paediatrics or child and adolescent (C&A) psychiatric specialist outpatient (SOP) clinics for further assessment and treatment. Those with special education needs but no medical concern would be referred to other service providers as appropriate. HA has a triage system in place to ensure that patients with urgent conditions requiring early intervention are treated with priority.

The table below sets out the number of paediatrics and C&A psychiatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases in HA and their respective median waiting time in 2019-20 (up to 31 December 2019) [provisional figures]. HA does not have the number of pre-school children waiting for assessment.

2019-20 (up to 31 December 2019) [provisional figures]	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)
Paediatrics SOP clinics	4 050	<1	4 124	4	12 089	17
C&A psychiatric SOP clinics	263	1	754	3	8 655	84

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)436

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4432)

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

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary stated in his Budget Speech that the Government "should plan ahead to enhance the capability of our healthcare system in preventing and treating infectious diseases, such as building additional medical and quarantine facilities, increasing our stock of medical supplies as well as strengthening scientific research on infectious disease prevention and control, pathology and medication." However, due to the unexpected opposition of the pro-establishment camp, the Government suddenly removed in November the funding application for projects related to healthcare subjects of universities that were originally listed in the meeting agenda of the Finance Committee. In this connection, please advise on the following:

(a) the impact on the estimates of expenditure of public works by the sudden removal of the above-mentioned projects;

(b) will the Government re-submit application documents to this Committee for the sake of public health and well-being? If yes, please provide the relevant timetable and works expenditure.

Asked by: Hon MO Claudia(LegCo internal reference no.:104)

Reply:

The Government plans to re-submit the mentioned projects to the Finance Committee for consideration as soon as possible within the 2019-20 legislative session.

The mentioned projects are to be funded under the Capital Works Reserve Fund. Details on the programmes and their impacts on the estimates of expenditure of public works are outside the scope of Head 140 under the General Revenue Account.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)437

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4437)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In 2020-21, the Hospital Authority will "enhance the treatment and management of cancers, diabetes mellitus, renal diseases, stroke and cardiac diseases". Will the Government inform this Committee of the following:

1. how to enhance the treatment and management of various diseases?

On account that diabetes patients have been on the increase and becoming younger,

2. please set out in the table below the numbers of patients diagnosed with diabetes from 2013-2019 by age and type of diabetes:

Type 1/Type 2 diabetes patients

Age group	Number of patients
	Year
Below 18	
18-25	
26-35	
36-45	
46-55	
56-64	
65 or above	
Total	

3. please set out the measures supporting different types of diabetes patients by cluster and by hospital. Will the effective measures adopted by individual hospitals be introduced to other hospitals and clusters?

Cluster	Hospital	Measures supporting diabetes patients	
	/	Type 1 diabetes patients	Type 2 diabetes patients

4. will the Government consider developing new measures and allocating additional resources to enhance support for diabetes patients?

Asked by: Hon MO Claudia (LegCo internal reference no.: 109)

Reply:

1.

In 2020-21, the Hospital Authority (HA) will enhance the treatment and management of various diseases, including cancer, diabetes mellitus (DM), renal, stroke and cardiac diseases as outlined in the following paragraphs:

(a)
On cancer services, HA will open new Oncology inpatient beds in United Christian Hospital and Oncology day beds in Hong Kong East Cluster (HKEC), Kowloon Central Cluster (KCC), New Territories East Cluster (NTEC) and New Territories West Cluster (NTWC); increase the capacity of ambulatory / specialist outpatient service of Clinical Oncology in HKEC, KCC, Kowloon East Cluster (KEC), Kowloon West Cluster (KWC) and NTWC; and enhance capacity of day chemotherapy service in KCC and KEC.

To better address the needs of cancer patients throughout their cancer journey, HA will expand the Cancer Case Manager Programme to cover more breast and colorectal cancer cases and more cancer types including gynaecological and haematological cancers; and recruit additional social workers to offer psychosocial support to cancer patients as an integral part of oncology treatment.

HA will also continue to enhance radiotherapy capacity by rolling out extended-hour Radiotherapy Service to KCC, NTEC and NTWC; enhance chemotherapy service by setting up pharmacist clinics / nurse clinics; and expand the coverage and use of chemotherapeutic drugs in the HA Drug Formulary;

(b)
On DM services, an additional 14 000 patients are expected to be enrolled in the Patient Empowerment Programme in 2020-21, while the Targeted Active Intervention will be expanded to benefit an additional 6 300 patients;

(c)
On renal services, HA will enhance haemodialysis (HD) service for patients with end-stage renal disease by providing a total of 63 additional hospital HD places in all hospital clusters; and 21 additional places under the HD Public-Private Partnership Programme;

(d)
On stroke services, 24-hour Intra-venous thrombolytic therapy for acute stroke patients has been extended to all clusters. In addition, HA plans to establish the networking of Intra-arterial mechanical thrombectomy service by phases, and HKEC, Hong Kong West Cluster (HKWC), NTEC and NTWC will pilot this service; and

(e)
On cardiac services, HA plans to establish the networking of 24-hour Primary Percutaneous Coronary Intervention (PPCI) service by phases, and NTEC will pilot the 24-hour PPCI service.

2.

The table below sets out the number of HA patients with DM by age group in 2013 to 2018. Figures for 2019 are not readily available.

Age group[3]	**Number of HA patients[1,2,4]**					
	2013	**2014**	**2015**	**2016**	**2017**	**2018 [Provisional figures]**
Below 18	500	500	600	600	600	600
18 - 25	1 000	1 000	1 000	1 000	1 100	1 200
26 - 35	3 500	3 700	3 900	4 100	4 300	4 500
36 - 45	15 900	16 300	16 600	16 800	17 300	17 700
46 - 55	64 500	65 000	64 800	64 300	63 600	63 800
56 - 64	100 200	106 900	112 500	118 900	124 600	131 100
65 or above	212 100	226 400	241 100	256 300	271 500	288 100
Overall	**397 800**	**419 800**	**440 500**	**462 000**	**483 000**	**507 000**

Note:
1) Calendar year figures are rounded to the nearest hundred.
2) Individual figures may not add up to the total due to rounding.
3) Referring to age as at 30 June of the reporting year.
4) HA has aligned the method to estimate the number of patients with DM, by using diagnosis coding, drug dispensing and/or laboratory results information, and therefore such figures may not be comparable to those released in the past due to difference in methodology and data scope.

3. & 4.

Patients with chronic diseases such as DM are targeted to keep their diseases well controlled and prevent development of complications by providing continuation of care, regular assessment, patient self-management and treatment intensification. In this regard, HA has developed and implemented / will implement various services and programmes for DM patients as follows:

General Outpatient Clinic (GOPC) Services
A community-based primary care service is delivered by GOPCs for patients with chronic diseases with stable conditions and less complex comorbidities.

GOPC Public-Private Partnership Programme (GOPC PPP)

The target group of the GOPC PPP is existing GOPC patients having hypertension and / or DM (with or without hyperlipidemia). The programme was first launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014 as pilot districts, and was further rolled out to other districts by phases from the third quarter of 2016, currently covering all 18 districts in Hong Kong. As at end-December 2019, more than 35 000 patients were participating in the programme.

Patient Empowerment Programme

Patient Empowerment Programme aims to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community. Suitable patients with hypertension and DM in primary and secondary care settings are referred to non-governmental organisations to attend empowerment sessions in the community. More than 167 000 patients have been recruited in the programme since 2010-11. An additional 14 000 patients are expected to be enrolled in 2020-21.

Risk Factor Assessment and Management Programme (RAMP)

RAMP provides targeted health risk assessment for DM and hypertension patients. Patients will undergo comprehensive risk assessment and stratification for complications identification and receive targeted interventions from multi-disciplinary teams for better control of disease progression at selected GOPCs of HA. Since RAMP was launched in 2009-10 and extended to all seven clusters in 2011-12, some 201 600 patients are covered under the programme annually starting from 2012-13.

Targeted Active Intervention

To improve the management of patients with DM in specialist outpatient clinics (SOPCs), patients under the care of medical SOPCs with poor DM control, especially those who are younger in age, will receive risk assessment, treatment intensification and empowerment by a multi-disciplinary team with nurses and allied health professionals in the DM Centre. Since Targeted Active Intervention was first launched in 2017-18 for pilot in NTWC and extended to all hospital clusters in 2019-20, the programme covers some 14 700 patients annually. The programme will be expanded to benefit an additional 6 300 patients in 2020-21.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)438

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4440)

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

Subhead (No. & title): ()

Programme: (1) Health, (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:

The Government announced on 6 February that general outpatient clinics in 18 districts would be assigned as "designated clinics" for novel coronavirus infection to provide triage assessment for patients with mild symptoms or upper respiratory tract infection, and initially 7 clinics could start operation according to needs. In this connection, will the Government please inform this Committee of the following:

1. What are the estimated expenditures involved for the designated clinics?

2. What is the staff establishment of each designated clinic?

3. Under the first stage "1 clinic in 1 cluster" arrangement, what is the order for selecting the 7 designated clinics? What are the principles for determining whether or not to operate the remaining clinics? Under the current epidemic situation, will the Government operate the designated clinics? If yes, what are the details? If not, what are the reasons?

Asked by: Hon MO Claudia (LegCo internal reference no.:112)

Reply:

The Hospital Authority (HA) has put in place a preparedness plan in preparation for potential public health incidents. Generally speaking, when there is large-scale infectious disease transmission involving a large number of patients in the community, HA will consider activating Designated Clinics (DCs) in the seven clusters in phases as necessary in accordance with the established preparedness plan. DCs are generally responsible for triaging and managing suspected cases with mild symptoms. This could relieve service pressure on public hospitals and Accident and Emergency departments, as well as reduce the risk of cross infection in hospitals.

DCs are well-equipped with the necessary software and hardware facilities for providing DC services. The operation of DCs involves multi-disciplinary staff from General Out-patients Clinics who are well-trained on infection control, for example, doctors, nurses,

pharmacists, dispensers, patient care assistants, etc.

Subject to assessment of the situation of the Coronavirus Disease 2019 (COVID-19), HA will dovetail with the overall government strategy and consider the need to activate DCs. HA will announce the relevant details and arrangement when there is a need to activate DCs. The Food and Health Bureau, HA and the Centre for Health Protection of the Department of Health will maintain close liaison for closely monitoring the latest situation and provide timely information to the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3612)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech: "The social incidents and the novel coronavirus epidemic have affected the mental health of many people in Hong Kong. I will allocate sufficient resources to the FHB, the Labour and Welfare Bureau and the Education Bureau for providing appropriate support to people suffering from mental distress."

Please advise this Committee of the following:

1. What are the respective amounts involved in relation to the resources allocated to the 3 bureaux? Any expenditure involved for creating additional post(s)? If so, what are the relevant establishment and the estimated expenditure?

2. What are the specific work plans, objectives and implementation timetables as well as the estimated number of beneficiaries of the relevant measures?

3. Are there any plans to collaborate with organisations engaging in related work and offering relevant services or to provide professional assistance for them so as to expand the scope of beneficiaries and facilitate early identification and provision of appropriate support for people suffering from mental distress? If so, what are the details?

Asked by: Hon MOK Charles Peter (LegCo internal reference no.: 129)

Reply:

1 - 3

The social incidents and subsequently the epidemic arising from COVID-19 have unavoidably affected the mental health of some members of the public. The Food and Health Bureau (FHB) has worked with other bureaux and departments including the Labour and Welfare Bureau/Social Welfare Department (SWD) and the Education Bureau (EDB) to roll out a host of initiatives to address the mental health issues.

The Department of Health (DH) has launched the "Mental Health Infostation", a one-stop portal, to provide information on mental health and ways to cope with mental distress, as

well as links to related websites for those in need of assistance. The Hospital Authority is keeping a close watch on the situation and will allocate additional resources in a timely manner when there is a drastic increase in mental cases. EDB has been monitoring the situations in schools and will provide appropriate assistance through organising workshops and provision of counselling services as well as learning and teaching resources according to their needs. Moreover, SWD has allocated extra resources to relevant subvented social service units, so as to strengthen the support for persons who have mental health needs. For example, additional hotlines and stress management workshops have been set up to provide emotional counselling and support.

For the promotion of mental health, DH has earmarked an annual funding of $50 million to embark on an on-going mental health promotion and public education initiative which will include a series of major publicity initiatives such as mental health summit, workplace charter, promotion at schools, etc. targeting at the general public with a focus on children and adolescents to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from the professionals in a timely and prompt manner.

FHB has secured the support of some non-governmental organisations to extend the service scopes of their mental health programmes, e.g. Care4ALL Programme and Time to Heal, to provide free services to persons with mental health needs arising from the social incidents and the COVID-19 epidemic. FHB will also continue to work closely with the Advisory Committee on Mental Health to co-ordinate with relevant bureaux/departments in taking forward measures for the enhancement of mental health services that address the mental health concerns.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3956)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What was the expenditure on drugs as a cost item for last year? Please provide a breakdown by specialty. Will the Government proactively consider incorporating new drugs for rare diseases and cancers into the Drug Formulary as Safety Net drugs so that patients can receive effective treatment? If yes, what are the details? If no, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 97)

Reply:

The amount of drug consumption expenditure on General and Special Drugs in the Hospital Authority Drug Formulary (HADF) (i.e. the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges) in 2019-20 (projection based on expenditure figure as at 31 December 2019) is $6,206 million. As drugs may have various clinical indications which may fall into different specialties, the Hospital Authority (HA) is unable to provide breakdown on the drug consumption expenditure by specialty.

The Government and HA place high importance in providing optimal care for all patients, including those with uncommon disorders and cancers, based on available medical evidence while ensuring optimal and rational use of public resources. HA makes use of the recurrent funding from the Government, the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes to provide sustainable, affordable and optimal care for all patients, including those with uncommon disorders and cancers.

To provide cancer patients with more support, the Government and HA launched the CCF Medical Assistance Programme (First Phase Programme) in August 2011 to offer patients financial assistance to purchase specified self-financed cancer drugs which have not yet been brought into the SF safety net but have been rapidly accumulating medical scientific evidence and have relatively higher efficacy.

On the other hand, in view of the rising demand for patients with uncommon disorders to receive ultra-expensive drug treatments, the Government and HA rolled out in August 2017 a CCF Medical Assistance Programme, namely "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" (the Ultra-expensive Drugs Programme). The scope of the First Phase Programme and the Ultra-expensive Drugs Programme has been expanding under established mechanisms with a view to including more suitable new drugs for patients in need.

The Government and HA understand the financial burden on cancer patients and those with uncommon disorders, as well as their strong aspiration for listing certain drugs on HADF and including them in the scope of subsidy under the safety net. To expedite the introduction of suitable new drugs to the safety net, HA has, since 2018, increased the frequency of prioritisation exercise for including self-financed drugs into SF and CCF Medical Assistance Programmes from once to twice a year.

In addition, the Commission on Poverty (CoP) agreed in October 2019 to streamline the approval process for introducing new drugs / medical devices to the 3 CCF Medical Assistance Programmes starting from 2020-21. We expect that the streamlined approval process could shorten the total lead time for introducing new drugs / medical devices to the CCF Medical Assistance Programmes, thereby providing more timely support to needy patients.

HA will continue to keep abreast of the latest development of clinical and scientific evidence, listen to the views and suggestions of patient groups and follow the principle of rational use of limited public resources to appraise new drugs and review HADF and the coverage of the safety net under the established mechanisms so as to provide sustainable, affordable and optimal care for all patients in the long term.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)441

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6207)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Scientific Committee on AIDS and STI adjusted in November 2018 its recommendations regarding the use of post-exposure prophylaxis (PEP) following non-occupational exposure to HIV in cases of sexual or injection exposure. The present position of the committee is supportive to using PEP for non-occupational exposure under certain circumstances. Given the latest position as such, how many patients classified as having non-occupational exposure to HIV have been prescribed with PEP in public hospitals since November 2018?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 75)

Reply:

The Hospital Authority (HA) manages Human Immunodeficiency Virus (HIV) patients, including in prescription of HIV post-exposure prophylaxis (PEP), based on clinical risk assessment and in accordance with the recommendations of the Scientific Committee on Acquired Immune Deficiency Syndrome and Sexually Transmitted Infections under the Department of Health. A risk versus benefit analysis will be conducted for patients with non-occupational exposure to HIV and the decision to prescribe PEP will be made on case-by-case basis. HA does not maintain statistics of the number of patients with non-occupational exposure to HIV who have been prescribed with HIV PEP.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6213)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the expenditure on counselling and treatment provided to HIV/AIDS patients by the Hospital Authority (HA) in the past 3 years. Will the HA allocate additional resources to provide counselling and treatment for these patients in 2020-21? Please provide a detailed breakdown in this regard.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 81)

Reply:

As the healthcare staff of the Hospital Authority (HA) providing medical care for patients with AIDS also provide clinical services for other patients, the expenditure incurred by HA specifically for AIDS patients is not separately quantifiable.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)443

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6265)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What was the manpower for the AIDS Counselling and Testing Service (ACTS) in the hospitals under the Hospital Authority (HA) in the past 3 years? What is the manpower earmarked for the departments providing such services in 2020-21?

Asked by: Hon Shiu Ka-chun (LegCo internal reference no.: 144)

Reply:

As the healthcare staff of the Hospital Authority providing medical care for patients with AIDS also provide clinical services for other patients, the manpower involved specifically for AIDS patients is not separately quantifiable.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)444

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6266)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

How many HIV patients received psychological counselling at hospitals offering the AIDS Counselling and Testing Services (ACTS) under the Hospital Authority in the past 3 years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 145)

Reply:

The number of attendances of AIDS patients who had received psychological counselling provided by the Hospital Authority in the past 3 financial years is set out in the table below:

Financial year	**Number of attendance**
2017-18	11 249
2018-19	12 446
2019-20 (Up to 31 December 2019)	10 428

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6267)

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)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is noted that Princess Margaret Hospital will conduct anal smear tests for HIV patients for HPV prevention. How many HIV patients as estimated by the Government can receive such tests in 2020-21? What is the amount of funding earmarked for conducting the tests in 2020-21?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 146)

Reply:

The Department of Medicine and Geriatrics of Princess Margaret Hospital (PMH) is planning to pilot a project on "Anal Pap Smear Testing", funded by a donation to the PMH Charitable Trust, for AIDS patients. In addition to prevention of HPV, the test aims at providing anal cancer screening for high-risk AIDS group. As the project is at a preliminary planning stage, detailed information is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6327)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

How many doctors and nurses were engaged in Comprehensive Child Development Service in various clusters of the Hospital Authority in the past 3 years? Among the children cases handled in each cluster, how many were related to parents who were suspected substance abusers?

2017

	No. of doctors	No. of nurses	No. of cases related to parents who were suspected substance abusers
HKEC			
HKWC			
KCC			
KEC			
KWC			
NTEC			
NTWC			

2018

	No. of doctors	No. of nurses	No. of cases related to parents who were suspected substance abusers
HKEC			
HKWC			
KCC			
KEC			
KWC			
NTEC			
NTWC			

2019

	No. of doctors	No. of nurses	No. of cases related to parents who were suspected substance abusers
HKEC			
HKWC			
KCC			
KEC			
KWC			
NTEC			
NTWC			

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 212)

Reply:

The Comprehensive Child Development Service (CCDS) was launched as a joint initiative led by Labour and Welfare Bureau with support from Department of Health (DH), Hospital Authority (HA), Education Bureau and Social Welfare Department, aiming to identify, at an early stage, various health and social needs of children (aged 0 to 5) and their families, and to provide the necessary services so as to foster the healthy development of children.

The service is premised on the principle that early identification and intervention, and multi-disciplinary (Paediatrics, Psychiatry, Obstetrics and Gynaecology, Social Work and Clinical Psychology) collaboration are conductive to the protection and development of children. The service model makes use of HA service units, Maternal and Child Health Centres of DH and other service units to identify and intervene at early stage at-risk pregnant women, mothers with postnatal depression, families with psychological needs and pre-primary children with physical, developmental and behavioral problems.

In each HA cluster, CCDS service is provided by a multi-disciplinary team of healthcare providers comprising Paediatricians, Psychiatrists, Registered Nurses in Midwifery and Psychiatric Nurses. In addition, 2 Clinical Psychologists are providing support to the whole programme. The HA CCDS team aims to achieve early identification of at-risk pregnant women/mothers (teenage pregnancy, mental illness and substance abuse), to provide follow-up services to them and their children, and to refer them to other appropriate health and social service providers under CCDS as necessary.

The table below sets out the number of doctors and nurses engaged in CCDS in each hospital cluster under HA from 2017-18 to 2019-20.

Cluster	**Number of paediatricians**	**Number of psychiatrists**	**Number of midwives**	**Number of psychiatric nurses**
HKEC	1	1	1	2
HKWC	1	1	1	2
KCC	2	1	1	2
KEC	1	1	1	2
KWC	1	2	1	4
NTEC	1	1	1	2

Cluster	Number of paediatricians	Number of psychiatrists	Number of midwives	Number of psychiatric nurses
NTWC	1	1	1	2
Total	**8**	**8**	**7**	**16**

In 2017-18, 2018-19 and 2019-20 (up to 31 December 2019), there were 2 413, 2 651 and 1 859 at-risk pregnant women identified respectively under HA CCDS, of whom 320, 332 and 238 respectively were identified with history of substance abuse.

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. 6394)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Regarding clinical psychological services, please advise on the following:

1. the respective number of clinical psychologists working in public hospitals and private hospitals and the per capita cost or monthly expenditure;

2. the number of patients waiting for clinical psychological services and their waiting time broken down by public hospital providing such services;

3. the number of clinical psychologists practising at private clinics in Hong Kong and their average fee per consultation;

4. whether the Government has any measures to provide subsidies for patients who receive psychological treatments from clinical psychologists practising at private clinics, so that patients who are waiting for clinical psychological services in the public sector can be diverted to the private sector; and

5. given that many clinical psychologists now are applying mindfulness interventions to their patients to minimise their need for psychiatric medication, whether the Government has any measures to increase the application of mindfulness interventions in the public medical sector and also to enhance the promotion of mindfulness interventions; if yes, the details; if no, the reasons.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 321)

Reply:

(1)

As at 31 December 2019, there were 186 clinical psychologists working in the Hospital Authority ("HA"). The monthly cost per staff calculated based on Notional Annual Mid-point Salary ("NAMS") values and notional on-cost rates is set out in the following table –

Rank	**Number of staff** Note1	**Monthly cost per staff ($)** Note2,3
Department Manager (Clinical Psychology) I / Senior Clinical Psychologist	14	185 556
Clinical Psychologist	173	115 514
Total	**186** Note1	- Note4

Note:

Note 1 The above manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up due to rounding.

Note 2 The NAMS value of a rank is the notional annual salary of that rank at mid-point. The calculation is based on the mid-point of the pay scale of a rank, i.e. taking the average of the values of minimum and maximum pay points of the rank and selecting the closest salary point from pay scale.

Note 3 The on-cost rate consists of allowance, provident fund / mandatory provident fund / contract gratuity, home loan interest subsidy benefit and death & disability benefit.

Note 4 "-" means not applicable.

We do not have the number of clinical psychologists working in private hospitals and the per capita cost or monthly expenditure thereof.

(2)

Allied health out-patient clinics (clinical psychological service) under HA will arrange appointments for new patients based on the urgency of their clinical conditions. The triage system groups patients into priority 1 (urgent), priority 2 (semi-urgent) and routine (stable) categories. The median waiting time for new cases in priority 1 and priority 2 categories at HA's allied health out-patient clinics (clinical psychological service) are under two weeks and eight weeks respectively. For routine (stable) category, the median waiting time (50th percentile) was 19 weeks in 2019-20 (provisional figures up to 31 December 2019).

(3)

The Department of Health conducts Health Manpower Surveys ("HMS") on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2014 HMS covering 16 types of healthcare personnel, a total of 515 clinical psychologists were employed by the covered institutions. Among them, 35.7% were employed by the private sector. We do not have information on the consultation fee of clinical psychologists.

(4)

HA will carefully consider relevant factors when exploring new Public-Private Partnership ("PPP") programmes, including the potential complexity of the programmes, and the capacity and readiness of the private sector. HA will continue to communicate with the public and patient groups, and will work closely with stakeholders to explore the feasibility

of introducing other PPP programmes, so as to meet the public's demand for healthcare services.

(5)

HA provides mental health services through a multidisciplinary team of healthcare professionals, including doctors, nurses, clinical psychologists, medical social workers, occupational therapists, etc. The clinical team will continue to provide appropriate mental health care to patients according to their clinical needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6810)

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

The Chief Secretary for Administration is responsible for co-ordinating major cross-bureaux policies. Will the bureaux concerned provide details, in tabular form, of the following during the outbreak of the novel coronavirus epidemic:

1. Regarding the operation of quarantine centres, what was the total number of staff deployed by various government departments to assist in the management of these centres? Please provide, by using the following table, relevant details including (i) the number of staff deployed; (ii) the tasks for which these staff were responsible; (iii) whether the tasks were performed on a voluntary basis; and (iv) the amount of allowance for these staff per hour:

Government department	Number of staff deployed	Tasks for which these staff were responsible	Whether the tasks were performed on a voluntary basis	Amount of allowance for these staff per hour
Civil Aid Service				
Fire Services Department				
Auxiliary Medical Service				
Hong Kong Police Force				
...				

2. Regarding the "home quarantine" arrangement, the Government said earlier that in addition to releasing serving staff who were on loan as volunteers, retired civil servants, medical students and student nurses had been invited to offer assistance in the anti-epidemic work. Please provide, by using the following table, relevant details including (i) the number of persons involved; (ii) the tasks for which these persons were responsible; (iii) whether the tasks were performed on a voluntary basis; and (iv) the amount of allowance for these persons per hour:

Type of group	Number of persons involved	Tasks for which these persons were responsible	Whether the tasks were performed on a voluntary basis	Amount of allowance for these persons per hour
Serving staff				
Retired civil servant				
Medical student				
Student nurse				
...				

Asked by: Hon TAM Man-ho, Jeremy (LegCo internal reference no.: 17)

Reply:

The details sought are not readily available. Expenditure on the Government's combat against COVID-19 is charged to various Heads of Expenditure.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)449

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4489)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of attendances at accident and emergency departments under the Hospital Authority for treatment of work-related injuries each year from 2017 to 2019?

Asked by: Hon WAN Siu-kin, Andrew (LegCo internal reference no.: 81)

Reply:

The Hospital Authority (HA) does not have complete statistics on the treatment for work-related injuries. As general information for reference, the numbers of attendances of the Accident & Emergency (A&E) Departments in HA arising from industrial trauma in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) are set out in the table below.

	Number of A&E attendances arising from industrial trauma
2017-18	62 061
2018-19	60 263
2019-20 (up to 31 December 2019) [Provisional figures]	42 231

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)450

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4490)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Please set out by specialty the numbers of attendances for employees injured at work at specialist outpatient clinics (including Orthopaedics & Traumatology, Neurosurgery and Surgery) under the Hospital Authority from 2017 to 2019; (ii) among them, the numbers of attendances for new cases; and (iii) the current average waiting times for follow-up consultations and new cases respectively.

Asked by: Hon WAN Siu-kin, Andrew (LegCo internal reference no.: 82)

Reply:

The Hospital Authority (HA) does not have complete statistics on the treatment for work-related injuries. As general information for reference, the number of attendances of the Accident & Emergency (A&E) Departments in HA arising from industrial trauma and the number of subsequent attendances for specialist outpatient (clinical) services in 2017-18, 2018-19 and 2019-20 (up to 31 December 2019) are set out in the table below.

	Number of A&E attendances arising from industrial trauma (A)	**Number of specialist outpatient (clinical) attendances of those patients as described in (A) who subsequently made a booking within 28 days after their A&E attendances or inpatient discharged (B)**
2017-18	62 061	49 702
2018-19	60 263	47 603
2019-20 (up to 31 December 2019) [Provisional figures]	42 231	23 334

The breakdown by specialty and the average waiting time for those patients described in (B) are not readily available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)451

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4078)

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) (Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned that palliative care consultative service will continue to be enhanced in 2020-21. Please advise on the following:

1. the number of persons on the waiting list as at the end of December 2019 in table form:

	Rehabilitation and palliative day care service	Home visit by community nurses	Allied health (community) service	Allied health (outpatient) service
No. of persons on the waiting list				
Waiting time				
Cost per case				

2. The Government has commenced a public consultation on care arrangements and advance directives of terminally-ill patients. The Food and Health Bureau has also indicated that it will actively promote public education. What will be the arrangements for implementing end-of-life care? Will an independent department be set up for palliative care to facilitate the arrangements for manpower and training programmes so as to shorten the waiting time of patients?

3. Palliative care is one of the effective care services for terminally-ill patients but patients usually have to wait for the service due to tight resources. Will an independent department be set up for palliative care to take care of terminally-ill patients? If yes, what is the expected allocation and establishment? If no, how will the care needs of terminally-ill patients be actively addressed in response to the policy implemented by the Chief Executive?

Asked by: Hon YEUNG Alvin (LegCo internal reference no.: 122)

Reply:

(1)

The Hospital Authority (HA) adopts a collaborative approach in palliative care service provision for terminally-ill patients and their families. The spectrum of services includes inpatient service, outpatient service, day care service, home care services and bereavement counselling to terminally-ill patients and families, etc. When terminally-ill patients develop severe or complex symptoms and face medico-psycho-social needs, cross-specialty consultation by palliative care teams will be provided.

HA provides palliative care services through a multi-disciplinary team of healthcare professionals across various specialties, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc. In view of the disease trajectories of terminally-ill patients, HA clinical teams will arrange appropriate palliative care services to the patients according to their clinical needs. HA does not have waiting list for palliative care services.

Information on resources specifically deployed for the provision of such multi-disciplinary services and the corresponding cost per case are not readily available.

(2) and (3)

To allow more choices for terminally-ill patients to decide on their own treatment and care, the Government has consulted the public on advance directives and related end-of-life (EOL) care arrangements in 2019.

HA endeavours to enhance its palliative care services. In recent years, HA has allocated additional resources to improve the service model and strengthen multi-disciplinary services with a view to alleviating the physical and emotional distress of patients and improving their quality of life at the final stage of their lives.

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. The additional resource involved is around $34 million per annum. In 2012-13, HA has strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counselling, crisis management, etc., to terminally-ill patients and their caregivers. The additional resource involved is around $12 million per annum.

Since 2015-16, HA has strengthened the Community Geriatric Assessment Team (CGAT) service in phases to enhance EOL care for elderly patients living in residential care homes for the elderly (RCHEs) facing terminal illness. HA has deployed additional resources of around $21.8 million per annum on the enhancement. CGATs are working in partnership with the Palliative Care teams and RCHEs to improve medical and nursing care for those terminally-ill patients in RCHEs, and to provide training for RCHE staff. In 2020-21, HA plans to further strengthen EOL care for elderly patients in RCHEs and the additional resource involved is around $12.0 million per annum.

Since 2018-19, HA has further enhanced palliative care by strengthening palliative care consultative service in hospitals (additional resource involved has reached around $48.0 million per annum in 2020-21); enhancing palliative care home care service through nurse visits (additional resource involved is around $9.5 million per annum); and strengthening the competency of nursing staff supporting terminally-ill patients beyond palliative care setting through training (resource involved is around $22.1 million in 2020-21).

HA will regularly review the demand for various medical services, including support for patients facing terminal illness, plan for the development of its services having regard to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)452

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3818)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please inform this Committee of:

1. the daily number of compulsory quarantine orders issued from 8 February 2020 to 8 March 2020;

2. the daily number of inspections of persons from 8 February 2020 to 8 March 2020 subjected to compulsory quarantine orders for compliance and the number of such persons inspected;

3. the number of times each day from 8 February 2020 to 8 March 2020 when advice was given to those who disobeyed the compulsory quarantine orders and the number of persons to whom advice was given twice;

4. the number of persons arrested for violating the compulsory quarantine orders from 8 February 2020 to 8 March 2020;

5. the number of cases from 8 February 2020 to 8 March 2020 in which compulsory quarantine orders were issued twice against the same person;

6. the respective staff establishment involved in the enforcement of the compulsory quarantine orders in 2019-20 and 2020-21, as well as the estimated expenditure on remuneration in this respect in 2020-21; and

7. among the orders issued from 8 February 2020 to 8 March 2020, the respective numbers of compulsory quarantine orders issued against Mainland visitors and Hong Kong residents who have resided in Hong Kong for less than 7 years?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 125)

Reply:

1.

Pursuant to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) (the Regulation), starting from 8 February 2020, save for persons exempted under the Regulation, the Department of Health (DH) issues quarantine orders to all persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong, irrespective of nationality. From 8 February to 8 March 2020, a total of 44 794 quarantine orders were served to persons arriving at Hong Kong. The daily number of quarantine orders served ranges from 468 to 2 484, with a median of 1 513.5.

2. and 3.

Persons under compulsory quarantine at home, hotel or quarantine camps under the Regulation are asymptomatic and have passed body temperature screening upon arrival in Hong Kong. They are also not close contacts of confirmed cases of COVID-19. The measure aims to reduce two-way cross-boundary people flow between the Mainland and Hong Kong.

The Government has various measures in place for monitoring the compliance. While officers from disciplinary forces would assist in spot checks, the Office of the Government Chief Information Officer would make use of a location-sharing function of communication software and electronic wristbands to ensure that persons under quarantine are staying at their dwelling places.

DH does not possess the statistics on all checkings conducted by other departments.

As at 8 March 2020, DH issued 259 warning letters to persons who were found to have contravened the term of quarantine order referred by the above departments. Among them, 4 have been issued more than 1 warning letters.

4.

As at 8 March 2020, DH, upon receipt of advice from the Department of Justice, has prosecuted 2 persons for suspected violation of compulsory quarantine requirement.

5.

From 8 February to 8 March 2020, 122 persons have received 2 quarantine orders.

6.

As initiatives and programmes seeking for prevention and control of infections (including matters relating to quarantine) form an integral part of the respective services of DH, the relevant manpower and resources are subsumed under DH's overall allocation and cannot be separately quantified. DH will continue to closely monitor the development of COVID-19 and make request for additional allocation when need arises.

7.

Among the 44 794 quarantine orders issued to persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong, 38 631 were issued to Hong Kong residents and 6 163 were issued to non-Hong Kong residents. DH does not maintain the statistics on the number of quarantine orders issued to visitors from the Mainland, or to Hong Kong residents who have resided in Hong Kong for less than 7 years.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)453**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3863)

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

Question:

Under this Programme, the provision for 2020-21 is $393.0 million (33.5%) higher than the revised estimate for 2019-20 mainly due to increased requirement for operating expenses and a net increase of 60 posts in 2020-21 to meet operational needs. Would the Government please advise this Committee of the post titles, duties and estimated expenditure on remuneration in respect of these 60 new posts?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 163)

Reply:

Details of the net increase of 60 posts in the Department of Health are at **Annex**.

Annex

Creation of Posts in Department of Health in 2020-21

Rank	No. of posts to be created	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions		
Senior Medical and Health Officer	3	4,543,920
Medical and Health Officer	4	4,691,760
Registered Nurse	4	1,944,720
Senior Dental Officer	1	1,514,640
Dental Officer	1	1,030,440
Dental Surgery Assistant	1	325,740
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	2	2,249,040
Hospital Administrator I	6	4,845,240
Hospital Administrator II	3	1,531,620
Foreman	4	1,090,800
Clerical Officer	7	3,241,980
Assistant Clerical Officer	12	3,466,080
Clerical Assistant	9	2,029,860
Workman II	1	179,340
Total (Programme 1) :	***60***	***34,655,700***

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3868)

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

Question:

As stated in the *Matters Requiring Special Attention in 2020-21* under this Programme, the Department of Health will continue the work in prevention and control of Coronavirus disease 2019 (COVID-19). In this connection, please inform this Committee of:

(1) the details of work to continue the prevention and control of COVID-19;

(2) the staff establishment, operational expenses and estimated expenditure on remuneration in respect of the prevention and control of COVID-19 in 2020-21; and

(3) the number of masks and protective gears used in January and February 2020 respectively.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 170)

Reply:

(1) and (2)

Since the outbreak of Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the Department of Health (DH) introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The Centre for Health Protection (CHP) of the DH has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patient's residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the "COVID-19 Thematic Website" (http://www.coronavirus.gov.hk/eng/index.html). The Government has also launched an Interactive Map Dashboard and a Telegram channel named "Hong Kong Anti-epidemic Information Channel" to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

(3)

When the COVID-19 epidemic is evolving since January 2020, there have been increasing demands for personal protective equipment (PPE) including surgical masks and gowns, for use by healthcare and front-line personnel involved in special public health operations, in addition to the usual consumption of PPE for maintaining essential clinic services and regulatory enforcement actions. The DH has been closely liaising with the Government Logistics Department to increase and speed up purchases for replenishment of PPE with a view to ensuring sufficient provision for its healthcare and front-line personnel.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)455

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3891)

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

Question:

Will the Government inform this Committee of:

(1) the respective expenditure for converting the Chun Yeung Estate and the Heritage Lodge into isolation facilities in 2019-20;

(2) the respective operating expenditure of the 2 isolation facilities in 2019-20; and

(3) the respective operating expenditure of the 2 isolation facilities in 2020-21?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 193)

Reply:

(1)
The setting up of quarantine centres in Chun Yeung Estate and the Heritage Lodge at the Jao Tsung-I Academy does not involve expenditure on re-construction works.

(2)
To operate the quarantine centres, relevant expenditure arises from the leasing of the Heritage Lodge at the Jao Tsung-I Acadaemy (HL), and provision of catering, security and medical support services on these sites. The estimated operating expenditure in Chun Yeung Estate and HL in 2019-20 as well as other relevant manpower costs would be subsumed under DH's overall allocation.

(3)
For 2020-21, DH will continue the work in prevention and control of COVID-19. Relevant expenditure would be subsumed under DH's overall allocation and additional funding would be sought under established procedures where necessary.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)456

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3894)

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

Question:

1. Please advise on the numbers of prosecutions initiated by the Tobacco and Alcohol Control Office (TACO) and the numbers of successful prosecutions in relation to tobacco control and alcohol control respectively in the past year.

2. Please advise on the operational expenses, staff establishment and annual payroll cost of the TACO in the past year, as well as its operational expenses, staff establishment and annual payroll cost in the coming year.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 196)

Reply:

(1)
The Tobacco and Alcohol Control Office (TACO) of the Department of Health conducts inspections at venues concerned in response to smoking complaints. The number of fixed penalty notices (FPNs)/summonses issued by TACO in 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2019
FPNs issued (for smoking offences)		8 068
Summonses issued	for smoking offences	67
	for other offences (such as wilful obstruction and failure to produce identity document)	42
	(as of 4 March 2020) - Convicted - Pending hearing results - Not convicted	 (75) (31) (3)

The ban on the sale or supply of intoxicating liquor to minors in the course of business came into effect on 30 November 2018. Inspectors of TACO conduct inspections and carry out

enforcement actions upon receipt of intelligence or complaints. They also conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements. From 1 January 2019 to 31 December 2019, there was one convicted case of selling or supplying intoxicating liquor to minors in the course of business.

(2)

The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditure and provision (including civil service emoluments) for TACO in 2019-20 (Revised Estimate) and 2020-21 are $228.9 million and $256.7 million respectively. The annual recurrent cost of civil service posts concerned in 2019-20 and 2020-21 are $70.9 million and $75.7 million respectively. The approved establishment of TACO in 2019-20 and 2020-21 is at **Annex**.

Annex

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2019-20	2020-21
Head, TACO		
Consultant	1	1
Enforcement		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/ Senior Foreman/ Foreman	121	125
Senior Executive Officer/ Executive Officer	13	13
Sub-total	***143***	***147***
Health Education and Smoking Cessation		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/ Registered Nurse	3	3
Hospital Administrator II	4	4
Sub-total	***11***	***11***
Administrative and General Support		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
Sub-total	***24***	***24***
Total no. of staff:	**179**	**183**

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)457

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3918)

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

Question:

(1) Please set out in table form the daily numbers of compulsory quarantine orders issued from 8 February 2020 to 8 March 2020 to Hong Kong residents who had been to Hubei in the 14 days preceding arrival at Hong Kong.

(2) Please set out in table form the daily numbers of compulsory quarantine orders issued from 8 February 2020 to 8 March 2020 to Mainland visitors who had been to Hubei in the 14 days preceding arrival at Hong Kong.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 221)

Reply:

(1) and (2)

In view of the latest situation of the COVID-19 outbreak, the Government has taken a number of measures proactively since late January this year to further reduce the flow of people between the Mainland and Hong Kong. Having considered that the outbreak mainly took place in Hubei Province early on and was getting more severe, the Government announced on 26 January that, with effect from 27 January, except for Hong Kong residents, all residents of Hubei Province and persons who had visited Hubei Province in the past 14 days would not be permitted to enter Hong Kong until further notice.

Between 8 February and 8 March 2020, around 560 Hong Kong residents have been to Hubei in the 14 days preceding arrival at Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3993)

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

Question:

Will the Government provide the following information in table form:

(1) the number of persons confined in the quarantine facility at the Heritage Lodge on each day from 1 February to 4 March 2020; and

(2) the number of persons confined in the quarantine facility at the Chun Yeung Estate on each day from 1 February to 4 March 2020?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.:274)

Reply:

(1)

As at 4 March 2020, the quarantine centre in the Heritage Lodge at the Jao Tsung-I Academy had cumulatively accommodated 160 confinees since its operation.

(2)

As at 4 March 2020, the quarantine centre in the Chun Yeung Estate, Fo Tan had cumulatively accommodated 699 confinees since its operation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3661)

Head: (37) Department of Health

Subhead (No. & title): (000) Operating expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tobacco and alcohol control work over the past 3 years, will the Government inform this Committee of:

a. the cigarette smoking prevalence rate of the population, broken down by age group;

b. the medical expenses incurred and the number of deaths caused by smoking;

c. the number of successful quitters of smoking;

d. the expenditure of the Tobacco and Alcohol Control Office (TACO);

e. the numbers of complaints received, inspections conducted and prosecutions instituted by TACO?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 186)

Reply:

(a)
The Census and Statistics Department conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The latest available data from the THS in 2017 showed that the prevalence of daily cigarette smokers aged 15 and above was 10.0%, compared to 10.5% in 2015. The breakdown by age group is at **Annex**.

(b)
The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) commissioned the School of Public Health of the University of Hong Kong to conduct a study on the estimated mortality figures and annual cost of tobacco-related diseases. The study reported that a total of 6 154 deaths (aged 35 and over) in Hong Kong in 2011 were related to active smoking, while 672 deaths were attributed to second-hand smoke exposure. The results showed that the total annual cost (including health care, productive years lost and residential care) of active and passive smoking in Hong Kong was $5.5 billion ($4.5

billion for active smoking and $1.0 billion for passive smoking). Among these, the health care cost was $2.6 billion ($2.2 billion for active smoking and $0.4 billion for passive smoking).

(c)
According to the THS, the number of daily cigarette smokers aged 15 and above in the population was 615 000 in 2017, whereas the corresponding number was 641 300 in 2015.

(d)
The expenditure of TACO in 2017-18, 2018-19 and 2019-20 (revised estimates) is $185.9 million, $204.0 million and $228.9 million respectively.

(e)
The number of complaints received, inspections conducted and fixed penalty notices (FPNs)/summonses issued by TACO of the DH for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2017	**2018**	**2019**
Complaints received		18 354	18 100	15 573
Inspections conducted		33 159	32 255	34 680
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

The ban on the sale and supply of intoxicating liquor to minors in the course of business, under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), came into effect on 30 November 2018. In December 2018 and in 2019, TACO conducted 814 and 14 862 inspections respectively at retailers to check compliance with the new legal requirements. On the other hand, inspectors of TACO conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. The number of complaints received, inspections conducted, advisory letters and summonses issued for the period from December 2018 to 2019 are as follows:

	2018 (December)	**2019**
Complaints received	31	108
Inspections conducted	21*	262
Advisory letter issued	11	15
Summonses issued	0	1

* Inspections related to some complaints received in December 2018 were conducted in 2019.

Annex

Prevalence* of Daily Cigarette Smokers by Age Group

Age group	Survey period	
	May-Aug 2015	Jun-Sep 2017
15-19	1.1%	1.0%
20-29	7.9%	6.7%
30-39	13.2%	11.2%
40-49	14.0%	14.5%
50-59	11.9%	11.5%
≥60	9.0%	8.7%
Overall	10.5%	10.0%

* As a percentage of all persons in the respective age group. For example, among those aged 15 to 19, 1.1% were daily cigarette smokers based on the survey conducted during May to August 2015.

Source: Thematic Household Survey Report Nos. 59 and 64. Census and Statistics Department

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Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)460

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4138)

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

Question:

Please advise on:

a. the number of days the Department of Health (DH) takes to process an application for registration of a pharmaceutical product;

b. the number of DH's detections for the sale of unregistered drugs in shops in the past 5 years; and

c. further to question b above, the means of detection, with a breakdown of the cases so detected.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 101)

Reply:

(a)

Under the Pharmacy and Poisons Ordinance (Cap. 138), all pharmaceutical products must satisfy the criteria of safety, quality and efficacy, and must be registered with the Pharmacy and Poisons Board (the Board), before they can be sold or distributed in Hong Kong. The Drug Office of the Department of Health is responsible for providing professional and executive support to the Board for evaluating applications for registration of pharmaceutical products. In 2019, the Drug Office processed 98% of the new applications for registration of pharmaceutical products within the performance pledge of 5 months.

(b) and (c)

In the past 5 years, the number of convicted cases related to unregistered pharmaceutical products and their sources are as follows:

Year	Number of convicted cases related to unregistered pharmaceutical products	Sources		
		Complaints or enquiries	DH surveillance system	Others
2015	69	43	10	16
2016	37	27	8	2
2017	35	22	7	6
2018	43	34	5	4
2019	44	32	6	6
Total	228	158	36	34

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)461

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4139)

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

Question:

a. How many staff are deployed by the Department of Health to combat COVID-19 and what are their ranks?

b. Regarding home confinees, what are the current rates of random telephone checks and surprise inspections each day?

c. What is the number of cases to date where home confinees are found to have violated the quarantine order upon such random telephone checks and surprise inspections?

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 102)

Reply:

a, b and c.

Pursuant to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) (the Regulation), starting from 8 February 2020, save for persons exempted under the Regulation, the Department of Health (DH) issues quarantine orders to all persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong, irrespective of nationality.

Persons under quarantine are not allowed to leave their dwelling places during the quarantine period. The Government has in place various measures to monitor compliance, including spot checks, telephone calls, making use of the location-sharing function of communication software and electronic wristbands to ensure that persons under quarantine are staying at their dwelling places.

Relevant Government departments will take follow up actions against those who does not comply with the quarantine order and leave the dwelling place without permission or refuse to comply with the instructions of the Government and hence posing threats to public health. Such actions include verbal warning, warning letters, and request to wear wristbands. As at 8 March 2020, DH has issued 259 warning letters.

As the tasks related to enforcing the Regulation are implemented through redeployment of resources within DH and other related bureaux/departments, the relevant manpower are subsumed under the overall allocation of DH and other bureaux/ departments and cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4346)

Head: (37) Department of Health

Subhead (No. & title): (000) Operating Expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

a. Please provide in table form the numbers of reported cases of illegal smoking received by the Tobacco and Alcohol Control Office (TACO) under the Department of Health, the follow-up rates of the DH and the investigation results in the past 5 years.

b. Please provide in table form the numbers of tickets for illegal smoking issued by TACO under the DH in the past 5 years.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 312)

Reply:

(a) & (b)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health conducts inspections at venues concerned in response to smoking complaints. The number of complaints received, inspections conducted, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2015 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	**2016**	**2017**	**2018**	**2019**
Complaints received		17 875	22 939	18 354	18 100	15 573
Inspections conducted		29 324	30 395	33 159	32 255	34 680
FPNs issued (for smoking offences)		7 693	8 650	9 711	8 684	8 068
Summonses issued	for smoking offences	163	207	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78	68	42

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)463

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4453)

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

Question:

Regarding the work in relation to the Code on Access to Information, please advise this Committee on the following:

1) Concerning the requests for information under the Code on Access to Information received by the Department of Health from October 2018 to present for which only some of the required information has been provided, please state in table form: (i) the content of the requests for which only some of the required information has been provided; (ii) the reasons for providing some of the information only; (iii) whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application); (iv) whether the decision on withholding some of the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application)? If yes, please provide details.

From October to December 2018

(i) Content of the requests for which only some of the required information was provided	(ii) Reasons for providing some of the information only	(iii) Whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding some of the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

2019

(i) Content of the requests for which only some of the required information was provided	(ii) Reasons for providing some of the information only	(iii) Whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding some of the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

2) Concerning the requests for information under the Code on Access to Information received by the Department of Health from October 2018 to present for which the required information has not been provided, please state in table form: (i) the content of the requests refused; (ii) the reasons for refusal; (iii) whether the decision on withholding the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application); (iv) whether the decision on withholding the information was made subject to a "harm or prejudice test",

i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application)? If yes, please provide details.

From October to December 2018

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) Whether the decision on withholding the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

2019

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) Whether the decision on withholding the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

3) Any person who believes that a department has failed to comply with any provision of the Code on Access to Information may ask the department to review the situation. Please advise this Committee in each of the past 5 years, (i) the number of review cases received; (ii) the number of cases, among the review cases received in the year, in which further information was disclosed after review; (iii) whether the decisions on review were made at the directorate (D1 or D2) level.

Year in which review cases were received	(i) Number of review cases received	(ii) Number of cases, among the review cases received in the year, in which further information was disclosed after review	(iii) Whether the decisions on review were made at the directorate (D1 or D2) level
2015			
2016			
2017			
2018			
2019			

4) With reference to the target response times set out in paragraphs 1.16.1 to 1.19.1 of Guidelines on Interpretation and Application of the Code on Access to Information, please advise this Committee on the following information by year in table form (with text descriptions).

(a) Within 10 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they did not accept the charge
2020					
2019					
2018					
2017					
2016					

Within 10 to 21 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they did not accept the charge
2020					
2019					
2018					
2017					
2016					

Within 21 to 51 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they did not accept the charge
2020					
2019					
2018					
2017					
2016					

(b) cases in which information could not be provided within 21 days from date of receipt of a request in the past 5 years:

Date	Subject of information requested	Specific reason

(c) cases in which information could not be provided within 51 days from date of receipt of a request in the past 5 years:

Date	Subject of information requested	Specific reason

5) Please state in table form the number of those, among the cases in which requests for information were refused under the exemption provisions in Part 2 of the Code on Access to Information, on which the Privacy Commissioner for Personal Data was consulted when they were being handled in the past 5 years. For cases on which advice had been sought, was it fully accepted in the end? For cases where the advice of the Privacy Commissioner for Personal Data was not accepted or was only partially accepted, what are the reasons?

Date	Subject	Particular exemption provision in Part 2 of the Code on Access to Information under which requests for information were refused	Whether the advice of the Privacy Commissioner for Personal Data was fully accepted	Reasons for refusing to accept or only partially accepting the advice of the Privacy Commissioner for Personal Data

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 358)

Reply:

During the period from October 2018 to September 2019, the Department of Health (DH) received 3 cases for which only some of the required information was provided and there was no refusal cases under the Code on Access to Information (the Code).

Details on the above 3 cases for which only some of the required information was provided are as follows:

(i) The DH only provided some of the required information on disciplinary cases involving dissemination of physiotherapy service information to the public handled by the Physiotherapists Board from 2008 to 2018 in accordance with paragraph 2.14 "Third Party Information" of the Code.

(ii) The DH only provided some of the required information related to the investigation report and records about a complaint against a private hospital in accordance with paragraph 2.14 "Third Party Information" and paragraph 2.6 "Law Enforcement, Legal Proceedings and Public Safety" of the Code.

(iii) The DH only provided some of the required information on the provision of packaged service by a private hospital in accordance with paragraph 2.6 "Law Enforcement, Legal Proceedings and Public Safety" and paragraph 2.9 "Management and Operation of the Public Service" of the Code.

The decisions of the above 3 cases were made by an officer at point 1 of the Directorate Pay Scale after conducting a "harm or prejudice test" which ascertained that the harm or prejudice that could result from disclosure of the information would outweigh the public interest in disclosure of the information in these cases.

During the period from 2015 to September 2019, 2 review cases were received by the DH. The decisions on review were made by an officer at point 2 of the Directorate Pay Scale.

During the period from 2016 to September 2019, the number of written requests for which the information requested was provided within 10 days, 11 to 21 days and 22 to 51 days from the date of receipt of a request were 36, 26 and 6 respectively. In addition, there were 8 cases involving third party information and 1 case had been transferred to another department which held the information under request. 9 requests were refused during the period under the exemption provisions in Part 2 of the Code.

During the period from 2016 to September 2019, there were 13 cases for which information could not be provided within 21 days from the date of receipt of a request. The main reason was that the requested information was in possession of the third party and the consent from the third party for releasing the requested information was awaiting.

During the period from 2016 to September 2019, there was no case where information could not be provided within 51 days from the date of receipt of a request.

During the period from 2016 to September 2019, the DH did not consult the Privacy Commissioner for Personal Data on cases where requests for information were refused.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4855)

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

Question:

Regarding the Brief Description for the financial year 2020-21, it is shown in paragraph 4 of Head 37 – Department of Health (DH) on page 167 that the original estimate for Allowances under Personal Emoluments for 2019-20 is $27.946 million while the revised estimate is $197.35 million. In this connection, please inform the Committee of: 1) the reasons why the revised estimate is significantly higher than the original estimate; 2) the details of the related allowances; 3) a breakdown of the amount of allowances and the number of staff concerned; 4) the ranks of the staff receiving the allowances; 5) whether the allowances are related to the outbreak of novel coronavirus; and 6) the reasons for bringing down the related estimate for 2020-21, which is $29.354 million, to its previous level.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 422)

Reply:

Since the outbreak of the Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. The increase in the allowances under personal emoluments in 2019-20 revised estimate is mainly attributed to the provision for payment of overtime allowance to personnel engaged in the prevention and control of the COVID-19. Details of allowance are not available as the fight against the epidemic is still going on.

Relevant manpower and resources are subsumed under DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the latest local and global development of the COVID-19 and would act swiftly in view of the actual circumstances through redeployment of resources and re-prioritisation of work. The DH would seek additional resources through the established procedures, if necessary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5274)

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

Question:

Regarding the masks for use by the Department of Health, please provide:

1. the amount of current stock;
2. the amounts of monthly stock in the past 5 years;
3. the amounts produced by the Correctional Services Department in the monthly stock in the past 5 years;
4. the expenditures incurred in the past 5 years;
5. the amounts of monthly consumption in the past 5 years;
6. the amounts of procurement in the past 5 years; and
7. the amounts depleted due to storage problems in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 1879)

Reply:

For infection prevention and control, the Department of Health (DH) maintains a stockpile of personal protective equipment (PPE) for use by the Government's healthcare and front-line personnel.

In the light of rapid evolvement of the Coronavirus Disease 2019, the DH will adjust the demand for PPE (including surgical masks) according to the operational requirements associated with infection prevention and control. Apart from monitoring the demand and stockpiling of PPE, the DH has been working closely with the Food and Health Bureau and the Government Logistics Department to increase the volume and expedite the purchases to replenish the PPE for use by the Government's healthcare and front-line personnel.

In face of the existing keen competition in the procurement of PPE, it is considered not appropriate to disclose detailed information such as the stock, quantity/value of purchases, consumption of PPE, etc. as such disclosure may jeopardise the bargaining power of the Government in the procurement of PPE.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)466

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5783)

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

Question:

Will the Government please advise on:

1. the number of children referred to the child assessment centres (CACs) of the Department of Health (DH) for assessment in each of the past 5 years;

2. the number of children diagnosed as having developmental disabilities by the CACs of the DH, broken down by developmental problem, age (in a total of 13 age groups from 0 to 12) and rehabilitation service (provided by the Social Welfare Department or the Hospital Authority) referred in each of the past 5 years;

3. the shortest, longest and average waiting time for the first appointment at the CACs of the DH and the rate for completion of assessment of new cases at the CACs within 6 months in each of the past 5 years; the reasons if the completion time failed to reach the target rate of 90% and the plans for improvement;

4. the staff establishment and the manpower shortage of the CACs of the DH in each of the past 5 years;

5. the average per capita cost of assessment at the CACs of the DH in each of the past 5 years; and

6. the Government's plans to set up new CACs in the future?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 190)

Reply:

1. The number of newly referred cases received by the Child Assessment Service (CAS) of the Department of Health (DH) in the past 5 years are as follows:

	2015	2016	2017	2018	2019 (Provisional figure)
Number of new cases referred to CAS	9 872	10 188	10 438	10 466	9 799

2. The number of newly diagnosed cases of developmental conditions in the CAS in the past 5 years are set out in the below table. A further breakdown of the figures by age and rehabilitation service referred is not available.

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Attention/ Hyperactive Problems/ Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems/ Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay/ Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

3 & 6. In the past 5 years, nearly all new cases were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2015, 2016, 2017, 2018 and 2019 are 71%, 61%, 55%, 49% and 53% respectively. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. DH does not maintain statistics on the shortest, longest and average waiting time for assessment of new cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation

in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

4. The approved establishment of the CAS from 2015-16 to 2019-20 are as follows:

Grades	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Medical Support					
Consultant	1	1	1	1	1
Senior Medical and Health Officer / Medical and Health Officer	20	23	23	24	24
Nursing Support					
Senior Nursing Officer / Nursing Officer / Registered Nurse	27	30	30	30	40
Professional Support					
Scientific Officer (Medical)	5	5	5	5	5
Senior Clinical Psychologist / Clinical Psychologist	21	23	22*	22*	22*
Speech Therapist	12	13	13	13	16
Optometrist	2	2	2	2	2
Senior Occupational Therapist / Occupational Therapist I	7	8	8	8	9
Senior Physiotherapist / Physiotherapist I	5	6	6	6	7
Technical Support					
Electrical Technician	2	2	1	1	1
Administrative and General Support					
Hospital Administrator II	1	1	1	1	1
Senior Executive Officer / Executive Officer I / Executive Officer II	1	1	2	2	2
Clerical Officer / Assistant Clerical Officer	11	12	12	12	16
Clerical Assistant	17	19	20	20	23
Office Assistant	2	2	1	1	1
Personal Secretary I	1	1	1	1	1
Workman II	10	12	12	12	12
Total:	**145**	**161**	**160**	**161**	**183**

* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

The CAS has been facing manpower shortage problem in respect of Senior Medical and Health Officer (SMO) and Medical and Health Officer (MO) rank officers in recent years. As at 1 February 2020, the approved establishment of SMO/ MO in the CAS is 24 while the number of vacancy is 10. DH will continue the effort to recruit suitable SMO/ MO to fill the vacancies.

5. The financial provision of the CAS in the past 5 years are set out in the table below. DH does not compile figures on the average per capita cost of assessment at the CACs.

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Financial provision to CAS ($ million)	110.2	129.6	131.8	138.6	162.2

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5789)

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

Question:

Regarding the services provided by the Elderly Health Centres (EHCs), please set out in tabular form the following information for the past 5 years:

(1) the cost per attendance for health assessment;

(2) the cost per attendance for medical consultation;

(3) the cost per attendance for health education activities organised by the EHCs and Visiting Health Teams;

(4) the annual operating costs of each EHC;

(5) the annual total enrolment quota, quota for new members, and number of members from other districts of each EHC;

(6) the number and rate of member turnover (i.e. the number of members who did not renew their membership and the percentage of the total number of members such members accounted for) of each EHC, as well as the average waiting time for enrolment as an EHC member each year (please provide a breakdown by EHC);

(7) the average waiting time for having a health check at an EHC.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 402)

Reply:

(1) and (2) The average cost per health assessment (including attendance for follow up of results) and the average cost per attendance for medical consultation provided by the Elderly Health Centres (EHCs) are as follows:

Year	Health Assessment	Medical Consultation
2015-16	$1,310	$515
2016-17	$1,360	$535

Year	Health Assessment	Medical Consultation
2017-18	$1,395	$550
2018-19	$1,455	$570
2019-20	$1,530	$595

(3) The average cost per attendance for health education activities organised by the EHCs and the 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)
2015-16 (Actual)	140.0	77.8
2016-17 (Actual)	150.7	84.5
2017-18 (Actual)	154.5	85.4
2018-19 (Actual)	170.2	88.8
2019-20 (Revised estimate)	178.5	94.2

The expenditure also includes Public Health & Administration Section of the Elderly Health Branch.

(4) The Department of Health does not have a breakdown of operating cost by EHC. The average operating expenditure of each EHC in the past 5 years are as follows:

Year	Average operating expenditure of each EHC ($ million)
2015-16	7.8
2016-17	8.4
2017-18	8.6
2018-19	9.5
2019-20*	9.9

* Provisional figure

(5) The number of enrolments and the number of new members in the 18 EHCs are as follows:

EHC	Number of enrolments					Number of new members				
	2015	2016	2017	2018	2019*	2015	2016	2017	2018	2019*
Sai Ying Pun	2 288	2 310	2 315	3 895	2 212	698	642	761	1 623	626
Shau Kei Wan	2 224	2 205	2 213	2 213	4 196	665	800	668	737	1 746
Wan Chai	3 614	4 546	4 651	4 709	4 494	1 878	2 251	2 118	2 148	1 915
Aberdeen	2 182	2 148	2 188	2 212	2 212	467	452	494	632	669
Nam Shan	2 225	2 218	2 223	2 214	2 211	490	795	687	723	737
Lam Tin	2 220	2 223	2 220	2 219	2 209	560	634	655	739	738
Yau Ma Tei	2 216	2 254	2 215	2 211	2 206	487	930	778	687	706
San Po Kong	2 134	2 142	2 321	2 321	2 317	550	640	535	699	721
Kowloon City	2 211	2 211	2 212	2 214	3 046	554	536	742	742	1 168
Lek Yuen	3 541	2 550	4 896	4 900	4 722	1 629	681	1 442	1 716	1 814
Shek Wu Hui	2 162	2 144	2 131	2 107	2 345	450	716	724	703	827
Tseung	2 136	3 471	2 130	2 127	4 620	537	1 406	708	731	1 726

EHC	Number of enrolments					Number of new members				
	2015	2016	2017	2018	2019*	2015	2016	2017	2018	2019*
Kwan O										
Tai Po	2 124	2 124	2 126	2 124	2 121	581	729	633	649	647
Tung Chung	2 330	2 319	2 321	2 321	2 307	461	731	500	693	666
Tsuen Wan	2 116	2 516	2 114	3 093	3 122	520	1 032	682	1 209	1 127
Tuen Mun Wu Hong	2 149	2 208	2 215	2 212	2 212	514	653	700	712	700
Kwai Shing	2 310	2 277	2 286	2 300	2 263	620	551	641	643	604
Yuen Long	2 219	2 270	2 316	2 318	2 312	420	739	626	665	619
Total	**42 401**	**44 136**	**45 093**	**47 710**	**51 127**	**12 081**	**14 918**	**14 094**	**16 451**	**17 756**

* Provisional figures

The numbers of members from other districts in each EHC are as follows:

EHC	Number of members from other districts				
	2015	2016	2017	2018	2019 ^
Sai Ying Pun	608	559	514	816	469
Shau Kei Wan	66	60	63	73	92
Wan Chai	1 956	2 878	2 970	3 078	2 313
Aberdeen	58	51	42	56	30
Nam Shan	835	870	840	850	598
Lam Tin	196	174	137	126	99
Yau Ma Tei	853	929	948	936	750
San Po Kong	582	654	747	756	564
Kowloon City	899	867	869	866	674
Lek Yuen	76	62	94	104	72
Shek Wu Hui	119	83	114	93	90
Tseung Kwan O	238	325	164	175	284
Tai Po	246	257	213	203	145
Tung Chung	1 325	1 195	1 275	1 101	856
Tsuen Wan	734	930	754	1 163	991
Tuen Mun Wu Hong	42	38	28	27	12
Kwai Shing	564	580	622	712	509
Yuen Long	115	126	125	122	121
Total	**9 512**	**10 638**	**10 519**	**11 257**	**8 669**

^ Provisional figures from January to September 2019

(6) and (7) The number of members enrolled in a year who did not renew their membership by 2 years and their percentage among the total number of enrolments in 18 EHCs are as follows:

EHC	EHC members who did not return by									
	2015		2016		2017		2018		2019 ^	
	Number	%	Number	%	Number	%	Number	%	Number	%
Sai Ying Pun	467	22%	527	24%	633	28%	613	27%	658	28%

EHC	EHC members who did not return by									
	2015		2016		2017		2018		2019 ^	
	Number	%	Number	%	Number	%	Number	%	Number	%
Shau Kei Wan	520	24%	559	25%	653	29%	760	34%	814	37%
Wan Chai	358	17%	411	19%	1 012	28%	1 377	30%	2 695	58%
Aberdeen	404	19%	404	19%	480	22%	574	27%	759	35%
Nam Shan	437	20%	495	22%	541	24%	808	36%	844	38%
Lam Tin	500	23%	543	24%	623	28%	713	32%	873	39%
Yau Ma Tei	370	18%	426	20%	611	28%	766	34%	1 088	49%
San Po Kong	467	22%	493	23%	605	28%	754	35%	693	30%
Kowloon City	482	22%	497	22%	580	26%	638	29%	974	44%
Lek Yuen	618	29%	597	28%	1 058	30%	627	25%	1 354	28%
Shek Wu Hui	492	23%	580	27%	619	29%	824	38%	1 341	63%
Tseung Kwan O	462	22%	502	24%	642	30%	1 407	41%	806	38%
Tai Po	324	15%	456	21%	525	25%	609	29%	878	41%
Tung Chung	386	17%	430	19%	485	21%	618	27%	748	32%
Tsuen Wan	569	27%	659	31%	709	34%	1 004	40%	781	37%
Tuen Mun Wu Hong	508	24%	602	28%	612	28%	726	33%	1 201	54%
Kwai Shing	473	21%	491	22%	589	25%	596	26%	704	31%
Yuen Long	420	19%	430	19%	549	25%	661	29%	764	33%
Total	**8 257**	**21%**	**9 102**	**23%**	**11 526**	**27%**	**14 075**	**32%**	**17 975**	**40%**

^ Provisional figures from January to September 2019

As health assessment is conducted on the day of enrolment, the waiting time for enrolment as a new member and the waiting time for first-time health assessment are the same. The median waiting time for enrolment as a new member of individual EHCs are as follows:

EHC	Median waiting time (months)				
	2015	2016	2017	2018	2019*
Sai Ying Pun	30.0	6.0	7.5	10.3	8.9
Shau Kei Wan	23.5	2.4	6.9	15.0	14.1
Wan Chai	34.3	1.4	5.4	9.1	12.6
Aberdeen	14.5	4.3	7.0	12.1	13.2
Nam Shan	15.8	2.2	5.8	10.7	12.3
Lam Tin	12.0	4.0	7.5	12.4	14.6
Yau Ma Tei	34.2	7.6	6.9	13.8	16.8
San Po Kong	18.6	1.5	6.3	11.5	9.3
Kowloon City	34.4	8.5	5.7	10.9	13.9
Lek Yuen	4.5	8.7	7.7	14.7	17.4
Shek Wu Hui	16.4	7.9	6.7	12.3	15.3
Tseung Kwan O	29.0	2.8	6.8	14.5	9.2
Tai Po	16.3	3.8	6.9	14.8	20.2
Tung Chung	15.0	6.3	3.9	8.4	9.0
Tsuen Wan	17.8	12.0	5.9	13.3	7.8
Tuen Mun Wu Hong	15.8	11.3	10.2	17.3	22.8

EHC	Median waiting time (months)				
	2015	**2016**	**2017**	**2018**	**2019***
Kwai Shing	7.0	1.5	4.8	9.3	11.3
Yuen Long	13.4	6.0	6.7	14.3	19.1
Overall	**16.3**	**5.2**	**6.8**	**12.3**	**13.5**

* Provisional figures

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5818)

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

Question:

Please set out by type of developmental disorder the number of children who attended the Child Assessment Service of the Department of Health and were diagnosed with developmental disorders for each of the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 434)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2015	**2016**	**2017**	**2018**	**2019 (Provisional figures)**
Attention/ Hyperactive Problems/ Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems/ Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay/ Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental	1 443	1 323	1 311	1 566	1 493

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Delay/ Intellectual Disability					
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5819)

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

Question:

Regarding the Outreach Dental Care Programme for the Elderly, will the Government inform this Committee of:

(1) the annual attendances of the elderly receiving the services, broken down 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 (the Pilot Project); and

(2) the annual expenditure incurred by the Pilot Project since its launch and the estimated expenditure for in the coming year?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 435)

Reply:

(1) The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014. The number of attendances under ODCP was about 44 300 between October 2014 and September 2015, about 46 300 between October 2015 and September 2016, about 47 800 between October 2016 and September 2017, about 50 500 between October 2017 and March 2019, and about 44 800 between April 2019 and January 2020. Dental treatments received include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures).

(2) The financial provision for implementing the ODCP is listed as follow-

Financial Year	Financial Provision ($ million)
2014-15	25.1
2015-16	44.5
2016-17	44.8
2017-18	44.9

2018-19	44.9
2019-20	51.7
2020-21	58.0

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)470

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5820)

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

Question:

1. How many children were assessed as having developmental disorders by the Child Assessment Centres (CACs) for the past 5 financial years? Please provide a breakdown by their developmental problem.

2. What are the longest, average and shortest waiting time for assessment in the CACs for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 438)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) of the Department of Health (DH) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2015	**2016**	**2017**	**2018**	**2019 (Provisional figures)**
Attention/ Hyperactive Problems/ Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems/ Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay/ Disorders and	3 487	3 627	3 585	3 802	4 300

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Speech Problems					
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

2. In the past 5 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 49% in 2018 and slightly increased to 53% in 2019. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. DH does not maintain statistics on the median, the longest or the shortest waiting time for assessment of new cases.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)471**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5821)

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

Question:

Please set out the actual and estimated expenditure on the procurement of drugs by the Department of Health over the past 5 years and in the coming year respectively.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 441)

Reply:

The expenditure on the procurement of drugs by the Department of Health over the past 5 financial years and in the coming financial year are as follows:

Financial Year	Amount ($ million)
2015-16	486.2
2016-17	523.2
2017-18	553.1
2018-19	628.8
2019-20 (Revised Estimate)	580.2
2020-21 (Estimate)	739.5

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6631)

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

Question:

Since 5 healthcare professions (namely speech therapists, audiologists, dietitians, educational psychologists and clinical psychologists) have been accredited by the Pilot Accredited Registers Scheme for Healthcare Professions thus far, please advise on whether there are plans to include them in the Elderly Health Care Voucher Scheme; if so, the timetable and if not, the reasons.

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2015)

Reply:

Currently, the following 10 types of healthcare professionals who are registered in Hong Kong are eligible to join the Elderly Health Care Voucher (EHV) Scheme and accept payment by vouchers from eligible elders for paying for private primary healthcare services provided by them: medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359).

The Government introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end-2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. Five healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, were preliminarily assessed to meet the criteria for accreditation process under the AR Scheme. These professions have subsequently passed accreditation assessments and were granted full accreditation status. As the independent Accreditation Agent of the AR Scheme, the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

The Government will consider whether to expand the types of healthcare service providers under the EHV Scheme as and when appropriate, taking into account the needs and aspirations of voucher users, views of different stakeholders in society, and the arrangement of the relevant registration regimes, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3315)

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

Question:

Please provide the following information, broken down by primary and secondary school for each school year from 2016/2017 to 2019/2020 (if applicable):

1. the number of students attending the Student Health Service (SHS) and the percentage of the total number of students it accounted for;

2. the number and type of referrals to the Special Assessment Centres (SACs), the specialist clinics of the Department of Health and the Hospital Authority for follow-up, as well as the unit cost for handling each case;

3. the numbers of schools and students joining the Adolescent Health Programme, the numbers of school visits made and activities arranged, and the expenditure involved;

4. the actual and estimated manpower of SHS (including SACs) for the past 3 years and the coming year; and

5. the manpower and expenditure involved in relation to the Health Promoting School (HPS) Programme, and the estimated numbers of schools, teachers and students joining the programme.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 88)

Reply:

1. & 2.

The number of students attending the Student Health Service (SHS) Centres, coverage rate, referrals to Special Assessment Centres and specialist clinics with breakdown by specialties in school years 2016/2017, 2017/2018 and 2018/2019 are shown in the table below. Figures for school year 2019/2020 are not yet available.

School Year	2016/2017			2017/2018			2018/2019		
	Primary	**Secondary**	**Total**	**Primary**	**Secondary**	**Total**	**Primary**	**Secondary**	**Total**
Number of students attended Student Health Service Centres (Coverage rate)[#]	274 892 (78.9%)	141 021 (42.3%)	415 913 (61.0%)	286 039 (79.0%)	141 311 (43.3%)	427 350 (62.1%)	299 814 (80.3%)	147 023 (45.8%)	446 837 (64.4%)
Number of referrals to Special Assessment Centre*	52 442	19 195	71 637	53 507	20 445	73 952	54 873	21 230	76 103
Number of referrals by specialty including Department of Health and Hospital Authority*									
Ophthalmology	324	145	469	341	137	478	361	151	512
Ear, Nose, Throat	1 013	366	1 379	981	344	1 325	1 046	368	1 414
Paediatrics	3 486	2 322	5 808	3 627	2 256	5 883	3 790	2 359	6 149
Medicine	1	112	113	4	103	107	0	103	103
Surgery	1 800	550	2 350	1 944	594	2 538	2 035	626	2 661
Orthopaedics	688	506	1 194	717	507	1 224	726	474	1 200
Gynaecology	34	328	362	20	287	307	37	274	311
Psychiatry	445	186	631	483	191	674	451	194	645
Adolescent Medicine	5	1	6	9	5	14	5	5	10
Dermatology	570	425	995	500	343	843	504	354	858
Child Assessment Service	81	1	82	93	0	93	95	0	95
Family Medicine	5	10	15	22	16	38	11	19	30
Others	46	36	82	42	54	96	37	40	77
Total	**8 498**	**4 988**	**13 486**	**8 783**	**4 837**	**13 620**	**9 098**	**4 967**	**14 065**

Notes :

[#] According to Student Health Service data

* A student might have more than 1 referral.

The unit cost per attendance under SHS for 2016-17 to 2019-20 are as follows. Breakdown by primary and secondary school is not available:

Financial Year	Unit cost per attendance ($)
2016-17	580
2017-18	590
2018-19	755
2019-20	765

3.

For school years 2016/2017 to 2018/2019, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:

School Year	2016/2017	2017/2018	2018/2019
No. of schools	314	310	307
No. of students	66 000	66 000	64 000

Figures for school year 2019/2020 are not yet available.

During the same period, the number of school visits made and the number of activities arranged are as follows:

School Year	2016/2017	2017/2018	2018/2019
Number of school visits for programme delivery	2 400	2 400	2 300
Number of briefing/debriefing sessions with teachers/school management	5 200	5 200	5 100

The expenditure of AHP for 2016-17 to 2019-20 is as follows:

Financial Year	Amount ($ million)
2016-17 (Actual)	73.4
2017-18 (Actual)	74.2
2018-19 (Actual)	75.3
2019-20 (Revised Estimate)	80.2

4.

The approved establishment of the SHS (including Special Assessment Centres and AHP) in financial years 2017-18, 2018-19 and 2019-20 are 409, 410 and 439 respectively. The approved establishment of the SHS in 2020-21 is 439.

5.

The expenditure for implementing health promotion programmes in schools in 2018-19 and 2019-20 has been merged into the overall expenditure of SHS, no breakdown is available.

The financial provision for implementing health promotion programmes in schools for 2020-21 is $17.0 million. The manpower required for the implementation is absorbed within the existing resources.

A total of 30 schools, including 18 primary, 11 secondary and one secondary-cum-primary school participate in the pilot HPS Programme in 2019/2020 and 2020/2021 school years. The number of target teachers and students are around 1 600 and 19 600 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3318)

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

Question:

Please advise on:

1. the numbers of schools inspected by the Department of Health, and the contents and numbers of its inspections in relation to health regulations and requirements for the past 3 school years and the coming school year, with a breakdown into primary, secondary and special schools and the manpower and expenditure involved in each school year; and

2. the content and number of non-compliance cases contravening health requirements by schools identified in each school year, as well as the follow-up action taken.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.:92)

Reply:

(1) – (2)

The Department of Health (DH) provides support to the Education Bureau (EDB) in conducting inspections in accordance with the Education Ordinance (Cap. 279) and the Education Regulations (Cap. 279A) with respect to relevant health requirements for schools such as floor space requirement for students, latrine requirements, etc. From 2017 to 2019, the DH conducted a total of 3 186 inspections to schools for the purposes of new registration of schools, and alteration or extension of school premises and checking of health requirements. The total number of inspections conducted is affected by factors such as number of applications that involve new school registration, and alteration or extension of school premises, etc. The projected number of inspections to schools to be conducted in 2020 is about 1 000.

A breakdown of inspections by school type for 2017, 2018 and 2019 is as follows:

	2017	**2018**	**2019**
School Type			
Primary school	151	162	115
Secondary school	89	76	120
Special school	8	36	20
Others (kindergarten, tutorial school)	753	675	981
Total	**1 001**	**949**	**1 236**

In 2017 to 2019, there were 92 cases of irregularities identified. The DH gave health advice to the schools to rectify the irregularities and would conduct re-inspection as necessary. The DH would also refer cases to the EDB for follow-up if cases warranted. A breakdown of irregularities identified by school type for 2017, 2018 and 2019 is as follows:

	2017	**2018**	**2019**
School Type			
Primary school	17	2	0
Secondary school	7	0	1
Special school	2	0	1
Others (kindergarten, tutorial school)	50	5	7
Total	**76**	**7**	**9**

For financial year 2017-2018 and 2018-2019, 3 staff and $1.5 million were involved each year for providing support to the EDB in conducting related inspections; and for financial year 2019-20, 4 staff and $2.2 million were involved to undertake the above work. For financial year 2020-21, 4 staff and $2.3 million will be involved to undertake the above work.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)475

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3346)

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

Question:

Regarding the quantity of vaccines procured for each season from 2016/17 to 2019/20 and the expenditure involved, please provide information on the seasonal influenza vaccination for children (between the age of 6 months and less than 12 years) and the subsidy involved in the table below:

Season X/20XX				
	Government Vaccination Programme	Vaccination Subsidy Scheme	Seasonal Influenza Vaccination School Outreach (Primary Schools)	Seasonal Influenza Vaccination School Outreach - Kindergartens/ Kindergarten-cum-Child Care Centres/Child Care Centres (Pilot)
No. of recipients				
Unit cost for each child receiving vaccination				
Amount of subsidy per dose				
No. of participating schools (if applicable)				
No. of enrolled doctors (if applicable)				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 118)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through the DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

The quantities of seasonal influenza (SI) vaccines that the Government procured in the past 4 seasons and the contract amount are set out below –

Season	**Number of doses**	**Amount ($ million)**
2016/17 (actual)	430 000	23.3
2017/18 (actual)	527 000	28.0
2018/19 (actual)	654 000	30.1
2019/20 (estimate)	837 700	42.3

The relevant statistics on the children receiving SIV under the aforesaid programmes/schemes in the past 4 seasons are detailed below –

2016/17				
	GVP	**VSS**	**SIVSOP - Primary Schools**	**SIVSOP – KGs/CCCs (Pilot)**
No. of recipients	1 600	110 600	The programme was launched in 2018/19 season.	The programme was launched in 2019/20 season.
Amount of subsidy per dose	Not applicable	$190		
No. of participating schools (if applicable)		Not applicable		
No. of enrolled doctors (as at 31 March 2017)		1 579		
No. of enrolled doctors claiming the subsidy		1 303		
Total amount of subsidy granted		$25.9 million		

2017/18				
	GVP	**VSS**	**SIVSOP - Primary Schools**	**SIVSOP – KGs/CCCs (Pilot)**
No. of recipients	1 900	149 500	The programme was launched in 2018/19 season.	The programme was launched in 2019/20 season.
Amount of subsidy per dose	Not applicable	$190		
No. of participating schools (if applicable)		Not applicable		
No. of enrolled doctors (as at 31 March 2018)		1 482		
No. of enrolled doctors claiming the subsidy		1 322		
Total amount of subsidy granted		$35.5 million		

2018/19					
	GVP	**VSS**	**Enhanced VSS Outreach Vaccination#**	**SIVSOP - Primary Schools**	**SIVSOP – KGs/CCCs (Pilot)**
No. of recipients	1 000	125 700	81 200	100 300	The programme was launched in 2019/20 season.
Amount of subsidy per dose	Not applicable	$210	$250	$70	

2018/19					
	GVP	**VSS**	**Enhanced VSS Outreach Vaccination#**	**SIVSOP - Primary Schools**	**SIVSOP – KGs/CCCs (Pilot)**
No. of participating schools (if applicable)		Not applicable	355	221	
No. of enrolled doctors (as at 31 March 2019)		1 556	115	66	
No. of enrolled doctors claiming the subsidy		1 347	46	66	
Total amount of subsidy granted		$33.9 million	$24.6 million	$7 million	

The Enhanced VSS Outreach Vaccination was implemented in 2018/19 season only.

2019/20 (as at 1 March 2020)				
	GVP	**VSS**	**SIVSOP - Primary Schools**	**SIVSOP – KGs/CCCs (Pilot)**
No. of recipients	400	121 800	195 400	76 300
Amount of subsidy per dose	Not applicable	$210	$100	$260
No. of participating schools (if applicable)		Not applicable	430	701
No. of enrolled doctors (as at 1 March 2020)		1 535	63	62
No. of enrolled doctors claiming the subsidy		1 322	63	62
Total amount of subsidy granted		$30.4 million	$21.4 million	$25.9 million

As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

The GVP and the VSS provide SIV to other target groups, in addition to children aged between 6 months and under 12. Apart from the expenses mentioned above, other costs such as manpower, publicity and other administrative costs are also involved in the implementation of the above programmes/schemes. Thus, the unit cost for each child for receiving free or subsidised SIV under each of the above programmes/schemes cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3347)

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

Question:

1. What are the respective numbers of students who have received vaccination under the three programmes/schemes below in each of the year from 2016/17 to 2019/20?

   (1) Government Vaccination Programme

   (with a breakdown of students receiving influenza vaccination by maternal and child health centre and student health service centre of the Department of Health (DH).)

   (2) Vaccination Subsidy Scheme

   (with a breakdown of students receiving vaccination by location: kindergarten, kindergarten-cum-child care centre, child care centre, primary school and private clinic, non-government organisation, ward office of district council member as well as the subsidy involved.)

   (3) Seasonal Influenza Vaccination Outreach Programme (SIVOP)

   (with a breakdown of the participating kindergartens, kindergarten-cum-child care centres, child care centres and primary schools with subsidy, broken down by the number of student receiving vaccination and the subsidy involved.)

2. Were non-local children, holders of two-way exit permits or "going-out passes", who went to primary schools, kindergartens, kindergarten-cum-child care centres and child care centres, eligible for the three programmes/schemes mentioned above? If yes, what were their respective numbers of participation in the programmes/schemes each year? How many of them had not received subsidy for vaccination and what were the reasons?

3. What were the respective numbers of school-attending students aged 12 or above who had received subsidy for vaccination under the programmes/schemes each year? Were student planners still needed for verification for student vaccinated at school?

4. In the same season, what were the respective numbers of repeated vaccinations under the same programme/schemes, repeated vaccinations under different programmes/schemes and cancellations of remaining vaccination sessions on being found to have participated in two programmes/schemes? Are there any measures in place to avoid these situations?

5. What were the respective percentages of students vaccinated in the age groups to which they belong in each season?

6. Will the Government consider integrating the programmes/schemes so that students can receive vaccinations centrally in school?

7. How many schools and students have joined the SIVOP upon its normalisation? What is the percentage of such schools in the total number of schools? What is the unit cost per student?

8. How many schools have not taken part in the programmes/schemes? What are the reasons?

9. What are the quantity of vaccines procured and the vaccine wastage in each season? What is the unit cost per dose?

10. Has provision been earmarked in the coming year to regularise the outreach vaccination arrangements that cover kindergartens/kindergarten-cum-child care centres/child care centres?

11. What were the numbers of primary schools and kindergartens/kindergarten-cum-child care centres/child care centres visited by the inoculation teams of the DH and the number of students vaccinated in each season?

12. Will the Government consider launching e-procedures and e-record for vaccination to skip the procedures and spare the resources on printing and issuing notices, repeated data entry, keeping record cards dedicated for influenza vaccination and stamping related documents? If so, what are the details? If not, what are the reasons?

13. The DH has procured 2 000 doses of nasal influenza vaccines this year for use in kindergartens and primary schools on a trial basis. Please list the respective numbers of participating kindergartens and primary schools, with a breakdown of the number of students receiving the vaccination, the cost of the vaccines and the unit cost.

14. Will the Government consider allowing schools joining the SIVOP to choose between injection or the nasal spray vaccine in the future? If so, what are the details? If not, what are the reasons?

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 119)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

1(1) The number of seasonal influenza (SI) vaccines administered to eligible children by Maternal and Child Health Centres (MCHCs) and Student Health Service Centres (SHSCs) in the past 4 seasons are as follows –

Season	**Number of doses administered to children by MCHCs**	**Number of doses administered to children by SHSCs**
2016/17	1 569	359
2017/18	2 083	525
2018/19	1 131	122
2019/20 (as at 1 March 2020)	491	24

(2) and (3)

The number of recipients and the amount of subsidy involved in SIV to children under the aforesaid SIV programmes/schemes in the past 4 seasons are as follows –

Target group	**Vaccination programme / scheme**	**2016/17**		**2017/18**	
		No. of recipients	**Subsidy claimed** ($ million)	**No. of recipients**	**Subsidy claimed** ($ million)
Children aged	GVP	1 600	Not applicable	1 900	Not applicable

Target group	Vaccination programme / scheme	2016/17		2017/18	
		No. of recipients	Subsidy claimed ($ million)	No. of recipients	Subsidy claimed ($ million)
between 6 months and under 12	VSS	110 600	25.9	149 500	35.5
	Pilot Programme / SIVSOP	Not applicable	Not applicable	Not applicable	Not applicable

Target group	Vaccination programme / scheme	2018/19		2019/20 (as at 1 March 2020)	
		No. of recipients	Subsidy claimed ($ million)	No. of recipients	Subsidy claimed ($ million)
Children aged between 6 months and under 12	GVP	1 000	Not applicable	400	Not applicable
	VSS	206 900	58.5	121 800	30.4
	Pilot Programme / SIVSOP	100 300	7.0	271 700	47.3

As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

2. All students of participating primary schools and KGs/CCCs are eligible for free SIV under the SIVSOP or subsidised SIV under the VSS School Outreach (Extra-charge-allowed) Programme, regardless of their Hong Kong resident status. Under the VSS, individual students aged between 6 months and under 12 who attend private doctors' clinics for SIV are eligible for subsidised SIV upon production of identity proof of Hong Kong resident status. The DH does not keep statistics on non-local children holding two-way exit permits or "going-out passes" who have received SIV under the SIVSOP or the VSS School Outreach (Extra Charge Allowed) Programme.

3. All students of participating primary schools are eligible for free SIV under the SIVSOP or subsidised SIV under the VSS School Outreach (Extra-charge-allowed) Programme, regardless of their age. Under the VSS, those primary school students aged 12 or above who private doctors' clinics for SIV are eligible for subsidised SIV upon production of identity proof of Hong Kong resident status and primary student status. The DH does not keep statistics on the number of primary school students aged 12 or above who have received subsidy for vaccination under the abovementioned programmes/schemes.

4. The vaccination records of recipients who receive SIV through various Government programmes are stored in electronic format. However, the electronic records do not cover those who opt to receive SIV at private doctors at their own expense. Parents are required to provide the vaccination history of their children every year so that the information can be checked against the electronic records before administration of vaccines.

5. The coverage of SIV among children aged between 6 months and under 12 during the period from 2016/17 season to 2019/20 season (as at 1 March 2020) were 17.4%, 23%, 45.8% and 57.7% respectively.

6. While the majority of primary school and KG/CCC students received SIV under the SIVOP, various programmes/schemes in different settings could offer flexibility to parents and students, thus helping to enhance the uptake rate of these students.

7-8. As at 1 March 2020, a total of 430 primary schools and 701 KGs/CCCs joined the SIVSOP. Moreover, 114 primary schools and 55 KGs/CCCs joined the VSS School Outreach (Extra Charge Allowed) Programme. Overall speaking, about 80% primary schools and 69% KGs/CCCs in Hong Kong joined the abovementioned 2 programmes in the 2019/20 season.

The reasons for schools not joining the programmes include tight school schedule, insufficient school space and manpower.

9. The quantities of SI vaccines procured by the Government, the contract amount, and the number of vaccines disposed in the past 4 seasons are set out below –

Season	Number of doses	Amount ($ million)	Number of doses disposed
2016/17 (Actual)	430 000	23.3	10 000
2017/18 (Actual)	527 000	28.0	45 000
2018/19 (Actual)	654 000	30.1	41 000
2019/20 (Estimate)	837 700	42.3	Not available yet

10. The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the estimated expenditure involved, in providing outreach vaccination service in the next season. The DH will announce the details in due course.

11. Under the SIVSOP, the DH's vaccination team administered SIV to 1 842 students in 18 primary schools and 888 students in 24 KGs/CCCs.

12. The SIV records are in the electronic format. The particulars of children, once vaccinated, are already stored electronically and inputs of children's information are not required every year.

13. In 2019/2020 season, the DH provided live attenuated influenza vaccine (LAIV) to 611 students in 11 primary schools and 523 students in 10 KGs/CCCs. The number of students received LAIV in each participating school ranged from 2 to 260, depending on the size of the schools and the number of students consented for vaccination. The DH procured 2 000 doses of LAIV at a total cost of $0.38 million.

14. The DH has conducted an evaluation of the trial use of LAIV for children. The trial results will be discussed by the Scientific Committee of Vaccine Preventable Diseases under the DH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3348)

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

Question:

1. Regarding the inoculation teams under the Department of Health (DH), please advise on their actual and estimated establishment in 2019 and in the coming year respectively, with a breakdown of the expenditure involved.

2. Concerning the existing Childhood Immunisation Programme, please advise on the actual and estimated numbers of schools visited and students vaccinated by DH's inoculation teams in each school year, with a breakdown into Primary One, Primary Five and Primary Six students vaccinated under the programme.

3. Please advise on the number of schools where vaccination is provided, and the number of students receiving vaccination in each school year.

4. Regarding the Human Papillomavirus (HPV) vaccination for girl students in Primary Five and Primary Six, please set out the actual and estimated numbers of schools and students covered, the funding allocated and the unit cost for each participating student in each school year and in the coming year.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 120)

Reply:

(1) – (3)

Under the Hong Kong Childhood Immunisation Programme (HKCIP), the School Immunisation Teams (SIT) of the DH provides "Measles, Mumps and Rubella vaccine" (MMR)/"Measles, mumps, rubella and varicella vaccine" (MMRV) and "Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine" to all Primary 1 students, and "Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus vaccine" to all Primary 6 students. The SIT also provides mop-up vaccination for MMR and hepatitis B vaccines for a small number of Primary 6 students who have not completed the vaccination. Starting from the 2019/2020 school year, the SIT also provides the first dose of human papillomavirus (HPV) vaccination to eligible Primary 5 female students, and the second dose when the girls reach Primary 6 in the following school year. In 2019-20, the

staff establishment of the SIT is 68 and the total annual recurrent cost of these posts is $24.1 million.

The number of primary schools and students covered by the SIT in the last 3 school years is shown in the following table –

School year#	Number of schools	Number of students covered	Number of vaccine doses administered
2017/2018	640	122 227	175 623
2018/2019	650	125 861	202 893
2019/2020 (as at 1 March 2020)	584	110 939	139 961

From September of a year to August of the following year

(4)

The DH has launched the HPV vaccination programme for Primary 5 and 6 school girls as part of the HKCIP in the 2019/2020 school year, with an interim target of 70% coverage for completion of two doses of HPV vaccination among the first cohort. The programme has been ongoing so no information is available at present. In 2020-21, the provision for the HPV vaccination programme is $86.8 million.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)478

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3423)

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

Question:

Please provide the following information, broken down by primary and secondary school for each school year from 2016/2017 to 2019/2020 (if applicable):

1. the number of students attending the Student Health Service (SHS) and the percentage of the total number of students it accounted for;

2. the number and type of referrals to the Special Assessment Centres (SACs), the specialist clinics of the Department of Health and the Hospital Authority for follow-up, as well as the unit cost for handling each case;

3. the numbers of schools and students joining the Adolescent Health Programme, the numbers of school visits made and activities arranged, and the expenditure involved; and

4. the actual and estimated manpower of SHS (including SACs) for the past 3 years and the coming year.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 174)

Reply:

1. & 2.

The number of students attending the Student Health Service Centres, coverage rate, referrals to Special Assessment Centres and specialist clinics with breakdown by specialties in school years 2016/2017, 2017/2018 and 2018/2019 are shown in the table below. Figures for school year 2019/2020 are not yet available.

School Year	2016/2017			2017/2018			2018/2019		
	Primary	**Secondary**	**Total**	**Primary**	**Secondary**	**Total**	**Primary**	**Secondary**	**Total**
Number of students attended Student Health Service Centres (Coverage rate)[#]	274 892 (78.9%)	141 021 (42.3%)	415 913 (61.0%)	286 039 (79.0%)	141 311 (43.3%)	427 350 (62.1%)	299 814 (80.3%)	147 023 (45.8%)	446 837 (64.4%)
Number of referrals to Special Assessment Centre*	52 442	19 195	71 637	53 507	20 445	73 952	54 873	21 230	76 103
Number of referrals by specialty including Department of Health and Hospital Authority*									
Ophthalmology	324	145	469	341	137	478	361	151	512
Ear, Nose, Throat	1 013	366	1 379	981	344	1 325	1 046	368	1 414
Paediatrics	3 486	2 322	5 808	3 627	2 256	5 883	3 790	2 359	6 149
Medicine	1	112	113	4	103	107	0	103	103
Surgery	1 800	550	2 350	1 944	594	2 538	2 035	626	2 661
Orthopaedics	688	506	1 194	717	507	1 224	726	474	1 200
Gynaecology	34	328	362	20	287	307	37	274	311
Psychiatry	445	186	631	483	191	674	451	194	645
Adolescent Medicine	5	1	6	9	5	14	5	5	10
Dermatology	570	425	995	500	343	843	504	354	858
Child Assessment Service	81	1	82	93	0	93	95	0	95
Family Medicine	5	10	15	22	16	38	11	19	30
Others	46	36	82	42	54	96	37	40	77
Total	**8 498**	**4 988**	**13 486**	**8 783**	**4 837**	**13 620**	**9 098**	**4 967**	**14 065**

Notes :

[#] According to Student Health Service data

* A student might have more than 1 referral

The unit cost per attendance under Student Health Service for 2016-17 to 2019-20 are as follows. Breakdown by primary and secondary school is not available:

Financial Year	Unit cost per attendance ($)
2016-17	580
2017-18	590
2018-19	755
2019-20	765

3.

For school years 2016/2017 to 2018/2019, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:

School Year	2016/2017	2017/2018	2018/2019
No. of schools	314	310	307
No. of students	66 000	66 000	64 000

Figures for school year 2019/2020 are not yet available.

During the same period, the number of school visits made and the number of activities arranged are as follows:

School Year	2016/2017	2017/2018	2018/2019
Number of school visits for programme delivery	2 400	2 400	2 300
Number of briefing/debriefing sessions with teachers/school management	5 200	5 200	5 100

The expenditure of AHP for 2016-17 to 2019-20 is as follows:

Financial Year	Amount ($ million)
2016-17 (Actual)	73.4
2017-18 (Actual)	74.2
2018-19 (Actual)	75.3
2019-20 (Revised Estimate)	80.2

4.

The approved establishment of the SHS (including Special Assessment Centres and AHP) in financial years 2017-18, 2018-19 and 2019-20 are 409, 410 and 439 respectively. The approved establishment of the SHS in 2020-21 is 439.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3425)

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

Question:

Since the provision of subsidised influenza vaccination for children between the age of 6 months and less than 12 years by the Government, please provide the following information:

1. What are the respective numbers of students who received seasonal influenza vaccination in the Maternal and Child Health Centres and the Student Health Service Centres of the Department of Health (DH) and subvented clinics in each quarter, as well as the percentages of students vaccinated among the respective age groups?

2. What are the quantity of vaccines procured in each quarter and the unit cost per dose?

3. What are the percentages of students vaccinated among the respective age groups in each quarter?

4. Under the existing Childhood Immunisation Programme, the DH sends immunisation teams to schools to provide vaccination for primary one and primary six students. What are the actual and estimated numbers of participating schools and students as well as the staff establishment and recurrent expenditure involved in each school year?

5. How many schools are provided with vaccination services and how many students have received vaccination in each school year? Since the Government has announced that the School Outreach Vaccination Pilot Programme (the Pilot Programme) of the DH will be regularised and extended to cover kindergartens and child care centres, what are the anticipated numbers of on-site service quotas to be provided for primary schools, kindergartens and child care centres upon regularisation?

6. Is it necessary to increase the manpower to meet the demand from, among other things, the additional provision of human papilloma virus (HPV) vaccination service for female students and the regularisation of the Pilot Programme of the DH in the next school year? If yes, what are the details as well as the estimated manpower and expenditure involved? If not, what are the reasons?

7. Whether the government will provide the option of nasal influenza vaccine, if it is proven to be effective, so that it is more acceptable and comfortable to both schools and parents? If yes, what are the details; if not, what are the reasons?

8. Will the Government consider engaging other qualified healthcare and allied healthcare workers, such as nurses and pharmacists to participate in the Programme? If yes, what are the details? If not, what are the reasons?

9. Will the Government study the vaccination application and record by electronic means so that parents are not required to fill in the application form and teachers do not have to repeat data entry every year? If yes, what are the details; if not, what are the reasons?

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 176)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KG/CCCs) as a pilot programme.

1. The number of seasonal influenza (SI) vaccines administered to eligible children by Maternal and Child Health Centres (MCHCs) and Student Health Service Centres (SHSCs) in the past 3 seasons are as follows –

Season	**Number of doses administered to children by MCHCs**	**Number of doses administered to children by SHSCs**

2017/18	2 083	525
2018/19	1 131	122
2019/20 (as at 1 March 2020)	491	24

2. The following figures are the quantities of SI vaccines procured by the Government and the contract amount in the past 3 seasons -

Season	Number of doses	Amount ($ million)
2017/18	527 000	28.0
2018/19	654 000	30.1
2019/20	837 700	42.3

3. The number of children who received SIV under the GVP, the VSS and the SIVSOP and the percentage of population in the age group in the past 3 seasons are detailed at **Annex**. As some children may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.

4. Under the Hong Kong Childhood Immunisation Programme (HKCIP), the School Immunisation Teams (SIT) of the DH provides "Measles, Mumps and Rubella vaccine" (MMR)/"Measles, mumps, rubella and varicella vaccine" (MMRV) and "Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine" to all Primary 1 students, and "Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus vaccine" to all Primary 6 students. The SIT also provides mop-up vaccination for MMR and hepatitis B vaccines for a small number of Primary 6 students who have not completed the vaccination. Starting from the 2019/2020 school year, the SIT also provides the first dose of human papillomavirus (HPV) vaccination to eligible Primary 5 female students and the second dose when the girls reach Primary 6 in the following school year.

The number of primary schools and students covered by the SIT in the past 3 school years is shown in the following table –

School year#	Number of schools	Number of students covered	Number of vaccine doses administered
2017/2018	640	122 227	175 623
2018/2019	650	125 861	202 893
2019/2020 (as at 1 March 2020)	584	110 939	139 961

From September of a year to August of the following year

In 2019-20, the staff establishment of the SIT is 68 and the total annual recurrent cost of these posts is $24.1 million.

5. In 2019/20 season, the DH has regularised the Pilot Programme and launched the SIVSOP to cover more primary schools and extend the coverage to KG/CCCs as a pilot programme. As at 1 March 2020, a total of 430 primary schools and 701

KG/CCCs joined the SIVSOP, with a total of 271 700 students receiving SIV in 2019/20 season. There is no service quota on the number of schools under the SIVSOP.

6. In 2020-21, the provision for the HPV vaccination programme is $86.8 million. A total of 8 civil service posts will be involved in the work.
As for SIV, the additional provision for measures to improve uptake rate is $211.1 million. A total of 73 civil service posts is involved in the work.

7. The DH has conducted an evaluation of the trial use of live attenuated influenza vaccine for children. The trial results will be discussed by the Scientific Committee of Vaccine Preventable Diseases under the DH.

8. Under the Pharmacy and Poisons Ordinance (Cap. 138), influenza vaccines are prescription drugs and must be prescribed by a registered medical practitioner before they can be vaccinated. It is the responsibility of the physician to ensure the safety and quality of the vaccination, and (a) to ensure that there are sufficient qualified and trained medical personnel to provide medical services; (b) to supervise those personnel who have been trained; and (c) to retain personal responsibility for the vaccination.

9. The vaccination records of recipients who receive SIV through various government programmes/schemes are stored in electronic format. The DH will regularly review and streamline the arrangements of different vaccination programmes/schemes.

Annex

Number of children aged between 6 months and under 12 who

received SIV under the GVP, the VSS and the Pilot Programme/SIVSOP in the past 3 seasons

Target groups	Vaccination programme/ scheme	2017/18		2018/19		2019/20 (as at 1 March 2020)	
		No. of recipients#	Percentage of population in the age group	No. of recipients#	Percentage of population in the age group	No. of recipients#	Percentage of population in the age group
Children aged between 6 months and under 12	GVP	1 900	23%	1 000	45.8%	400	57.7%
	VSS	149 500		206 900		121 800	
	Pilot Programme/ SIVSOP	Not applicable		100 300		271 700	

Children aged below 9 who have never received SIV before would require two doses of vaccines.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3446)

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

Question:

1. What is the quantity of vaccines procured for each season from 2016/17 to 2019/20 and the expenditure involved?

2. Please provide information on the seasonal influenza vaccination for children (between the age of 6 months and less than 12 years) and the subsidy involved in the table below:

	2016/17	2017/18	2018/19	2019/20
	A. Government Vaccination Programme			
No. of recipients				
Unit cost for each child receiving vaccination				
	B. Vaccination Subsidy Scheme			
Amount of subsidy per dose				
No. of recipients				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				
Unit cost for each child receiving vaccination				

	2016/17	2017/18	2018/19	2019/20
	C. Vaccination Subsidy Scheme Outreach Vaccination/ Enhanced Vaccination Subsidy Scheme Outreach Vaccination			
Amount of subsidy per dose				
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				
Unit cost for each child receiving vaccination				

	2016/17	2017/18	2018/19	2019/20
	D1. School Outreach Vaccination Pilot Programme			
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
Unit cost for each child receiving vaccination				

	2016/17	2017/18	2018/19	2019/20
	D2. Vaccination Subsidy Scheme Outreach Vaccination/ Enhanced Vaccination Subsidy Scheme Outreach Vaccination			
Amount of subsidy per dose				
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy				

	2016/17	2017/18	2018/19	2019/20
	D2. Vaccination Subsidy Scheme Outreach Vaccination/ Enhanced Vaccination Subsidy Scheme Outreach Vaccination			
granted				
Unit cost for each child receiving vaccination				

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 197)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through the DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership (PPP). Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KG/CCCs) as a pilot programme.

(1) The quantities of seasonal influenza (SI) vaccines that the Government procured in the past 4 seasons and the contract amount are set out below –

Season	**Number of doses**	**Amount ($ million)**
2016/17	430 000	23.3
2017/18	527 000	28.0
2018/19	654 000	30.1
2019/20	837 700	42.3

(2) The relevant statistics on the children receiving SIV under the aforesaid programmes/schemes in the past 4 seasons are detailed below –

	2016/17	**2017/18**	**2018/19**	**2019/20 (as at 1 March 2020)**
I. GVP				
No. of children recipients	1 600	1 900	1 000	400
II. VSS (Excluding Enhanced VSS Outreach Vaccination)				
Subsidy per dose of SI vaccine	$190	$190	$210	$210
No. of children recipients	110 600	149 500	125 700	121 800
No. of enrolled doctors providing service to children	1 579 (as at 31 March 2017)	1 482 (as at 31 March 2018)	1 556 (as at 31 March 2019)	1 535 (as at 1 March 2020)
No. of enrolled doctors who claimed subsidy reimbursement	1 303	1 322	1 347	1 322
Total amount of subsidy reimbursement claimed	$25.9 million	$35.5 million	$33.9 million	$30.4 million
III. Enhanced VSS Outreach Vaccination				
Subsidy per dose of SIV	The Enhanced VSS Outreach Vaccination was launched in 2018/19 season.		$250	Not applicable^
No. of children recipients			81 200	Not applicable^
No. of participating primary schools / kindergartens / child care centres			355	Not applicable^
No. of enrolled doctors providing outreach service to school children			115	Not applicable^
No. of enrolled doctors who claimed subsidy reimbursements			46	Not applicable^
Total amount of subsidy reimbursement claimed			$24.6 million	Not applicable^

	2016/17	2017/18	2018/19	2019/20 (as at 1 March 2020)
IV. Pilot Programme / SIVSOP - Primary Schools				
Subsidy per dose of SIV *	The Pilot Programme was launched in 2018/19 season and has been regularised in 2019/20 season.		$70	$100
No. of children recipients			100 300	195 400
No. of participating primary schools			221	430
No. of enrolled doctors			66	63
Total amount of subsidy reimbursement claimed			$7 million	$21.4 million
V. SIVSOP - KG/CCCs (Pilot)				
Subsidy per dose of SIV #	The SIVSOP - KG/CCCs (Pilot) was launched in 2019/20 season.			$260
No. of children recipients				76 300
No. of participating KG/CCC				701
No. of enrolled doctors				62
Total amount of subsidy reimbursement claimed				$25.9 million

^ The Enhanced VSS Outreach Vaccination was implemented in 2018/19 season only.

* All vaccines under the Pilot Programme/the SIVSOP - Primary Schools (including the DH mode and PPP mode) are provided by the Government. Doctors participating in the PPP mode will be given subsidy for doses they have administered under the programme.

\# Vaccines under the PPP mode of SIVSOP - KG/CCCs (Pilot) are provided by participating doctors who will be given subsidies for doses they have administered.

As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

The GVP and the VSS provide SIV to other target groups, in addition to children aged between 6 months and under 12. Apart from the expenses mentioned above, other costs such as manpower, publicity and other administrative costs, are also involved in the implementation of the above programmes/schemes. Thus, the unit cost for each child for receiving free or subsidised SIV under each of the above programmes/schemes cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3451)

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

Question:

Regarding the school years from 2017/2018 to 2020/2021, please provide the following information:

1. the actual and estimated staff establishment and expenditure in relation to the School Dental Care Service (SDCS) in each school year;

2. the number of students attending the SDCS and their percentage in the total number of students in each school year;

3. the numbers of students suffering from tooth decay and periodontal disease and the percentages they accounted for in each school year;

4. the numbers of students receiving various types of treatments and the percentages they accounted for in each school year; and

5. whether there are plans to extend the SDCS to cover kindergartens/child care centres and secondary schools; if so, the details and if not, the reasons for that.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 203)

Reply:

1. The School Dental Care Service (SDCS) of the Department of Health (DH) promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong.

   The annual expenditure of the SDCS in financial years 2017-18, 2018-19 and the revised estimate for 2019-20 are as follows:-

Financial Year	Annual Expenditure ($ million)
2017-18 (Actual)	260.1
2018-19 (Actual)	269.8
2019-20 (Revised estimate)	273.9

The financial provision of the SDCS for 2020-21 is $ 291.9 million.

The approved establishment of SDCS in the financial years of 2017-18, 2018-19, 2019-20 and 2020-21 are 430, 430, 428 and 428 respectively.

2. The number and participation rate of school children joining the SDCS in 2017, 2018, 2019 and 2020 are as follows:

	2017	2018	2019	2020 (Estimate)
No. of school children	336 500	349 300	359 300	359 500
Participation rate (%)	97	96	96	> 90

3. School children participating in the SDCS will receive annual dental check-up at designated school dental clinics. Follow up appointments will be given to those who require further necessary dental treatments. In 2017-18 and 2018-19 service years, about 38% of the participating students attending annual check-up were found to have dental caries while periodontal disease was not common. Our aim is to improve their oral health and prevent dental disease through promotion and preventive efforts.

4. The number and percentage of relevant treatment items in different categories of dental treatment are as follows:

Categories of Dental Treatment	Service Year			
	2017-18		2018-19	
	No. of treatment items	Percentage of treatment items	No. of treatment items	Percentage of treatment items
Preventive Treatment*	1 327 960	82.2%	1 356 026	82.2%
Restorative Treatment	262 610	16.3%	268 855	16.3%
Miscellaneous (e.g. dental extraction)	24 720	1.5%	25 220	1.5%

* Preventive treatments mainly include individual oral health care instruction, scaling and prophylaxis, application of topical fluoride and fissure sealant.

Information for the current 2019-20 service year and for the next 2020-21 service year is not yet available.

5. The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits.

DH has been allocating resources primarily to promotion and preventive efforts. The SDCS encourages primary six students to continue to receive regular dental check-up from private dentists for oral health maintenance after ending of the SDCS. The Oral Health Education Division (OHED) under DH has launched various educational and promotional programmes specifically for different age groups having regard to their dental care needs. At present, the OHED administers a "Brighter Smiles for the New Generation" Programme to help children in kindergartens and nurseries establish good tooth brushing and smart diet habits. "Brighter Smiles Playland" is also specifically designed for 4-year-old children to help them learn good oral care habits through interactive games and activities. Besides, to help secondary school students pay constant attention to oral health, OHED launched a school-based oral health promotion programme named "Teens Teeth" since 2005 which adopts a peer-led approach in promoting oral health to secondary students. In addition, an annual "Love Teeth Campaign" has been implemented since 2003 to promote oral health to the Hong Kong population including secondary school students.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3452)

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

Question:

Please provide the following information for the past 3 school years and the coming school year, with a breakdown into primary, secondary and special schools:

1. the administration of laws and regulations on school safety and health by the Department of Health (DH);

2. the actual and estimated numbers of schools inspected and inspections conducted by DH in each school year;

3. the manpower and expenditure involved in each school year; and

4. the contents and numbers of non-compliance cases with health requirements by schools identified in each school year, as well as the follow-up action taken.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.:204)

Reply:

(1) – (4)

The Department of Health (DH) provides support to the Education Bureau (EDB) in conducting inspections in accordance with the Education Ordinance (Cap. 279) and the Education Regulations (Cap. 279A) with respect to relevant health requirements for schools such as floor space requirement for students, latrine requirements, etc. From 2017 to 2019, the DH conducted a total of 3 186 inspections to schools for the purposes of new registration of schools, and alteration or extension of school premises and checking of health requirements. The total number of inspections conducted is affected by factors such as number of applications that involve new school registration, and alteration or extension of school premises, etc. The projected number of inspections to schools to be conducted in 2020 is about 1 000.

A breakdown of inspections by school type for 2017, 2018 and 2019 is as follows:

	2017	**2018**	**2019**
School Type			
Primary school	151	162	115
Secondary school	89	76	120
Special school	8	36	20
Others (kindergarten, tutorial school)	753	675	981
Total	**1 001**	**949**	**1 236**

In 2017 to 2019, there were 92 cases of irregularities identified. The DH gave health advice to the schools to rectify the irregularities and would conduct re-inspection as necessary. The DH would also refer cases to the EDB for follow-up if cases warranted. A breakdown of irregularities identified by school type for 2017, 2018 and 2019 is as follows:

	2017	**2018**	**2019**
School Type			
Primary school	17	2	0
Secondary school	7	0	1
Special school	2	0	1
Others (kindergarten, tutorial school)	50	5	7
Total	**76**	**7**	**9**

For financial year 2017-2018 and 2018-2019, 3 staff and $1.5 million were involved each year for providing support to the EDB in conducting related inspections; and for financial year 2019-20, 4 staff and $2.2 million were involved to undertake the above work. For financial year 2020-21, 4 staff and $2.3 million will be involved to undertake the above work.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3463)

Head: (37) Department of Health

Subhead (No. & title): ()

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health Promoting School Programme introduced in 2019, please provide the following information since its implementation:

1. the annual number of schools benefiting from the programme and the ratio between the participating secondary and primary schools;

2. the content of the programme; and

3. the staff establishment and expenditure involved.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 215)

Reply:

Based on the recommendations of the Working Group on Health Promoting School which was set up in May 2018, the Department of Health (DH) has devised a 3-year work plan in collaboration with key stakeholders for implementing the World Health Organization's Health Promoting School (HPS) framework in primary and secondary schools in Hong Kong. The work tasks include (i) promulgating the concept of HPS to all primary and secondary schools in Hong Kong; (ii) building up the capacity in schools including training for staff; (iii) enrolling 30 schools to participate in a pilot project in 2019/2020 and 2020/2021 school years under the HPS framework; (iv) conducting a school survey to decipher the difficulties school encountered in promoting health and facilitating factors for adopting the HPS framework; and (v) implementing, monitoring and evaluating the programme by the end of the third year with a view to making it a sustainable long term programme.

In June 2019, the DH invited 30 schools (including 18 primary schools, 11 secondary schools and 1 secondary-cum-primary school) to participate in the pilot HPS Programme in 2019/2020 and 2020/2021 school years.

The DH developed a set of guidelines and a checklist to assist the participating schools to review and assess the health promotion measures in place in a systematic manner, and help the schools to set priorities according to their specific circumstances and students' health needs, as well as develop school-based strategies and action plans on health development. The DH has been providing professional support through school visits, workshops and information sharing to help these schools to gradually become a health promoting school.

The financial provision for implementing health promotion programmes in schools for 2020-21 is $17.0 million. The manpower required for the implementation will be absorbed within the existing resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3464)

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

Question:

Please advise on:

1. the number of children who received child assessment services from 2015/16 to 2019/20 by age and type of developmental problem;

2. whether the targets in respect of the appointment time for new cases in child assessment centres (CACs) within 3 weeks and the completion time for assessment of new cases in CACs within 6 months can be achieved at present; if so, the details and if not, the reasons for that; and

3. the actual and estimated staff establishment, the salary points and the turnover rates of various staff of CACs from 2015/16 to 2019/20.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 216)

Reply:

1. The number of children assessed by the Child Assessment Service (CAS) of the Department of Health (DH) in 2015, 2016, 2017, 2018 and 2019 is set out in the table below-

	2015	**2016**	**2017**	**2018**	**2019 (provisional figure)**
Number of children assessed by CAS	15 958	15 395	15 589	17 020	16 946

The number of newly diagnosed cases of developmental conditions in the CAS in 2015, 2016, 2017, 2018 and 2019 are set out in the below table. The breakdown by age is not readily available.

Developmental conditions	Number of newly diagnosed cases				
	2015	**2016**	**2017**	**2018**	**2019 (provisional figures)**
Attention/Hyperactive Problems / Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems / Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay / Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay / Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

2. In the past 5 years, nearly all new cases of the CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in the past 5 years were below the target rate of 90%. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

3. The approved establishment in the CAS from 2015-16 to 2019-20 and the respective monthly mid-point salary of the individual rank are as follows-

Rank	Monthly mid-point salary	2015-16	2016-17	2017-18	2018-19	2019-20
Consultant	$190,300	1	1	1	1	1
Senior Medical and Health Officer	$126,220	8	9	9	10	10
Medical and Health Officer	$97,745	12	14	14	14	14
Senior Nursing Officer	$82,105	1	1	1	1	2
Nursing Officer	$64,270	8	9	9	9	11
Registered Nurse	$40,515	18	20	20	20	27
Scientific Officer (Medical)	$82,105	5	5	5	5	5
Senior Clinical Psychologist	$126,220	1	1	2	2	2
Clinical Psychologist	$82,105	20	22	20*	20*	20*
Speech Therapist	$53,500	12	13	13	13	16
Optometrist	$38,595	2	2	2	2	2
Senior Occupational Therapist	$82,105	0	0	0	0	1
Occupational Therapist I	$61,415	7	8	8	8	8
Senior Physiotherapist	$82,105	0	0	0	0	1
Physiotherapist I	$61,415	5	6	6	6	6
Hospital Administrator II	$42,545	1	1	1	1	1
Electrical Technician	$38,595	2	2	1	1	1
Senior Executive Officer	$93,710	0	0	1	1	1
Executive Officer I	$67,295	1	1	0	0	0
Executive Officer II	$44,555	0	0	1	1	1
Clerical Officer	$38,595	1	1	1	1	1
Assistant Clerical Officer	$24,070	10	11	11	11	15
Clerical Assistant	$18,795	17	19	20	20	23
Office Assistant	$16,565	2	2	1	1	1
Personal Secretary I	$38,595	1	1	1	1	1
Workman II	$14,945	10	12	12	12	12
Total:		**145**	**161**	**160**	**161**	**183**

* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

A team approach is adopted in the CAS and hence a breakdown of manpower by centre is not available. Statistics on the wastage of staff for individual offices are not separately kept.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4492)

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

Question:

With regard to the Pilot Colorectal Cancer Screening Programme (the Pilot Programme), will the Government advise on:

a. the number of recipients of the screening service, number of cases with symptoms detected, and number of cases referred for further examination during various phases of the Pilot Programme, broken down by age and gender;

b. the provisions, manpower and expenditure involved since the implementation of the Pilot Programme;

c. the plans and timetable for the regularisation of the Pilot Scheme in the future; the anticipated number of participants each year and the effectiveness of the Pilot Programme; and the provisions, manpower and expenditure involved; and

d. the estimates, manpower and expenditure projected for 2020-21?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 58)

Reply:

(a) Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has been fully extended since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. As at end February 2020, more than 172 400 eligible persons have participated in the CRCSP. Among those participants who underwent colonoscopy examination services, about 13 200 persons were found to have colorectal adenomas and about 1 300 cases of colorectal cancers have been

diagnosed and referred to public or private sector for further management. Breakdown of the number of participants (as at end February 2020) since the introduction of the Pilot Programme, by year of birth and gender, is appended below -

Phase (Launch date) (A)	**Year of birth of new eligible participants covered in respective phase**	**Number of participants since the launch date (column (A)) up to end February 2020**	
		Male	**Female**
Pilot phase			
Phase 1 *(28 September 2016)*	1946-1948	15 200	17 200
Phase 2 *(27 February 2017)*	1949-1951	17 000	20 200
Phase 3 *(27 November 2017)*	1952-1955	19 800	26 400
Regularised phase			
Phase 1 *(6 August 2018)*	1942-1945 1956-1957	13 300	16 200
Phase 2 *(1 January 2019)*	1958-1963	9 700	15 800
Phase 3 *(1 January 2020)*	1964-1970	800	1 000

(b) - (d)

The expenditure for the CRCSP in 2016-17, 2017-18 and 2018-19 are $44.6 million, $90.0 million and $123.1 million respectively, and the revised estimates in 2019-20 is $147.1 million. In 2020-21, the total provision of the CRCSP is $281.8 million. The number of civil service establishment involved in the CRCSP in the Department of Health is 25.

At the time of planning regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. Based on the experience in Pilot Programme, it is expected that 30% of eligible population who are users of the Electronic Health Record Sharing System will enroll in the CRCSP.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4506)

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

Question:

The Department of Health has arranged to set up quarantine centres at several sites in view of COVID-19. In this connection, please advise this Committee on: (a) whether objective standards apply as far as the environment and facilities of these quarantine centres are concerned; (b) in tabular form, the respective numbers of beds/units used for confinement, the number of persons served, the government departments involved and the respective manpower, the rental charges of these sites, as well as the expenditure on compensation to the owners as of the date of this reply by quarantine centre.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 76)

Reply:

(a)

Currently, there are 4 quarantine centres namely the Chai Wan Lei Yue Mun Park and Holiday Village, the Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate, Fo Tan and the Junior Police Call Permanent Activity Centre in Pat Heung(JPC Centre). When searching for the sites, the Government has thoroughly considered whether the facilities meet the requirements for a quarantine centre including location, overall facilities, environment and the possible impact to the residents etc. It will also be ensured that operation of all the quarantine centres meets stringent requirements.

(b)

As at 8 April 2020, the quarantine centres have accumulatively accommodated 4 269 people. The capacity and the monthly rent of the 4 quarantine centres in use are tabulated below –

Quarantine centre	Capacity		Monthly rent
Lei Yue Mun Park and Holiday Village	145 units		N/A
Heritage Lodge at the Jao Tsung-I Academy	53 units		Around $2.7 million

Chun Yeung Estate	1 454 units		N/A
JPC Centre	85 units		N/A

The Government provided one-off compensation of around $0.1 million for the use of Heritage Lodge at the Jao Tsung-I Academy as a quarantine centre.

The operation of the quarantine centres involve a number of departments, including the Department of Health (DH), the Civil Aid Service, the Auxiliary Medical Service, etc. Relevant expenditures arising from operating the quarantine centres would be subsumed under DH's overall allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4511)

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

Question:

Regarding those in quarantine or isolation in accordance with the Prevention and Control of Disease Regulation (Cap 599A) in view of COVID-19, please advise on:

(1) the respective numbers of persons who have undergone a compulsory 14-day quarantine in quarantine centres or designated places from the first case in 2020 to date; and

(2) by quarantine centre, (a) the content; (b) quantity; and (c) sum of money involved in relation to the following daily necessities provided to them by the Government upon request:
(A) food; (B) personal hygiene items; (C) clothes; (D) electronic items and electrical appliances; (E) stationery, newspapers, magazines and books; (F) others (please specify).

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 82)

Reply:

(1)

As at 8 April 2020, the quarantine centres have accumulatively accommodated 4 269 people.

(2)

The Social Welfare Department (SWD) provides personal essentials to confinees upon their requests to meet their daily needs. As at 29 February 2019, SWD has delivered around 192 600 items in total to all quarantine facilities. The expenditure arising is around $1.3 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4520)

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

Question:

Regarding the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance, the estimate for 2020 is 17 to 24 fewer than the actual numbers of inspections in 2018 and 2019. In this connection, what are the reasons for the decreased number of inspections?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 101)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), the Department of Health (DH) registers private hospitals and nursing 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 regulatory standards and the standards of good practice, with a view to enhancing patient safety and quality of service.

DH inspects all nursing homes at least once per year. DH conducts inspections to nursing homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. The total number of inspections conducted is affected by factors such as the number of applications for new services, and number of complaints received.

In 2020, it is estimated that a total of 150 inspections to nursing homes will be conducted. The average number of inspections for each nursing home is about 2.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4549)

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

Question:

With regard to public mortuaries, please advise on:

1. the utilisation rates, the numbers of cases on the waiting list and their waiting time in the past 5 years;

2. the staff establishment in the past 5 years; and

3. whether there are plans for improvement in the coming year; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 130)

Reply:

1. The 3 public mortuaries operated by the Forensic Pathology Service (FPS) of the Department of Health, namely Victoria Public Mortuary (VPM), Fu Shan Public Mortuary (FSPM) and Kwai Chung Public Mortuary (KCPM), are specialised forensic pathology facilities for conducting medico-legal investigation of deaths that are reportable to the Coroner in accordance with the Coroners Ordinance (Cap. 504). The public mortuaries receive deceased bodies round-the-clock without waiting time for the service. The average utilisation rate of the regular body storage capacity of the 3 public mortuaries in the past 5 years are as follows:

Public mortuary	**Average utilisation rate of the regular body storage capacity***				
	2015	**2016**	**2017**	**2018**	**2019**
VPM	79.9%	75.4%	80.9%	91.7%	100.5%
FSPM	99.4%	102.3%	110.2%	114.6%	112.6%

Public mortuary	Average utilisation rate of the regular body storage capacity*				
	2015	2016	2017	2018	2019
KCPM	88.3%	92.3%	98.1%	105.9%	112.7%

* Refers to the capacity of regular body storage racks inside the cold rooms of the public mortuaries, on which bodies are stored on separate decks. When the regular racks are about to be fully utilised, mobile racks are deployed for body storage.

2. The approved staff establishment of the FPS in the past 5 years (from 2015-16 to 2019-20) is 73.

3. To meet the increasing service demand and enhance the quality of service, the Government will reprovision FSPM and VPM. For FSPM, funding approval was obtained from the Legislative Council Finance Committee in July 2018 and construction work is in progress. The regular body storage capacity of the reprovisioned FSPM will be increased from currently 216 to 830. In March 2019 we consulted the Central and Western District Council on the reprovisioning of VPM, with regular body storage capacity proposed to be increased from 70 to 358. In December 2019, we briefed the Legislative Council Panel on Health Services on the project. We target to submit funding proposal to the Public Works Subcommittee for consideration in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4552)

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

Question:

Regarding the tobacco control work, please advise on the following for the past 3 years:

(a) the expenditure, staff establishment and numbers of front-line enforcement staff of the Tobacco and Alcohol Control Office (TACO);

(b) the numbers of complaints received, proactive enforcement actions in relation to tobacco control taken, including regular inspections (including online ones), surprise inspections (including online ones) and decoy operations (including online ones) as well as prosecutions instituted and convictions;

(c) the numbers of complaints received, proactive enforcement actions in relation to alcohol control taken, including regular inspections (including online ones), surprise inspections (including online ones) and decoy operations (including online ones) as well as prosecutions instituted and convictions;

(d) how to ensure that the TACO, with its current establishment, will be able to handle the work on tobacco control, alcohol control and regulation of electronic cigarettes at the same time for the effective implementation of the relevant laws; whether the Government has any plans to allocate additional manpower and resources in this regard; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 133)

Reply:

(a)

The Tobacco and Alcohol Control (TACO) of the Department of Health (DH) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditure and approved establishment of TACO in the past 3 years are at **Annexes 1 and 2** respectively.

(b)

The number of complaints received, inspections conducted, and fixed penalty notices (FPNs) / summonses issued by the TACO for the period from 2017 to 2019 for smoking and related offences under Cap. 371 and Cap. 600 are as follows:

		2017	**2018**	**2019**
Complaints received		18 354	18 100	15 573
Inspections conducted		33 159	32 255	34 680
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42
	(as of 4 March 2020) - Convicted - Pending hearing results - Not convicted	 (197) (10) (20)	 (189) (10) (9)	 (75) (31) (3)

(c)

The ban on the sale and supply of intoxicating liquor to minors in the course of business under Cap. 109B came into effect on 30 November 2018. In December 2018 and in 2019, TACO conducted 814 and 14 862 inspections respectively at retailers to check compliance with the new legal requirements. On the other hand, inspectors of TACO conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. The number of complaints received, inspections conducted, advisory letters and summonses issued for the period from December 2018 to 2019 are as follows:

	2018 (December)	**2019**
Complaints received	31	108
Inspections conducted	21*	262
Advisory letter issued	11	15
Summonses issued	0	1
Convicted case	0	1

* Inspections in relation to some complaints received in December 2018 were conducted in 2019.

(d)

The DH will continue to review the need for strengthening its manpower to cope with new enforcement tasks and seek additional resources through the established procedures as necessary.

Annex 1

Expenditures/Provision of the Department of Health's Tobacco and Alcohol Control Office

	2017-18 ($ million)	2018-19 ($ million)	2019-20 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	61.5	78.6	97.7
Health Education and Smoking Cessation			
Programme 3: Health Promotion	124.4	125.4	131.2
(a) General health education and promotion of smoking cessation			
TACO	*49.8*	*50.4*	*55.5*
Subvention to Hong Kong Council on Smoking and Health	*23.9*	*24.0*	*27.8*
Sub-total	***73.7***	***74.4***	***83.3***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*34.0*	*34.0*	*30.6*
Subvention to Pok Oi Hospital	*7.2*	*7.3*	*7.3*
Subvention to Po Leung Kuk	*1.5*	*1.7*	*1.6*
Subvention to Lok Sin Tong	*2.7*	*2.7*	*2.9*
Subvention to United Christian Nethersole Community Health Service	*2.9*	*2.9*	*2.9*
Subvention to Life Education Activity Programme	*2.4*	*2.4*	*2.6*
Sub-total	***50.7***	***51.0***	***47.9***
Total	**185.9**	**204.0**	**228.9**

Annex 2

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office

Rank	2017-18	2018-19	2019-20
Head, TACO			
Consultant	-	1	1
Principal Medical & Health Officer	1	-	-
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	-	1	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	105	121
Senior Executive Officer/ Executive Officer	9	13	13
Sub-total	***106***	***127***	***143***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	2	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***11***	***11***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	19	19
Motor Driver	1	1	1
Sub-total	***22***	***24***	***24***
Total no. of staff:	**140**	**163**	**179**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4574)

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

Question:

Will the Government please tabulate:

(1) the numbers of cases of injury followed by admission to hospital, hospitalisation and death of members of the public due to cosmetic procedures in the past 5 years; and in the case such statistics are not available, the reasons why;

(2) the numbers of prosecutions and convictions for illegal medical practice against the practitioners of the beauty industry in the past 5 years; and

(3) the numbers of inspections conducted by the Police and the Department of Health for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 155)

Reply:

(1)
The Department of Health (DH) does not have information on the requested statistics.

(2) and (3)
Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for its investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2015 to 2019, 43, 28 and 21 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 3, 1 and 1 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese medicine and

dentistry respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4575)

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

Question:

Will the Department of Health (DH) please advise on:

(1) the number of beauty parlours in Hong Kong;

(2) the nature of traders registered with the DH under the Medical Device Administrative Control System whose medical devices are available on the market at present, as well as the types, number, classification of energy output, classes (Classes I to V) and risk levels (Classes A to D) of such devices; and

(3) the numbers of inspections conducted by the Police and the DH for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years (if no relevant information is available, the reasons for not producing such statistics)?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 156)

Reply:

(1) The Department of Health (DH) does not maintain information on the number of beauty parlours in Hong Kong.

(2) The current scope of the voluntary Medical Device Administrative Control System (MDACS) covers the listing of Class II, III and IV general medical devices, Class B, C and D in vitro diagnostic medical devices (IVDMD), local responsible persons, local manufacturers, importers and distributors of medical devices as well as the recognition of conformity assessment bodies.

Medical devices are classified according to the recommended classification scheme of the International Medical Device Regulators Forum (IMDRF) (previously known as Global Harmonization Task Force (GHTF)). Under the classification scheme, medical devices are grouped according to risk level, with Class IV general medical

devices and Class D IVDMDs bearing the highest risk, whereas Class I general medical devices and Class A IVDMDs bearing the lowest risk. As of 29 February 2020, 4 060 medical devices were listed under MDACS.

(3) Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for their investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2015 to 2019, 43, 28 and 21 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service respectively were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 3, 1 and 1 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese medicine and dentistry respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4578)

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

Question:

Will the Government please tabulate:

(1) the numbers of cases of injury followed by admission to hospital, hospitalisation and death of members of the public due to cosmetic procedures in the past 5 years;

(2) the numbers of prosecutions and convictions for illegal medical practice against beauticians in the past 5 years; and

(3) the numbers of inspections conducted by the Police and the Department of Health for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 159)

Reply:

(1)
The Department of Health (DH) does not have information on the requested statistics.

(2) and (3)
Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for its investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2015 to 2019, 43, 28 and 21 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 3, 1 and 1 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese medicine and dentistry respectively.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)494

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4579)

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

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres on Hong Kong Island from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 160)

Reply:

Details of the clinics/health centres on Hong Kong Island are at **Annex**. There are no Child Assessment Centres, Clinical Genetic Service Centres and Integrated Treatment Centres on Hong Kong Island.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1,2]	6	6	6	124 247	115 108	110 655
(2)	Woman Health Centres[1]	1	1	1	5 659	5 604	5 744
(3)	Dental Clinics with general public sessions[3,4,5]	1	1	1	6 599	7 191	6 071
(4)	Elderly Health Centres[1,4,6]	4	4	4	44 175	48 761	48 724
(5)	Student Health Service Centres[7]	2	2	2	71 300	71 800	73 700
(6)	School Dental Clinics[4,7]	1	1	1	66 769	66 175	67 387
(7)	Special Assessment Centres for students[7]	2	2	2	26 500	26 400	23 800
(8)	Methadone Day Clinics	2	2	2	147 700	152 900	135 800
(9)	Methadone Evening Clinics	2	2	2	48 000	44 500	41 900
(10)	Female Social Hygiene Clinics	3	3	3	18 010	18 839	19 170
(11)	Male Social Hygiene Clinics						
(12)	Dermatological Clinics[1,5]	4	4	4	58 912	54 669	50 826
(13)	Chest Clinics[1,5]	4	4	4	38 978	37 944	32 515
(14)	Travel Health Centres[4,5]	1	1	1	3 512	4 326	3 861
(15)	Families Clinics[4]	2	2	2	134 000	124 000	116 000

Notes

1. The waiting time for Maternal and Child Health Centres (MCHCs), Woman Health Centre, Elderly Health Centres, Dermatological Clinics and Chest Clinics varies ranging from 1 working day to 37 months depending on the nature of services delivered.
2. Anne Black MCHC has ceased operation temporarily since 2 July 2019 due to major renovation and the service demand during its renovation is met by the nearby MCHC.
3. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
4. The Elderly Health Centres, School Dental Clinic and Travel Health Centre are fully utilised. The utilisation rates of the Dental Clinic with general public sessions range from 82% to 91% from 2017-18 to 2019-20 (up to January 2020), and the overall utilisation rate of Families Clinics is above 98%.
5. The daily consultation quotas for Dental Clinic with general public sessions and Dermatological Clinics are 84 and 28-92 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8.

For Travel Health Centre, the daily consultation quotas and daily consultation quotas per doctor are 13.

6. The number of elders waiting for enrolment for Elderly Health Centres is 5 569, 6 052 and 4 367 for 2017, 2018 and 2019 respectively.

7. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)495

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4580)

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

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Kowloon West from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 161)

Reply:

Details of the clinics/health centres in Kowloon West are at **Annex**. There are no Woman Health Centres, Special Assessment Centres for students and Integrated Treatment Centres in Kowloon West.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1]	3	3	3	121 117	113 915	105 929
(2)	Dental Clinics with general public sessions[2,3,4]	1	1	1	5 234	5 419	4 457
(3)	Elderly Health Centres[1,3,5]	3	3	3	26 232	26 257	27 110
(4)	Student Health Service Centres[6,7]	1	1	1	39 800	40 800	43 200
(5)	School Dental Clinics[3,6]	2	2	2	105 500	107 042	107 400
(6)	Methadone Day Clinics	2	2	2	415 400	427 200	370 300
(7)	Methadone Evening Clinics	2	2	2	136 900	141 900	122 100
(8)	Female Social Hygiene Clinics	1	1	1	10 913	10 214	10 209
(9)	Male Social Hygiene Clinics	1	1	1	29 204	27 848	25 920
(10)	Dermatological Clinics[1,4]	2	2	2	82 755	74 891	69 018
(11)	Chest Clinics[1,4]	3	3	3	40 157	34 134	29 157
(12)	Child Assessment Centres	1	1	1	5 489	5 632	5 492
(13)	Clinical Genetic Service Centres	4	4	4	43 310	41 358	39 934
(14)	Travel Health Centres[3,4]	1	1	1	2 810	3 115	3 183
(15)	Families Clinics[3]	1	1	1	73 000	6 7000	64 000

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centres, Dermatological Clinics and Chest Clinics varies ranging from 1 working day to 45 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. The Elderly Health Centres and School Dental Clinics are fully utilised. The utilisation rates of the Dental Clinic with general public sessions range from 87% to 88% from 2017-18 to 2019-20 (up to January 2020). The utilisation rates of Travel Health Centre range from 88% to 100% from 2017 to 2019. The overall utilisation rate of Families Clinic is above 98%.
4. The daily consultation quotas for Dental Clinic with general public sessions and Dermatological Clinics are 42-84 and 140-171 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8. For Travel Health Centre, the daily consultation quotas and daily consultation quotas per doctor are 13.

5. The number of elders waiting for enrolment for Elderly Health Centres is 2 860, 3 122 and 2 059 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.
7. The numbers of clinics and attendances have excluded the West Kowloon Government Offices Student Health Service Centre which opened on 1 November 2019.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)496

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4581)

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

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Kowloon East from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 162)

Reply:

Details of the clinics/health centres in Kowloon East are at **Annex**. There are no Clinical Genetic Service Centres, Travel Health Centres and Families Clinics in Kowloon East.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres[1,2]	6	6	6	123 095	118 494	115 959
(2)	Woman Health Centres[1]	1	1	1	7 301	7 366	7 399
(3)	Dental Clinics with general public sessions[3,4,5]	1	1	1	3 990	4 023	3 360
(4)	Elderly Health Centres[1,4,6]	2	2	2	16 180	16 699	17 108
(5)	Student Health Service Centres[7]	3	3	3	115 400	118 300	122 400
(6)	School Dental Clinics[4,7]	1	1	1	50 131	53 255	54 235
(7)	Special Assessment Centres for students[7]	1	1	1	27 900	26 400	25 600
(8)	Methadone Day Clinics	1	1	1	212 500	213 400	189 900
(9)	Methadone Evening Clinics	3	3	3	150 500	152 400	133 200
(10)	Female Social Hygiene Clinics	1	1	1	9 114	8 782	8 116
(11)	Male Social Hygiene Clinics						
(12)	Dermatological Clinics[1,5]	1	1	1	40 597	36 475	31 451
(13)	Chest Clinics[1,5]	2	2	2	28 445	25 959	24 087
(14)	Child Assessment Centres	1	2	2	7 187	8 997	9 090
(15)	Integrated Treatment Centres[1]	1	1	1	15 239	14 970	15 230

Notes

1. The waiting time for Maternal and Child Health Centres (MCHCs), Woman Health Centre, Elderly Health Centres, Dermatological Clinic, Chest Clinics and Integrated Treatment Centre varies ranging from 1 working day to 46 months depending on the nature of services delivered.
2. Robert Black MCHC ceased operation from 21 November 2016 to 31 December 2018 due to major renovation and the service demand during its renovation was met by the nearby MCHCs.
3. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
4. The Elderly Health Centres and School Dental Clinic are fully utilised. The utilisation rates of the Dental Clinic with general public sessions range from 95% to 98% from 2017-18 to 2019-20 (up to January 2020).
5. The daily consultation quotas for Dental Clinic with general public sessions and Dermatological Clinic are 84 and 201 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8.

6. The number of elders waiting for enrolment for Elderly Health Centres is 1 620, 1 635 and 1 761 for 2017, 2018 and 2019 respectively.
7. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)497

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4582)

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

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in New Territories East from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 163)

Reply:

Details of the clinics/health centres in New Territories East are at **Annex**. There are no Woman Health Centres, Special Assessment Centres for students, Methadone Day Clinics, Clinical Genetic Service Centres, Travel Health Centres and Integrated Treatment Centres in New Territories East.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1]	5	5	5	262 656	249 125	239 168
(2)	Dental Clinics with general public sessions[2,3,4]	3	3	3	6 171	6 096	5 146
(3)	Elderly Health Centres[1,3,5]	4	4	4	49 889	49 337	54 326
(4)	Student Health Service Centres[6]	3	3	3	80 100	84 500	89 000
(5)	School Dental Clinics[3,6]	2	2	2	82 670	87 802	90 526
(6)	Methadone Evening Clinics	3	3	3	114 500	113 100	98 700
(7)	Female Social Hygiene Clinics	1	1	1	10 011	8 650	8 074
(8)	Male Social Hygiene Clinics						
(9)	Dermatological Clinics[1,4]	1	1	1	26 361	24 517	23 445
(10)	Chest Clinics[1,4]	4	4	4	28 810	27 798	25 943
(11)	Child Assessment Centres	2	2	2	12 154	12 675	12 410
(12)	Families Clinics[3]	1	2	2	37 000	41 200	49 000

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centres, Dermatological Clinic and Chest Clinics varies ranging from 1 working day to 26 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. The Elderly Health Centres and School Dental Clinics are fully utilised. The utilisation rates of the Dental Clinics with general public sessions range from 88% to 97% from 2017-18 to 2019-20 (up to January 2020), and the overall utilisation rate of Families Clinics is above 98%.
4. The daily consultation quotas for Dental Clinics with general public sessions and Dermatological Clinic are 42-50 and 81 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8.
5. The number of elders waiting for enrolment for Elderly Health Centres is 6 003, 7 168 and 5 841 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4583)

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

Question:

Please provide in table form the utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Islands District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 164)

Reply:

Details of the clinics/health centres in Islands District are at **Annex**. There are no Woman Health Centres, Student Health Service Centres, School Dental Clinics, Special Assessment Centres for students, Methadone Evening Clinics, Female Social Hygiene Clinics, Male Social Hygiene Clinics, Dermatological Clinics, Child Assessment Centres, Clinical Genetic Service Centres, Travel Health Centres, Families Clinics and Integrated Treatment Centres in Islands District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1]	3	3	3	19 020	21 433	19 348
(2)	Dental Clinics with general public sessions[2,3,4]	2	2	2	289	378	318
(3)	Elderly Health Centres[1,3,5]	1	1	1	7 959	7 900	8 069
(4)	Methadone Day Clinics	1	1	1	5 000	4 900	5 300
(5)	Chest Clinics[1,4]	2	2	2	2 248	1 846	1 639

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centre and Chest Clinics varies ranging from 1 working day to 10 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. While the Elderly Health Centre is fully utilised, the utilisation rates of the Dental Clinics with general public sessions range from 23% to 74% from 2017-18 to 2019-20 (up to January 2020).
4. The daily consultation quota for Dental Clinics with general public sessions is 32 from 2017-18 to 2019-20 (up to January 2020). For Chest Clinics, the number of patient per doctor per consultation hour is 7.
5. The number of elders waiting for enrolment for Elderly Health Centre is 629, 549 and 471 for 2017, 2018 and 2019 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4584)

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

Question:

Please provide in table form the utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Yuen Long District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 165)

Reply:

Details of the clinics/health centres in Yuen Long District are at **Annex**. There are no Woman Health Centres, School Dental Clinics, Special Assessment Centres for students, Methadone Day Clinics, Female Social Hygiene Clinics, Male Social Hygiene Clinics, Dermatological Clinics, Child Assessment Centres, Clinical Genetic Service Centres, Travel Health Centres, Families Clinics and Integrated Treatment Centres in Yuen Long District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1]	2	2	2	111 253	105 134	103 740
(2)	Dental Clinics with general public sessions[2,3,4]	1	1	1	3 851	3 910	3 325
(3)	Elderly Health Centres[1,3,5]	1	1	1	7 370	7 258	7 309
(4)	Student Health Service Centres[6]	1	1	1	38 600	39 900	41 500
(5)	Methadone Evening Clinics	1	1	1	89 600	93 800	81 500
(6)	Chest Clinics[1,4]	1	1	1	6 877	6 768	5 832

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centre and Chest Clinic varies ranging from 1 working day to 21 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. While the Elderly Health Centre is fully utilised, the utilisation rates of the Dental Clinic with general public sessions range from 93% to 96% from 2017-18 to 2019-20 (up to January 2020).
4. The daily consultation quota for Dental Clinic with general public sessions is 42 from 2017-18 to 2019-20 (up to January 2020). For Chest Clinic, the number of patient per doctor per consultation hour is 7.
5. The number of elders waiting for enrolment for Elderly Health Centre is 1 527, 1 840 and 1 366 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4585)

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

Question:

Please provide in table form utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Tuen Mun District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 166)

Reply:

Details of the clinics/health centres in Tuen Mun District are at **Annex**. There are no Special Assessment Centres for students, Methadone Day Clinics, Clinical Genetic Service Centres, Travel Health Centres, Families Clinics and Integrated Treatment Centres in Tuen Mun District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1]	2	2	2	81 261	81 097	78 059
(2)	Woman Health Centres[1]	1	1	1	6 757	6 790	5 943
(3)	Dental Clinics with general public sessions[2,3,4]	1	1	1	2 015	2 016	1 686
(4)	Elderly Health Centres[1,3,5]	1	1	1	9 494	9 315	9 379
(5)	Student Health Service Centres[6]	1	1	1	28 100	28 800	31 100
(6)	School Dental Clinics[3,6]	1	1	1	70 453	71 499	70 720
(7)	Methadone Evening Clinics	1	1	1	83 400	84 600	77 600
(8)	Female Social Hygiene Clinics	1	1	1	9 411	8 627	8 299
(9)	Male Social Hygiene Clinics						
(10)	Dermatological Clinics[1,4]	1	1	1	27 589	26 323	24 220
(11)	Chest Clinics[1,4]	1	1	1	20 812	18 683	18 138
(12)	Child Assessment Centres	1	1	1	5 384	5 610	5 186

Notes

1. The waiting time for Maternal and Child Health Centres, Woman Health Centre, Elderly Health Centre, Dermatological Clinic and Chest Clinic varies ranging from 1 working day to 25 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. While the Elderly Health Centre and School Dental Clinic are fully utilised, the utilisation rates of the Dental Clinic with general public sessions range from 96% to 98% from 2017-18 to 2019-20 (up to January 2020).
4. The daily consultation quotas for Dental Clinic with general public sessions and Dermatological Clinic are 42 and 134 respectively during the period from 2017 to 2019. For Chest Clinic, the number of patient per doctor per consultation hour is 8.
5. The number of elders waiting for enrolment for Elderly Health Centre is 1 688, 2 056 and 2 098 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4586)

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

Question:

Please provide in table form utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Tsuen Wan District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 167)

Reply:

Details of the clinics/health centres in Tsuen Wan District are at **Annex**. There are no Woman Health Centres, Student Health Service Centres, School Dental Clinics, Special Assessment Centres for students, Methadone Evening Clinics, Female Social Hygiene Clinics, Male Social Hygiene Clinics, Dermatological Clinics, Chest Clinics, Child Assessment Centres, Clinical Genetic Service Centres, Travel Health Centres and Integrated Treatment Centres in Tsuen Wan District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1]	1	1	1	67 637	59 168	56 593
(2)	Dental Clinics with general public sessions[2,3,4]	1	1	1	7 808	7 994	6 730
(3)	Elderly Health Centres[1,3,5]	1	1	1	9 163	10 802	11 263
(4)	Methadone Day Clinics	1	1	1	174 600	171 300	158 600
(5)	Families Clinics[3]	1	1	1	53 000	53 000	52 000

Notes

1. The waiting time for Maternal and Child Health Centre and Elderly Health Centre varies ranging from 1 working day to 16 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. The Elderly Health Centre is fully utilised. The utilisation rates of the Dental Clinic with general public sessions range from 95% to 97% from 2017-18 to 2019-20 (up to January 2020), and the overall utilisation rate of Families Clinic is above 98%.
4. The daily consultation quota for Dental Clinic with general public sessions is 84 from 2017-18 to 2019-20 (up to January 2020).
5. The number of elders waiting for enrolment for Elderly Health Centre is 1 350, 1 070 and 847 for 2017, 2018 and 2019 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4587)

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

Question:

Please provide in table form utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Kwai Tsing District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 168)

Reply:

Details of the clinics/health centres in Kwai Tsing District are at **Annex**. There are no Woman Health Centres, Dental Clinics with general public sessions, Special Assessment Centres for students, Methadone Day Clinics, Methadone Evening Clinics, Female Social Hygiene Clinics, Male Social Hygiene Clinics, Dermatological Clinics, Clinical Genetic Service Centres, Travel Health Centres, Families Clinics and Integrated Treatment Centres in Kwai Tsing District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Annex

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	**2018**	**2019**	**2017**	**2018**	**2019**
(1)	Maternal and Child Health Centres[1]	3	3	3	50 475	45 592	45 495
(2)	Elderly Health Centres[1,2,4]	1	1	1	7 569	7 927	8 002
(3)	Student Health Service Centres[5]	1	1	1	42 800	43 300	46 000
(4)	School Dental Clinics[2,5]	1	1	1	52 126	53 077	55 926
(5)	Chest Clinics[1,3]	1	1	1	20 212	18 817	18 415
(6)	Child Assessment Centres	1	1	1	7 209	6 413	5 827

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centre and Chest Clinic varies ranging from 1 working day to 12 months depending on the nature of services delivered.
2. The Elderly Health Centre and School Dental Clinic are fully utilised.
3. The number of patient per doctor per consultation hour is 8.
4. The number of elders waiting for enrolment for Elderly Health Centre is 569, 635 and 376 for 2017, 2018 and 2019 respectively.
5. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)503

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4596)

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

Question:

It is stated in paragraph 43 of the Budget Speech that the Department of Health (DH) will renovate its clinics in phases. In this connection, please inform this Committee of: (1) the number of clinics and facilities that the DH expects to renovate; (2) the criteria for deciding which clinics and facilities to renovate; (3) the progress of the renovation works, their completion target and the expenditures involved; (4) whether there is any impact on its services during the clinic renovation, and if so, what action the DH will take.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 177)

Reply:

In consultation with relevant departments, DH is working out the works schedule and resources required for the proposed scope of improvement works, and planning for a consultancy study to develop design guidelines with a view to upgrading existing clinic facilities and delivering quality service. The list of clinics to be renovated will be determined upon completion of the consultancy study. Factors to be considered when selecting and prioritising the clinics to be renovated include the age and physical condition of the clinics, and the availability of suitable decanting arrangements.

To minimise disruption to public services during the renovation of clinics, DH is actively preparing decanting plans.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)504

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4604)

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

Question:

On Personnel Management of Civil Servants Working in Hospital Authority, please advise on: (1) the number of staff involved, the breakdown in terms of their respective departments and duties; and (2) the reasons for the decrease in number and whether additional manpower will be deployed in this regard.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 187)

Reply:

(1) Breakdowns of the number of civil servants working in the Hospital Authority (HA) by ranks and by hospitals are at **Annexes I** and **II** respectively.

(2) The number of civil servants working in HA would decrease from 962 as at 1 April 2019 to an estimated total of 795 as at 1 April 2020. The reduction of civil servants working in HA is due to natural wastage including retirement. The HA will cover the loss of capacity through internal redeployment or by recruitment of new staff on HA terms of service.

Annex I

Civil Servants Working in the Hospital Authority by Ranks

Grade/Rank	Number of staff (as projected at 1 April 2020)
MEDICAL & HEALTH OFFICER GRADES	
Consultant D3	2
Consultant (Hospital Services)	4
Senior Medical & Health Officer	9
Associate Consultant	4
Medical & Health Officer	36
Sub-total	**55**
NURSING & ALLIED GRADES	
General Manager (Nursing)	2
Chief Nursing Officer	1
Senior Nursing Officer	11
Departmental Operations Manager	11
Ward Manager	38
Nurse Specialist	3
Nursing Officer	117
Nursing Officer (Education)	4
Registered Nurse	88
Senior Nursing Officer (Psychiatric)	1
Nursing Officer (Psychiatric)	42
Registered Nurse (Psychiatric)	36
Enrolled Nurse	18
Enrolled Nurse (Psychiatric)	30
Sub-total	**402**

Grade/Rank	Number of staff (as projected at 1 April 2020)
SUPPLEMENTARY MEDICAL GRADES	
Department Manager	6
Chief Dispenser	7
Senior Dispenser	45
Dispenser	96
Senior Medical Technologist	2
Medical Technologist	15
Medical Technologist (Hospital Services)	1
Medical Laboratory Technician I	1
Occupational Therapy Assistant	4
Pharmacist	2
Physicist	1
Physiotherapist I	4
Prosthetist-Orthotist I	1
Senior Radiographer	11
Radiographer I	26
Scientific Officer (Medical)	2
Sub-total	**224**
HOSPITAL ADMINISTRATOR GRADE	
Cluster General Manager (Human Resources)	1
General Manager (Administrative Services)	2
Senior Hospital Administrator	3
Sub-total	**6**
OTHER DEPARTMENTAL GRADES	
Artisan	4
Cook	3
Darkroom Technician	2

Grade/Rank	Number of staff (as projected at 1 April 2020)
OTHER DEPARTMENTAL GRADES	
Chief Electrical Technician	1
Senior Electrical Technician	1
Electrical Technician	5
Foreman	2
Health Care Assistant	4
Chief Hospital Foreman	1
Senior Hospital Foreman	3
Hospital Foreman	5
Hostel Manager/Manageress	1
Laboratory Attendant	10
Laundry Worker	1
Operating Theatre Assistant	9
Operation Assistant II	2
X-Ray Mechanic	1
Sub-total	**55**
MODEL SCALE I GRADES	
Ward Attendant	11
Workman I	1
Workman II	39
Sub-total	**51**
GENERAL GRADES	
Personal Secretary II	1
Telephone Operator	1
Sub-total	**2**
Total	**795**

Annex II

Civil Servants Working in the Hospital Authority by Hospitals

Hospital	Number of staff (as projected at 1 April 2020)
Alice Ho Miu Ling Nethersole Hospital	20
Bradbury Hospice	2
Cheshire Home, Shatin	1
Caritas Medical Centre	6
Castle Peak Hospital /Siu Lam Hospital	49
TWGHs Fung Yiu King Hospital	1
Grantham Hospital	5
Haven of Hope Hospital	1
Hong Kong Children's Hospital	6
Hong Kong Eye Hospital	3
Kwai Chung Hospital	43
Kowloon Hospital	43
Kwong Wah Hospital / Wong Tai Sin Hospital	11
North District Hospital	21
North Lantau Hospital	3
Our Lady of Maryknoll Hospital	10
Princess Margaret Hospital	56
Pok Oi Hospital	3
Prince of Wales Hospital	87
Pamela Youde Nethersole Eastern Hospital	51
Queen Elizabeth Hospital	131
Queen Mary Hospital / Duchess of Kent Children's Hospital	73
Ruttonjee Hospital / Tang Shiu Kin Hospital	10
Shatin Hospital	12

Hospital	Number of staff (as projected at 1 April 2020)
St John Hospital	4
Tseung Kwan O Hospital	22
Tuen Mun Hospital	55
Tai Po Hospital	5
Tin Shui Wai Hospital	1
Tung Wah Eastern Hospital	1
Tung Wah Hospital	3
United Christian Hospital	29
Yan Chai Hospital	27
Total	**795**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4605)

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

Question:

Regarding the Elderly Health Care Voucher Scheme, please advise on (1) the number of transactions associated with the payment of dental services in the past 5 years; and (2) the amounts thus claimed in the same period.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 188)

Reply:

The table below shows the number of voucher claim transactions and the amount of vouchers claimed under the Elderly Health Care Voucher Scheme for dental services in Hong Kong in the past 5 years from 2015 to 2019:

	2015	**2016**	**2017** Note 1	**2018** Note 2	**2019** Note 3
Number of voucher claim transactions on dental services	109 840	119 305	168 738	294 950	310 306
Amount of vouchers claimed on dental services (in HK$'000)	98,563	105,455	144,331	287,044	313,111

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4606)

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

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please advise on the following for each of the past 5 years:

a. number of eligible persons;

b. the actual number and percentage of eligible persons who have used the vouchers, the number of vouchers used, as well as the total amount claimed, broken down by gender and age group (65-69, 70-74, 75-79, 80-84 and 85 or above);

c. the actual expenditure incurred in relation to the EHV Scheme;

d. the number of healthcare service providers enrolled in the Scheme, broken down by profession (medical practitioners, Chinese medicine practitioners, dentists, chiropractors, registered and enrolled nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and optometrists);

e. the number of persons whose voucher account balance fell below $200 before the issue of new vouchers on 1 January, and the percentage of such persons in the total population of elderly persons aged 65 or above;

f. the number of complaints about the EHV Scheme received, the types of complaints, the categories of healthcare services involved and the number of substantiated complaints;

g. the number of complaints received about shops/medical centres luring the elderly into buying products with their vouchers, with a breakdown into (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, and the voucher amounts as well as the number of shops/medical centres involved;

h. the numbers of proactive inspections and decoy operations conducted in respect of shops/medical centres luring the elderly into buying products with their vouchers, with a

breakdown into (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, and the voucher amounts as well as the number of shops/medical centres involved; and

i. the number of cases of differential pricing for EHV users at medical centres detected upon receipt of complaints or during proactive inspections, the number of substantiated complaints, the number of clinics or medical centres involved, as well as the progress of follow-up action taken by the Government.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 189)

Reply:

a. & b. The table below shows the number of eligible elders, the number and percentage of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme and the cumulative voucher amount claimed up to the end of 2015, 2016, 2017, 2018 and 2019, broken down by gender and age group:

	2015 Note 1			**2016**			**2017** Note 2			**2018** Note 3			**2019** Note 4		
	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK$'000)
a. Number of eligible elders (i.e. elders aged 65/70 Note 2 or above)*	760 000	-	-	775 000	-	-	1 221 000	-	-	1 266 000	-	-	1 325 000	-	-
b. Cumulative number of elders who had made use of vouchers by the end of the year	600 000	79%	2,034,342	649 000	84%	3,002,792	953 000	78%	4,361,095	1 191 000	94%	6,965,163	1 294 000	98%	9,361,912
(i) By gender															
- Male	266 000	77%	871,622	290 000	83%	1,300,122	430 000	75%	1,905,267	552 000	93%	3,093,704	602 000	97%	4,160,777
- Female	334 000	80%	1,162,720	359 000	85%	1,702,670	523 000	80%	2,455,828	639 000	95%	3,871,459	692 000	98%	5,201,135
(ii) By age group															
- 65 - 69 Note 2	-	-	-	-	-	-	239 000	58%	278,966	394 000	92%	1,246,756	427 000	96%	1,860,557
- 70 - 74	158 000	74%	429,291	183 000	82%	636,517	225 000	90%	870,863	283 000	100%	1,382,413	330 000	100%	1,992,627
- 75 - 79	172 000	82%	644,873	174 000	84%	910,025	175 000	88%	1,178,283	179 000	93%	1,538,076	188 000	98%	1,922,613
- 80 - 84	142 000	85%	529,917	150 000	89%	786,312	157 000	91%	1,069,326	163 000	94%	1,425,093	165 000	95%	1,777,296
- 85 or above	128 000	77%	430,261	142 000	80%	669,938	157 000	84%	963,657	172 000	90%	1,372,825	184 000	92%	1,808,819

Note 1: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZH) was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 2: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 3: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 4: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

* Sources: Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department

c. The actual/estimated voucher expenditures for 2015-16 to 2019-20 are as follows:

Financial Year	Voucher Expenditure (in $ million)
2015-16 (Actual)	914.5
2016-17 (Actual)	1,102.3
2017-18 (Actual)	1,697.5
2018-19 (Actual)	2,930.2
2019-20 (Revised Estimate)	2,565.5

d. The table below shows the number of healthcare service providers by types enrolled under the EHV Scheme in the past 5 years:

	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017	As at 31.12.2018	As at 31.12.2019
Medical Practitioners	1 936	2 126	2 387	2 591	2 893
Chinese Medicine Practitioners	1 826	2 047	2 424	2 720	3 159
Dentists	646	770	895	1 047	1 171
Occupational Therapists	45	51	69	74	97
Physiotherapists	312	344	396	441	520
Medical Laboratory Technologists	30	35	48	54	64
Radiographers	21	24	40	44	56
Nurses	124	148	182	182	244
Chiropractors	54	66	71	91	111
Optometrists	265	533	641	697	780
Sub-total (Hong Kong):	5 259	6 144	7 153	7 941	9 095
HKU-SZH Note 5	1	1	1	1	1
Total:	5 260	6 145	7 154	7 942	9 096

Note 5: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

e. The number of elders with voucher balance at $200 or less as at end of the year over the past 5 years and their percentages as compared to the eligible elderly population are as follows:

	2015 Note 6	**2016**	**2017** Note 7	**2018** Note 8	**2019** Note 9
(i) Number of elders with voucher balance at $200 or less as at end of the year	129 000	164 000	278 000	260 000	202 000
(ii) Number of eligible elders (i.e. elders aged 65/70 Note 7 or above)*	760 000	775 000	1 221 000	1 266 000	1 325 000
(iii) Percentage of eligible elders with voucher balance at $200 or less as at end of the year, i.e. (i)/(ii) x 100%	17%	21%	23%	21%	15%

Note 6: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 7: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 8: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 9: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

*Sources: Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department.

f. The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the Department of Health (DH) in the past 5 years:

	2015	**2016**	**2017**	**2018**	**2019**	**Total**
Number of complaints against participating healthcare service providers	15	33	67	120	103	338

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. Among the 173 cases with investigation completed, 55 cases were found to be substantiated or partially substantiated.

g. & h. The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include

routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with terms and conditions of the EHV Scheme Agreement and those who displayed unusual patterns of voucher claims. Since launch of the Scheme in 2009 until end-2019, the DH had conducted checking of some 430 000 claim transactions. The checking had identified some 4 320 anomalous claims (amounting to some $2.07 million in claim amount). These cases included the improper use of vouchers for the purchase of products. Breakdown of the cases by nature, the amount of vouchers and the number of shops/ medical centres involved is not readily available.

i. It is stipulated under the terms and conditions of the EHV Scheme Agreement that healthcare service providers should not charge EHV users and non-EHV users different service fees for the same healthcare services provided. Also, healthcare service providers should not charge an elder for creating a voucher account or using vouchers.

In general, if any participating healthcare service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the relevant voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the healthcare service provider concerned. In the past 5 years, the DH handled 112 complaints related to service fees charged by participating healthcare service providers. Among the 70 cases with investigation completed, 4 cases involving 4 healthcare service providers were found to be substantiated. The cases were mainly about EHV users and non-EHV users being charged different service fees. The DH had issued advisory letters to the healthcare service providers concerned and asked them to stop the improper practice and also take remedial actions as appropriate. So far, follow-up visits had been paid to 3 out of the 4 healthcare service providers and it was confirmed that remedial actions had been taken.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4607)

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

Question:

Please provide the following information in relation to the Elderly Health Care Voucher (EHV) Scheme for the past 5 years: (1) the numbers of complaints received; (2) the types of parties complained against; (3) the categories of complaints received; (4) the progress of follow-up action; and (5) the amount of EHVs involved. Please also advise on the estimated expenditure involved in handling complaints for 2020-21.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 190)

Reply:

(1) to (5)

The table below shows the number of complaints against participating healthcare service providers under the Elderly Health Care Voucher (EHV) Scheme received by the Department of Health (DH) in the past 5 years:

	2015	2016	2017	2018	2019	Total
Number of complaints against participating healthcare service providers	15	33	67	120	103	338

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The amount of vouchers associated with these complaint cases is not readily available.

The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid

reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate. Among the 173 cases with investigation completed, 55 cases were found to be substantiated or partially substantiated.

The estimated administrative expenses for administering the EHV Scheme in 2020-21 is $47.9 million. The estimated expenditure for handling of complaints cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4613)

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

Question:

Regarding the Healthy Teeth Collaboration Programme, please provide the following information since its implementation:

(1) the actual expenditure each year and the estimated expenditure in 2020-21;

(2) the number of attendances by type of service each year; and

(3) the manpower involved by type of post each year.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 196)

Reply:

(1) The Government launched a three-year programme named "Healthy Teeth Collaboration (HTC)" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

Financial Year	Annual Expenditure ($ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

(2) As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation.

(3) Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4619)

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

Question:

Regarding the screening for 7 types of cancer (cervical cancer, colorectal cancer, breast cancer, prostate cancer, lung cancer, liver cancer and nasopharyngeal cancer) as recommended by the Cancer Expert Working Group on Cancer Prevention and Screening, will the Government please advise on the measures implemented for the prevention, education and publicity in respect of these cancers in the past 3 years, and provide the details and timetable of the relevant programmes as well as the manpower and expenditure involved? Have any announcements in the public interest (APIs) been broadcast on television? If so, please provide such details as the expenditure involved, content of the APIs, broadcast schedule, etc.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 202)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. The CEWG considers that, save for cervical cancer (CC) and colorectal cancer (CRC), there is either no evidence for recommending or insufficient evidence to recommend for or against population-based screening of other cancers. Since 2004, the Department of Health (DH) has launched the Cervical Screening Programme (CSP) to encourage women to receive regular screening to reduce incidence and mortality from CC. In August 2018, the Colorectal Cancer Screening Programme (CRCSP) was regularised and has fully extended since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests.

Medical evidence has shown that having a healthier diet, increasing physical activity, stopping smoking and drinking, and maintaining a healthy body weight and waistline are effective in preventing cancers. As such, the DH has been promoting a healthy lifestyle as the primary strategy for cancer prevention. From 2017 to 2019, the DH had strengthened

public education on cancer awareness and prevention, as well as publicity in respect of screening of CC and CRC. Various channels included websites, printed materials, published articles, audiovisual materials, social media, web-based publicity, telephone education and enquiry hotlines, press conferences, media interviews, etc. A collection of 6 Announcements in the Public Interest (API) was produced and broadcast from time to time. Community partnerships with non-governmental organisations were fostered to facilitate cancer education and prevention activities.

The financial provision of the CSP is about $20 million each year for 2017-18 to 2019-20. The expenditure for the CRCSP in 2017-18 and 2018-19 are $90.0 million and $123.1 million respectively, and the revised estimates in 2019-20 is $147.1 million.

Resources and manpower for cancer prevention and education activities are subsumed under the DH's overall provision for disease prevention. The breakdown of individual expenditure items cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)510**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4621)

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

Question:

Regarding the programmes/schemes to provide pneumococcal vaccination for elderly people and young children, will the Government please advise on:

(a) the numbers of elderly people who have received pneumococcal vaccination in the past 3 years, the estimated number of elderly people who will receive pneumococcal vaccination in 2020-21, the percentage of the elderly population who have received pneumococcal vaccination, as well as the expenditure involved;

(b) the numbers of young children who have received pneumococcal vaccination in the past 3 years, the estimated number of young children who will receive pneumococcal vaccination in 2020-21, the percentage of the young children population who have received pneumococcal vaccination, as well as the expenditure involved;

(c) the number of private clinics which have enrolled in the programmes/schemes to provide pneumococcal vaccination; and

(d) whether it has any measures to increase the coverage rate of pneumococcal vaccination among local residents; if so, the measures and the expenditure involved?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 204)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide pneumococcal vaccination to eligible elderly and children –

- Government Vaccination Programme (GVP), which provides free pneumococcal vaccination (including 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV)) to eligible elderly aged 65 or above;

- Vaccination Subsidy Scheme (VSS), which provides subsidised pneumococcal vaccination (including PCV 13 and 23vPPV) to elderly aged 65 or above; and

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine (PCV) to eligible children at the DH's Maternal and Child Health Centres (MCHCs).

(a) Relevant statistics on the number of recipients in the past 3 seasons and the expenditure are detailed at Annex. As some elderly may have received pneumococcal vaccination outside the GVP and the VSS, they are not included in these statistics.

(b) The statistics on PCV vaccination administered by the MCHCs and the expenditure involved in the past 3 years are set out below -

Year	Number of PCV doses administered	Amount ($ million)
2017	212 000	78.9
2018	198 000	71.0
2019	171 000	58.4

As some children may have received PCV outside MCHCs, they are not included in these statistics.

Based on the figure of 2019, the number of PCV doses administered by the MCHCs in 2020 is estimated to be about 145 000 and the vaccine cost is about $49.5 million.

According to the latest immunisation survey conducted by the DH in 2018, the PCV vaccination coverage among surveyed preschool children in Hong Kong for the 1st, 2nd, 3rd and the booster doses were 97.8%, 96.7%, 96.5% and 95.5% respectively.

(c) As at 1 March 2020, 1 406 doctors (involving 2 328 clinics) have enrolled under the VSS providing subsidised pneumococcal vaccination to eligible elderly.

(d) The Scientific Committee on Vaccine Preventable Diseases (SCVPD) and its Working Group on Pneumococcal Vaccination review the local epidemiology and scientific evidence on a regular basis and put forward recommendations on pneumococcal vaccination.

Based on the recommendation by the SCVPD, the Government provides an additional dose of free or subsidised PCV 13, on top of 23vPPV, to eligible elderly aged 65 or above with high-risk conditions through GVP and VSS starting from 2017/18 season.

The vaccination schedule is as follows –

(i) For elderly with high-risk conditions -

- for elderly who reached 65 and have never been vaccinated before, they will be given one dose of PCV13, followed by 1 dose of 23vPPV;

- for elderly who have received vaccination before, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have been vaccinated with PCV13 before; and

(ii) For elderly without high-risk conditions, they are eligible for receiving 1 dose of free/subsidised 23vPPV through either the GVP or the VSS.

In 2020-21, the provision for the implementation of the above initiative is $20.8 million. This includes expenses for purchase of vaccines and injection cost under the GVP, payment of subsidies under the VSS, employment of extra staff and other administrative costs, etc.

Annex

Pneumococcal vaccination for elderly under the GVP and the VSS in the past 3 seasons

Target group	Vaccination programme/ scheme		2017/18			2018/19			2019/20 (as at 1 March 2020)		
			No. of recipients	Subsidy claimed ($ million)	Accumulative Percentage of population in the age group vaccinated [+]	No. of recipients	Subsidy claimed ($ million)	Accumulative Percentage of population in the age group vaccinated [+]	No. of recipients	Subsidy claimed ($ million)	Accumulative Percentage of population in the age group vaccinated [+]
People aged 65 or above	GVP	23vPPV	3 300	Not applicable	38.2%	26 200	Not applicable	43.9%	21 200	Not applicable	45.5%
		PCV13	60 100 [^]			29 000 [&]			24 100 [#]		
	VSS	23vPPV	16 600	3.2		19 100	4.8		14 300	3.6	
		PCV13	7 000 [^]	5.1		6 000 [&]	4.4		4 300 [#]	3.1	
Total			**87 000**	**8.3**		**80 300**	**9.2**		**63 900**	**6.7**	

[^] This does not include a total of 119 400 doses administered under the one-off PCV 13 mop-up exercise (GVP: 105 800 doses; VSS: 13 600 doses at a cost of $9.9 million).

[&] This does not include a total of 52 600 doses administered under the one-off PCV 13 mop-up exercise (GVP: 45 800 doses; VSS: 6 800 doses at a cost of $5 million).

[#] This does not include a total of 24 600 does administered under the one-off PCV 13 mop-up exercise (GVP: 21 000 doses; VSS: 3 600 doses a cost of $2.6 million).

[+] Based on the accumulated number of recipients excluding those already deceased.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4622)

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

Question:

Regarding seasonal influenza vaccination, please advise on the following:

(a) the coverage rates of seasonal influenza vaccination among local residents in the past 3 years (please set out the information in the table below);

Target Group	Coverage Rate of Vaccination
Aged 6 months to below 6	
Aged 6 to 12	
Aged 13 to 49	
Aged 50 to 64	
Aged 65 or above	
Overall population	

(b) the coverage rates of seasonal influenza vaccination among local residents belonging to "high risk groups" in the past 3 years (please set out the information in the table below);

Target Group	Coverage Rate of Vaccination
Pregnant women	
Persons with chronic illness	
Healthcare workers in public sector	
Healthcare workers in private sector	
Healthcare workers in residential care homes	

(c) the numbers of people who have received influenza vaccination through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS) in the past 3 years, broken down by target group of the Programme/Scheme;

(d) the number of doses of influenza vaccine procured, the expenditure involved, as well as the quantities of vaccines used, left unused and disposed of in each of the past 3 years;

(e) the respective costs per dose of influenza vaccine given through the GVP and the VSS;

(f) the number of private clinics participating in the VSS;

(g) the effectiveness of the School Outreach Vaccination Pilot Programme, the number of participating schools, the number of students receiving influenza vaccination, the number of private doctors providing assistance and the expenditure involved, as well as the timetable for expanding the programme; and

(h) apart from the above, whether the Government has any other measures in place to increase the rate of seasonal influenza vaccination among local residents and if so, the plan and the expenditure involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 205)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) on a pilot programme.

(a) - (c)

The coverage rates and the number of recipients of specific target groups under the aforesaid programmes/schemes in the past 3 seasons are detailed at **Annex**.

For pregnant women, persons with chronic medical problems, healthcare workers, poultry workers, pig farmers or pig-slaughtering industry personnel etc., the population statistics for these groups is not available for the projection of coverage rate.

As some target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

(d) The quantities of seasonal influenza (SI) vaccines procured by the Government, the contract amount, and the number of vaccines disposed in the past 3 seasons are set out below –

Season	Number of doses	Amount ($ million)	Number of doses disposed
2017/18 (Actual)	527 000	28.0	45 000
2018/19 (Actual)	654 000	30.1	41 000
2019/20 (Estimate)	837 700	42.3	Not available yet

(e) The GVP and the VSS provide SIV to a number of target groups. Apart from the expenses mentioned above, other costs such as manpower, publicity and other administrative costs are also absorbed by the DH and the unit cost per dose of SI vaccine under each of the above programmes/schemes cannot be separately identified.

(f) As at 1 March 2020, about 1 700 private doctors (involving about 2 560 clinics) have enrolled under the VSS.

(g) Given the effectiveness of the School Outreach Vaccination Pilot Programme, the DH has regularised the Pilot Programme and launched the SIVSOP in 2019/20 season to cover more primary schools and extend the coverage to KGs/CCCs as a pilot programme. All primary schools and KGs/CCCs were invited to join. As at 1 March 2020, a total of 430 primary schools and 701 KGs/CCCs participated, with a total of 271 700 students receiving SIV under the SIVSOP. The number of doctors enrolled under the SIVSOP - Primary Schools and KGs/CCCs were 63 and 62 respectively. Moreover, there were 114 primary schools and 55 KGs/CCCs joined the VSS School Outreach (Extra Charge Allowed) Programme. Overall, 393 900 children aged between 6 months and under 12 received SIV in 2019/20 under various programmes/schemes. The total amount of subsidy given by the Government was $77.7 million.

The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the manpower and estimated expenditure involved, in providing outreach vaccination service in the next season. The DH will announce the details in due course.

(h) The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public and specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

We have also been providing guidelines on outreach vaccination, assistance and support to schools, community groups, elderly centres and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through various channels, including press conferences, press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2019/20 season, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through the SIVSOP and outreach vaccination under the VSS.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to school students.

Resources for different publicity and education measures are subsumed under the DH's overall provision for disease prevention. The breakdown of individual expenditure items cannot be separately identified.

Annex

Numbers of recipients of SIV
under the GVP, the VSS and the Pilot Programme/SIVSOP in the past 3 seasons

Target groups	Vaccination programme/ scheme	2017/18		2018/19		2019/20 (as at 1 March 2020)	
		No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group
Elderly aged 65 or above	GVP	386 700	43.5%	388 300	43.6%	438 300	45.1%
	VSS	144 700		166 700		163 000	
Persons aged between 50 and 64 *	GVP	7 400	^	7 100	8.8%	7 400	10.4%
	VSS	Not applicable		149 700		181 100	
Children aged between 6 months and less than 12 years old	GVP	1 900	23%	1 000	45.8%	400	57.7%
	VSS	149 500		206 900		121 800	
	Pilot Programme / SIVSOP	Not applicable		100 300		271 700	
Others #	GVP/VSS	91 700	^	102 200	^	110 100	^
Total		**781 900**		**1 122 200**		**1 293 800**	

* For 2017/18 season, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19 season, the VSS has been expanded to cover all persons aged between 50 and 64.

\# Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, and pregnant women, etc.

^ No accurate population statistics for this group for meaningful projection to be made for the uptake rate of the population concerned.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4623)

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

Question:

Regarding oral health services, will the Government introduce an Elderly Dental Care Service by making reference to the School Dental Care Service to provide the elderly with services including oral check-ups, scaling and polishing as well as filling so as to protect their oral health? If so, please advise on the implementation details as well as the expenditure and manpower involved and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 206)

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 Division 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. 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 Clinics (OMS&DCs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DCs is by referral from other hospital units and registered dental or medical practitioners.

In recent years, the Government prioritises its resources and care for persons with special dental care needs, especially elderly with financial difficulties. Under the Comprehensive Social Security Assistance Scheme, recipients who are old, 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 tooth extraction), whichever is the less.

The Elderly Health Care Voucher (EHV) Scheme was launched in 2009 to subsidise eligible elderly persons to use primary care services in the private sector, including dental services. The Government announced in the 2018 and 2019 Budget that an additional one-off $1,000 voucher amount would be made available to each eligible elder. Furthermore, the accumulation limit of vouchers has been increased from $5,000 to $8,000 and is made a regular measure, so as to enhance the flexibility of use and facilitate elders to plan for the use of their vouchers.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services for elders in residential care homes or day care centres through outreach dental teams set up by non-governmental organisations with government subsidies. The pilot project was converted into a regular programme, namely Outreach Dental Care Programme for the Elderly in October 2014 with the expanded scope of treatments to cover fillings, extractions, dentures, etc. and the expanded pool of beneficiaries to cover elders in similar facilities.

In September 2012, the Elderly Dental Assistance Programme with funding provided under the Community Care Fund was launched for provision of free removable dentures and related dental services to low-income elders who are users of the home care service or home help service schemes subvented by the Social Welfare Department. The programme was expanded in phases in September 2015, October 2016, July 2017 and February 2019 to cover elders who are Old Age Living Allowance recipients aged 80 or above, 75 or above, 70 or above and 65 or above respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4624)

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

Question:

Regarding the School Dental Care Service, please provide the following information for the past 5 years: (1) the number of participants; (2) the number of new cases; (3) the change in the total number of participants in percentage terms; (4) the clinics providing the service; (5) the daily quotas of the clinics providing the service; (6) the actual annual expenditure; and (7) the estimated expenditure in 2020-21.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 207)

Reply:

(1) - (3)
The School Dental Care Service (SDCS) of the Department of Health promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong.

In service years of 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19, the number of participants, number of new participants and the percentage changes are as follows-

Service Year [Note 1]	2014-15	2015-16	2016-17	2017-18	2018-19
No. of participants	315 563	325 229	336 539	349 288	359 286
No. of new participants	8 060	9 666	11 310	12 749	9 998
Change in %	+ 2.6%	+ 3.1%	+ 3.5%	+ 3.8%	+ 2.9%

Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.

(4) - (5)
There are 8 school dental clinics over the territory. No daily quota is set for each school dental clinic. The number of daily appointments made by each school dental clinic is mainly determined by the number of participants, the number of clinical staff available and the number of working days in the service year. In service years of 2014-15, 2015-16,

2016-17, 2017-18 and 2018-19, the average number of daily appointments made by each school dental clinic is as follows:

School Dental Clinic	**Average number of daily appointments made**				
	2014-15	**2015-16**	**2016-17**	**2017-18**	**2018-19**
1. Argyle Street Jockey Club School Dental Clinic 1/F	240	246	240	244	242
2. Argyle Street Jockey Club School Dental Clinic 3/F	258	252	258	263	263
3. Fanling School Dental Clinic	204	208	212	224	229
4. Ha Kwai Chung School Dental Clinic	242	231	240	244	258
5. Lam Tin School Dental Clinic	246	246	233	246	254
6. Pamela Youde School Dental Clinic	168	175	174	189	195
7. Tang Shiu Kin School Dental Clinic	310	313	318	317	322
8. Tuen Mun School Dental Clinic	294	344	334	399	334

(6) - (7)
The annual expenditure of the SDCS in financial years 2015-16, 2016-17, 2017-18, 2018-19 and the revised estimate for 2019-20 are as follows-

Financial Year	Annual Expenditure ($ million)
2015-16 (Actual)	240.1
2016-17 (Actual)	259.7
2017-18 (Actual)	260.1
2018-19 (Actual)	269.8
2019-20 (Revised estimate)	273.9

The financial provision of the SDCS for 2020-21 is $ 291.9 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4625)

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

Question:

1. Regarding Elderly Health Centres (EHCs), would the Government please advise on: (a) the numbers of enrolment at each EHC in the past 3 years, broken down by age group; and (b) the numbers of elderly people waiting for health assessment and medical consultation as well as the median and longest waiting time in the past 3 years.

2. Has the Government earmarked any resources for enhancing the services of EHCs in the 2020-21 Estimates? If so, what are the details and expenditure involved? If not, what are the reasons?

3. Regarding woman health services, would the Government please advise on: (a) the numbers of enrolment at each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC) in the past 3 years; and (b) the numbers of women on the waiting list for woman health services at each WHC and MCHC as well as the respective median and longest waiting time in the past 3 years.

4. Has the Government earmarked any resources for enhancing the services of WHCs and MCHCs in the 2020-21 Estimates? If so, what are the details and expenditure involved? If not, what are the reasons?

5. Regarding cervical screening service, would the Government please advise on: (a) the numbers of women on the waiting list for the said service as well as the median and longest waiting time in the past 3 years; (b) the numbers of attendances for the said service by age group in the past 3 years; and (c) the numbers of recipients of the said service found to be in need of referral for treatment by age group in the past 3 years?

6. Regarding oral health services, would the Government introduce an Elderly Dental Care Service by making reference to the School Dental Care Service to provide the elderly with services including oral check-ups, scaling and polishing as well as filling so as to protect their oral health? If so, what are the implementation details as well as the expenditure and manpower involved? If not, what are the reasons?

7. Regarding the measures to enhance protection of the elderly against invasive pneumococcal disease, would the Government please advise on the detailed proposal, staff establishment and resources involved, estimated number of service recipients and expected effectiveness?

8. Regarding the Colorectal Cancer Screening Pilot Programme, would the Government please advise on: (a) the details of the programme as well as the provision, manpower and expenditure involved? ; and (b) the items of work that have been implemented following the announcement of the launch of the programme, the working groups that have been set up, the progress of work, as well as the expected commencement time of the screening?

9. Has the Government earmarked any resources for implementing a breast cancer screening programme for women in the 2020-21 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, what are the reasons?

10. Has the Government earmarked any resources for implementing a health programme for men that covers such services as physical examination, prostate examination, reproductive health check-ups, counselling service etc. in the 2020-21 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, what are the reasons?

11. Regarding antenatal and postnatal services, would the Government please advise on the following: (a) the minimum, average and maximum numbers of antenatal check-ups undergone by pregnant women; (b) the minimum, average and maximum numbers of postnatal check-ups undergone by pregnant women; and (c) the manpower and expenditure involved for each antenatal and postnatal check-up?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 208)

Reply:

(1)
(a)
The number of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past 3 years is as follows:

EHC	2017					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	672	542	408	391	302	2 315
Shau Kei Wan	634	473	380	396	330	2 213
Wan Chai	1 961	1 170	649	526	345	4 651
Aberdeen	540	515	357	446	330	2 188
Nam Shan	697	496	407	365	258	2 223
Lam Tin	647	507	337	405	324	2 220
Yau Ma Tei	498	505	389	442	381	2 215

EHC	2017					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
San Po Kong	539	475	390	536	381	2 321
Kowloon City	540	493	393	496	290	2 212
Lek Yuen	1 536	1 132	770	818	640	4 896
Shek Wu Hui	648	454	327	385	317	2 131
Tseung Kwan O	719	536	361	330	184	2 130
Tai Po	662	478	315	403	268	2 126
Tung Chung	658	682	485	359	137	2 321
Tsuen Wan	575	508	380	348	303	2 114
Tuen Mun Wu Hong	643	638	348	341	245	2 215
Kwai Shing	682	579	389	384	252	2 286
Yuen Long	678	557	408	397	276	2 316
Total	**13 529**	**10 740**	**7 493**	**7 768**	**5 563**	**45 093**

EHC	2018					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	1 376	1 031	555	509	424	3 895
Shau Kei Wan	561	611	338	366	337	2 213
Wan Chai	1 842	1 357	608	539	363	4 709
Aberdeen	590	615	328	364	315	2 212
Nam Shan	645	590	338	353	288	2 214
Lam Tin	666	567	312	345	329	2 219
Yau Ma Tei	598	576	321	379	337	2 211
San Po Kong	646	592	318	414	351	2 321
Kowloon City	558	487	362	461	346	2 214
Lek Yuen	1 680	1 454	659	603	504	4 900
Shek Wu Hui	613	512	319	326	337	2 107
Tseung Kwan O	617	526	371	371	242	2 127
Tai Po	600	527	307	412	278	2 124
Tung Chung	692	710	444	316	159	2 321
Tsuen Wan	1 002	913	463	401	314	3 093
Tuen Mun Wu Hong	671	633	334	317	257	2 212
Kwai Shing	673	619	387	357	264	2 300
Yuen Long	693	625	371	362	267	2 318
Total	**14 723**	**12 945**	**7 135**	**7 195**	**5 712**	**47 710**

EHC	2019*					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	443	459	251	253	248	1 654
Shau Kei Wan	965	927	410	401	383	3 086

EHC	2019*					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Wan Chai	1 233	1 210	433	309	190	3 375
Aberdeen	466	473	235	259	221	1 654
Nam Shan	491	487	263	231	184	1 656
Lam Tin	450	505	242	230	225	1 652
Yau Ma Tei	388	506	259	260	240	1 653
San Po Kong	493	436	242	286	277	1 734
Kowloon City	403	470	226	280	276	1 655
Lek Yuen	1 127	1 144	447	446	368	3 532
Shek Wu Hui	474	406	236	189	252	1 557
Tseung Kwan O	1 401	1 140	627	535	383	4 086
Tai Po	438	480	231	243	197	1 589
Tung Chung	502	530	325	235	136	1 728
Tsuen Wan	740	734	375	409	331	2 589
Tuen Mun Wu Hong	472	559	258	204	162	1 655
Kwai Shing	484	497	253	246	221	1 701
Yuen Long	465	542	279	218	226	1 730
Total	**11 435**	**11 505**	**5 592**	**5 234**	**4 520**	**38 286**

*Provisional figures from January to September 2019

(b)

For the past 3 years, the number of elders on the waiting list for first-time health assessment, the median waiting times and longest median waiting times for first-time health assessments among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2017	**2018**	**2019***
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	21 815	24 127	19 186
Median waiting time for first-time health assessment (months)	6.8	12.3	13.5
Longest median waiting time for first-time health assessments among all EHCs (months)	10.2 (Tuen Mun Wu Hong EHC)	17.3 (Tuen Mun Wu Hong EHC)	22.8 (Tuen Mun Wu Hong EHC)

*Provisional figures

(2)

Since the second half of 2018, 2 new clinical teams which were approved for establishment in 2017-18 and 2018-19, have commenced operation. These 2 teams have contributed additional health assessments and medical consultations. The Department of Health (DH) will continue to flexibly deploy the new clinical teams and closely monitor the waiting time for health assessments in 2020.

(3)
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 DH. At present, there are 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. In 2017, 2018 and 2019, the number of enrolment for woman health service in individual centres are:

Centre	**No. of enrolment**		
	2017	**2018**	**2019**
Chai Wan WHC	3 371	3 176	3 070
Lam Tin WHC	4 603	4 772	4 550
Tuen Mun WHC	3 823	3 885	3 318
Ap Lei Chau MCHC	248	210	183
Fanling MCHC	607	603	548
Lek Yuen MCHC	634	618	563
Ma On Shan MCHC	340	343	329
Sai Ying Pun MCHC	28	34	30
South Kwai Chung MCHC	196	183	190
Tseung Kwan O Po Ning Road MCHC	124	138	146
Tsing Yi MCHC	106	120	118
Wang Tau Hom MCHC	122	116	109
West Kowloon MCHC	225	228	210
Total	**14 427**	**14 426**	**13 364**

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 1 week to 12 weeks, with a median waiting time of 2 weeks.

(4)
The Government does not have plan to increase women health services provided by WHCs and MCHCs. DH will continue to monitor the demand on women health.

(5)
MCHCs under the Family Health Service (FHS) of the DH provide cervical screening service. Clients are given an appointment for cervical screening service within 4 weeks through telephone booking. In the past 3 years, the actual waiting time for appointment varied from 2 days to 4 weeks each year.

In 2017, 2018 and 2019, the number of attendance for cervical screening service provided at MCHCs were 103 000, 98 000 and 94 000 respectively. Based on information kept by the Cervical Screening Information System, the age distribution of women receiving cervical screening tests at MCHCs in these 3 years was fairly constant. The proportion of screening belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 20.2%, 31.1%, 28.0% and 19.8% respectively. A total of 5 256, 5 008 and 4 391 referrals to specialists were made for further management in the corresponding years. The FHS does not keep the age breakdown of clients who have been referred to specialists.

(6)
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 Division 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 Clinics (OMS&DCs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DCs is by referral from other hospital units and registered dental or medical practitioners.

In recent years, the Government prioritises its resources and care for persons with special dental care needs, especially elderly with financial difficulties. Under the Comprehensive Social Security Assistance Scheme, recipients who are old, 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 tooth extraction), whichever is the less.

The Elderly Health Care Voucher (EHV) Scheme was launched in 2009 to subsidise eligible elderly persons to use primary care services in the private sector, including dental services. The Government announced in the 2018 and 2019 Budget that an additional one-off $1,000 voucher amount would be made available to each eligible elder. Furthermore, the accumulation limit of vouchers has been increased from $5,000 to $8,000 and is made a regular measure, so as to enhance the flexibility of use and facilitate elders to plan for the use of their vouchers.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services for elders in residential care homes or day care centres through outreach dental teams set up by non-governmental organisations with government subsidies. The pilot project was converted into a regular programme, namely Outreach Dental Care Programme for the Elderly in October 2014 with the expanded scope of treatments to cover fillings, extractions, dentures, etc. and the expanded pool of beneficiaries to cover elders in similar facilities.

In September 2012, the Elderly Dental Assistance Programme with funding provided under the Community Care Fund was launched for provision of free removable dentures and related dental services to low-income elders who are users of the home care service or home help service schemes subvented by the Social Welfare Department. The programme was expanded in phases in September 2015, October 2016, July 2017 and February 2019 to cover elders who are Old Age Living Allowance recipients aged 80 or above, 75 or above, 70 or above and 65 or above respectively.

(7)
Since the 2017/18 season, the Government has been providing free or subsidised 13-valent pneumococcal conjugate vaccine (PCV13) to eligible elderly with high-risk conditions under the Government Vaccination Programme (GVP) and Vaccination Subsidy Scheme

(VSS) respectively. The aim is to provide them with better protection against invasive pneumococcal diseases in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases (SCVPD). Upon implementation of the above initiative, eligible elderly will receive an additional dose of free or subsidised PCV13 on top of 1 dose of free or subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV).

The vaccination is administered through either the GVP or the VSS in the following ways -

(a) for previously vaccinated elderly with high-risk conditions, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have been vaccinated with PCV13 before; and

(b) for those high-risk elderly who have reached 65 and have never been vaccinated before, they will be given 1 dose of PCV13, followed by 1 dose of 23vPPV.

The vaccination arrangements for elderly without high-risk conditions remain unchanged. They are eligible for receiving 1 dose of free or subsidised 23vPPV through either the GVP or the VSS.

The additional workload arising from the implementation of the above initiative has been absorbed by the existing staff, with employment of extra staff on a short-term basis. In 2020-21, the provision for the implementing the above initiative is $20.8 million. The expenses to be covered include cost for procuring and administering the vaccines under the GVP, payment of subsidies under the VSS, cost for employing extra staff and other administrative costs, etc.

The overall coverage rate so far for pneumococcal vaccination of 23vPPV or PCV13 for elderly aged 65 or above is around 45.5% of the target elderly population of 1.33 million.

(8)
Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has fully extended since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. As at end February 2020, more than 172 400 eligible persons have participated in the CRCSP.

A multi-disciplinary taskforce was formed in 2014 to oversee planning, implementation, promotion and evaluation of the Pilot Programme and CRCSP. A total of 39 meetings of the task force and its working groups were held. The task force met in November 2019 to review the implementation of the CRCSP and advise on the way forward for the full extension of CRCSP (i.e. to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests).

The expenditure for the CRCSP in 2016-17, 2017-18 and 2018-19 are $44.6 million, $90.0 million and $123.1 million respectively, and the revised estimates in 2019-20 is $147.1 million. In 2020-21, the total provision of the CRCSP is $281.8 million. The number of civil service establishment involved in the CRCSP in the DH is 25.

(9)
The DH has not made any provision for territory-wide breast cancer screening in 2020-21. As set out in Policy Address 2018, the Government commissioned a study to identify risk factors associated with breast cancer for local women. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening has taken into consideration of the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risks profiles. Should it become necessary, funding would be set aside in this Head.

(10)
The DH operates a Men's Health Programme under which a designated "Men's Health" section in the Centre for Health Protection website provides customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other communication channels include printed materials, media and web-based publicity and a telephone education hotline. The Programme does not include health check or personalised counselling which are provided primarily in the private and non-governmental sectors. Regarding screening for prostate cancer, the Cancer Expert Working Group on Cancer Prevention and Screening considers that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men at average risk.

Resources for the above activities are absorbed within DH's overall provision for disease prevention and cannot be separately identified

(11)
Maternal and Child Health Centres (MCHCs) of the DH, in collaboration with the Department of Obstetrics and Gynaecology of hospitals under the Hospital Authority (HA), provide an antenatal shared care programme to pregnant women. In 2019, there were 24 400 pregnant women registered in MCHCs and a total of 118 800 attendances for antenatal care in MCHCs. Antenatal check-up is provided in the first and subsequent antenatal attendances. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to HA's obstetrics department for follow up and management if necessary.

In 2019, there were 32 000 postnatal women registered in MCHCs and a total of 39 700 attendances for postnatal care in MCHCs. Early postnatal assessment and postnatal check-up are provided in the first and subsequent postnatal attendances. Follow-up appointment for further assessment or referral will be arranged if necessary.

The maximum number of antenatal and postnatal check-ups attended by pregnant women and postnatal women are not available.

MCHCs provide a variety of services to children and women. The manpower and expenditure for each antenatal and postnatal check-up cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)515

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4626)

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

Question:

Regarding dental services for persons with intellectual disabilities (PIDs), will the Government inform this Committee of:

1. the numbers of PIDs and autistic patients in Hong Kong in table form;

2. the expenditure on special care dentistry services in the past 5 years and the estimated expenditure in the coming year;

3. the clinics and hospitals in Hong Kong which provided special care dentistry services in the past 5 years and the respective figures on the numbers of doctors, nurses, anaesthetists, attendances and patients on the waiting list as well as their waiting time and the fees charged in table form;

4. the information about the current implementation details, service providers, number of attendances, effectiveness, as well as the expenditure and manpower involved in the 3-year project planned to be implemented to encourage more non-governmental organisations to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disabilities as mentioned by the Government last year; and

5. whether the Government plans to regularise special care dentistry services; if so, the estimated expenditure and details of the plan; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 209)

Reply:

1.

In accordance with a territory-wide survey conducted by the Census and Statistics Department on persons with disabilities and chronic diseases throughout the whole year of 2013, it was estimated that there were 10 200 persons with Autism in the year. Regarding the number of persons with intellectual disability (ID), a statistical assessment based on

various relevant data sources showed that the estimated total number of persons with ID was more likely to lie in the region of 71 000 to 101 000 in the same year. However, breakdown of above figures by severity of ID is not available.

2. and 3.
The Government's policy on dental care seeks to raise public awareness of oral health and encourage proper oral health habits through promotion and education. Nevertheless, the Government recognises the need to provide some essential dental services for patients with special needs. The following dental services are provided to patients with ID.

Dandelion Oral Care Action

The Oral Health Education Division (OHED) of the Department of Health (DH) has conducted since 2005 the Dandelion Oral Care Action (the Dandelion Programme), an oral health promotion programme for children with mild to moderate ID in special schools. The Dandelion Programme is implemented in a train-the-trainer approach whereby the OHED trains at least 1 school nurse or teacher from each school to be the Oral Health Trainers (OHTs). The OHTs equipped with certain basic oral care knowledge techniques will in turn train all the teachers in the school in the same manner. They also conduct workshops to train the parents, who are expected to brush twice a day and floss once daily for their children at home using the same techniques.

Figures on expenditure and manpower of the Dandelion Programme are not available as they have been absorbed within the provision for dental services under its respective Programme.

School Dental Care Service (SDCS)

Since its establishment in 1980, the SDCS has been promoting oral health and providing annual dental check-up, basic and preventive dental care for primary school children in Hong Kong. Starting from 2013/14 school year, the Government has further stepped up the support measures for students with ID and/or physical disabilities studying in special schools by allowing them to continue to enjoy the SDCS until they reach the age of 18.

The number of participants from special schools in the last 5 school years is as follows –

School year	2015/16	2016/17	2017/18	2018/19	2019/20
No. of participants from special schools	5 643	5 751	5 973	6 178	6 331

Figures on the expenditure and manpower for providing services to people with ID under SDCS are not available as they have been absorbed within the provision for dental services under its respective Programme.

Oral Maxillofacial Surgery & Dental Clinics (OMS&DCs)

DH provides public dental services through its OMS&DCs in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners.

The number of attendance for patients with ID in DH's OMS&DCs in the last 5 calendar years is as follows –

Year	2015	2016	2017	2018	2019
Attendances	746	816	936	1 010	909

Figures on the expenditure and manpower for providing services to people with ID under DH's OMS&DCs are not available as they have been absorbed within the provision for dental services under its respective Programme.

Pilot Project on Dental Service for Patients with ID

The Government provided funding to implementing organisations to launch the Pilot Project on Dental Service for Patients with Intellectual Disability (the Pilot Project) (also known as the Loving Smiles Service) from August 2013 to July 2018. Patients with ID aged 18 or above were subsidized to receive oral check-up, dental treatment and oral health education in the dental clinics participating in the Pilot Project.

Since the implementation of the Pilot Project in August 2013 up to July 2018, the expenditure was about $24 million and about 3 470 eligible persons received dental service under the Pilot Project.

4.
Following the Pilot Project, the Government launched a three-year programme named "Healthy Teeth Collaboration (HTC)" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. Five non-governmental organisations have joined the HTC. They are Christian Family Service Centre Dental Services Limited; Haven of Hope Christian Service; Hong Kong Tuberculosis, Chest and Heart Diseases Association; Loving Smiles Foundation Limited; and Tung Wah Group of Hospitals. As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation.

Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

Financial Year	Annual Expenditure ($ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

5.
The Government will work out the best way forward in meeting the dental care needs of the eligible users under HTC after completion of the programme.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)516

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4628)

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

Question:

Regarding public dental services, will the Government advise on the following for the past 3 years: What were the utilisation rates, numbers of attendances, daily consultation capacity for each dentist, maximum daily service capacity as well as cost per case for dental services in respect of the public dental clinics under the Department of Health? What were the numbers, lengths of service, vacancy rates, turnover rates and average working hours per week of all ranks of healthcare staff (including dentists and dental surgery assistants) in the dental clinics?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 211)

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 Division 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.

Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DCs is by referral from other hospital units and registered dental or medical practitioners.

The expenditures on GP sessions and OMS&DCs are absorbed within the provisions for dental service under Programme (4) and are not separately identifiable. The DH does not keep statistics on the cost per case for public dental services in various dental clinics.

In 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session[@]**	**No. of attendances**		
			2017-18	**2018-19**	**2019-20 (up to 31 January 2020)**
Kowloon City Dental Clinic	Monday (AM)	84	5 234	5 419	4 457
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	3 990	4 023	3 360
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 599	7 191	6 071
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 262	2 227	1 862
Mona Fong Dental Clinic	Thursday (PM)	42	1 898	1 899	1 574
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 011	1 970	1 710
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 808	7 994	6 730
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 015	2 016	1 686
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851	3 910	3 325
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	90	95	95
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	199	283	223

[@] The maximum numbers of discs allocated per session at individual dental clinics remain the same in the 3 years.

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 overall utilisation rate for each dental clinic in the financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	86.5	88.4	87.8
Kwun Tong Dental Clinic	95.2	97.9	97.5
Kennedy Town Community Complex Dental Clinic	82.3	85.6	91.0
Fanling Health Centre Dental Clinic	92.5	96.5	88.7
Mona Fong Dental Clinic	88.2	90.6	87.5
Tai Po Wong Siu Ching Dental Clinic	93.7	94.0	94.9
Tsuen Wan Dental Clinic	94.6	96.9	97.0
Yan Oi Dental Clinic	96.2	98.1	97.9
Yuen Long Jockey Club Dental Clinic	93.3	94.6	96.0
Tai O Dental Clinic	23.4	24.7	29.7
Cheung Chau Dental Clinic	51.8	73.7	69.7

The attendances of hospital patients and numbers of patients with special oral healthcare needs in OMS&DCs under the DH in 2018, 2019 and 2020 are as follows:

	2018 (Actual)	2019 (Actual)	2020 (Revised Estimate)
Hospital patients (attendances)	67 000	66 100	66 100
Special needs group (number of patients)	11 500	11 400	11 400

All consultation appointments in the OMS&DCs in the 7 public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DCs would offer same day appointments for those cases warranting immediate attention, and appointments within 2 weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within 1 working day. The utilisation rate, daily consultation capacity for each dentist and maximum daily service capacity are not available.

Regarding the number of clinical staff in the above dental clinics and OMS&DCs, there were a total of 83 Dental Officers (DOs) and 88 Dental Surgery Assistants (DSAs) as at February 2020. These staff are funded by both Programme (4) and Programme (7) which cannot be separately identified. The DH has endeavoured to deploy adequate staff to operate the dental surgeries in OMS&DCs and GP sessions in the 11 designated government dental clinics with a view to fully utilising the surgeries. The length of service of both

DOs and DSAs working in DH ranging from over 30 years to less than 1 year and the wastage rates for DOs and DSAs as at February 2020 were 3.2% and 3.6% respectively. Their conditioned hours of work are 44 hours gross per week.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4632)

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

Question:

Regarding public dental services, would the Government please advise on the following:

(a) the service sessions, maximum numbers of discs available per session, actual numbers of discs given out and actual numbers of attendances in respect of general public sessions (GP sessions) provided by public dental clinics in the past 3 years;

(b) the numbers and proportions of patients attending GP sessions by age group: (1) aged below 18; (2) aged between 18 and 65; and (3) aged 65 or above;

(c) a breakdown of the improvements made in response to the problems with public dental services as pointed out in Report No. 68 of the Director of Audit (including underutilisation of disc quotas for GP sessions), as well as the manpower and resources required for implementing the improvement measures;

(d) whether the Government has any long-term plans to extend GP sessions 7 days a week or across the territory to make dental clinic(s) available in each of the 18 districts to facilitate consultation by members of the public; if so, the details and if not, the reasons for that; and

(e) the average annual expenditure of the 11 dental clinics in Hong Kong, as well as the respective average treatment costs per patient for GP sessions and non-GP sessions (for civil servants, their families and retired civil servants)?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 215)

Reply:

(a) 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 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the maximum numbers of disc allocated, the numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session@**	**No. of attendances (No. of discs allocated)**		
			2017-18	**2018-19**	**2019-20 (up to 31 January 2020)**
Kowloon City Dental Clinic	Monday (AM)	84	5 234 (5 268)	5 419 (5 449)	4 457 (4 482)
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	3 990 (4 003)	4 023 (4 031)	3 360 (3 368)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 599 (6 647)	7 191 (7 243)	6 071 (6 112)
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 262 (2 262)	2 227 (2 236)	1 862 (1 867)
Mona Fong Dental Clinic	Thursday (PM)	42	1 898 (1 918)	1 899 (1 907)	1 574 (1 581)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 011 (2 028)	1 970 (1 974)	1 710 (1 715)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 808 (7 837)	7 994 (8 031)	6 730 (6 773)
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 015 (2 015)	2 016 (2 017)	1 686 (1 689)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851 (3 860)	3 910 (3 929)	3 325 (3 354)
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	90 (91)	95 (96)	95 (96)
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	199 (207)	283 (286)	223 (224)

[@] The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

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.

(b) The distribution of attendances of GP sessions by age group in financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows:

	% Distribution of attendances of GP sessions by age group		
Age group[#]	**2017-18**	**2018-19**	**2019-20 (up to 31 January 2020)**
0-18	1.7	1.8	3.9
19-60	41.8	39.3	40.4
61 or above	56.5	58.9	55.7

[#] The distribution of attendances of GP sessions by age groups of below 18, 18-65 and 65 or above are not readily available.

(c) To enhance utilisation rate of disc quotas of GP sessions, the DH has stepped up effort to promote the service of the GP sessions at Kennedy Town Community Complex Dental Clinic (KTCCDC) and Kowloon City Dental Clinic (KCDC), including handing out clinic's information leaflet to encourage the public who are unable to obtain disc quota from other government dental clinics to visit the KTCCDC and KCDC. With the above promotional effort, and following the provision of MTR service in Kennedy Town and Whampoa, the percentage of unutilised disc quota of KTCCDC has dropped from 25.2% (in 2015-16) to 9% (in 2019-20 (up to 31 January 2020)) and KCDC from 15% (in 2015-16) to 12.2% (in 2019-20 (up to 31 January 2020)). We anticipate that the percentage of unutilised disc quota will continue to decrease. The DH will absorb any additional workload by flexible redeployment of resources.

(d) The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government has

allocated resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

(e) Expenditure incurred for the operation of the GP sessions is not available as it has been absorbed within the provision for dental services under Programme (4). In this connection, the breakdown of expenditure by clinic and the average cost of service per attendance are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4633)

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

Question:

Regarding dental services for persons with intellectual disabilities, will the Government advise on:

(1) the numbers of persons with mild, moderate and severe intellectual disabilities and autistic patients in Hong Kong in table form;

(2) the expenditure on special care dentistry services in the past 5 years and the estimated expenditure in 2020-21;

(3) in table form the clinics and hospitals in Hong Kong which provided special care dentistry services, the respective numbers of doctors, nurses and anaesthetists providing such services, the attendances and the patients on the waiting list as well as their waiting time and the fees charged in the past 5 years; and

(4) whether the Government plans to regularise special care dentistry services; if so, the estimated expenditure and details of the plan; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 217)

Reply:

(1)
In accordance with a territory-wide survey conducted by the Census and Statistics Department on persons with disabilities and chronic diseases throughout the whole year of 2013, it was estimated that there were 10 200 persons with Autism in the year. Regarding the number of persons with intellectual disability (ID), a statistical assessment based on various relevant data sources showed that the estimated total number of persons with ID was more likely to lie in the region of 71 000 to 101 000 in the same year. However, breakdown of above figures by severity of ID is not available.

(2) and (3)
The Government's policy on dental care seeks to raise public awareness of oral health and encourage proper oral health habits through promotion and education. Nevertheless, the Government recognises the need to provide some essential dental services for patients with special needs. The following dental services are provided to patients with ID.

Dandelion Oral Care Action

The Oral Health Education Division (OHED) of the Department of Health (DH) has conducted since 2005 the Dandelion Oral Care Action (the Dandelion Programme), an oral health promotion programme for children with mild to moderate ID in special schools. The Dandelion Programme is implemented in a train-the-trainer approach whereby the OHED trains at least 1 school nurse or teacher from each school to be the Oral Health Trainers (OHTs). The OHTs equipped with certain basic oral care knowledge techniques will in turn train all the teachers in the school in the same manner. They also conduct workshops to train the parents, who are expected to brush twice a day and floss once daily for their children at home using the same techniques.

Figures on expenditure and manpower of the Dandelion Programme are not available as they have been absorbed within the provision for dental services under its respective Programme.

School Dental Care Service (SDCS)

Since its establishment in 1980, the SDCS has been promoting oral health and providing annual dental check-up, basic and preventive dental care for primary school children in Hong Kong. Starting from 2013/14 school year, the Government has further stepped up the support measures for students with ID and/or physical disabilities studying in special schools by allowing them to continue to enjoy the SDCS until they reach the age of 18.

The number of participants from special schools in the last 5 school years is as follows –

School year	2015/16	2016/17	2017/18	2018/19	2019/20
No. of participants from special schools	5 643	5 751	5 973	6 178	6 331

Figures on the expenditure and manpower for providing services to people with ID under SDCS are not available as they have been absorbed within the provision for dental services under its respective Programme.

Oral Maxillofacial Surgery & Dental Clinics (OMS&DCs)

DH provides public dental services through its OMS&DCs in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners.

The number of attendance for patients with ID in DH's OMS&DCs in the last 5 calendar years is as follows –

Year	2015	2016	2017	2018	2019
Attendances	746	816	936	1 010	909

Figures on the expenditure and manpower for providing services to people with ID under DH's OMS&DCs are not available as they have been absorbed within the provision for dental services under its respective Programme.

Pilot Project on Dental Service for Patients with ID

The Government provided funding to implementing organisations to launch the Pilot Project on Dental Service for Patients with Intellectual Disability (the Pilot Project) (also known as the Loving Smiles Service) from August 2013 to July 2018. Patients with ID aged 18 or above were subsidized to receive oral check-up, dental treatment and oral health education in the dental clinics participating in the Pilot Project.

Since the implementation of the Pilot Project in August 2013 up to July 2018, the expenditure was about $24 million and about 3 470 eligible persons received dental service under the Pilot Project.

(4)
Following the Pilot Project, the Government launched a three-year programme named "Healthy Teeth Collaboration" (HTC) since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. The financial provision for implementing the HTC was $17.2 million in 2019-20 and is $17.7 million in 2020-21. The Government will work out the best way forward in meeting the dental care needs of the eligible users under HTC after completion of the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4634)

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

Question:

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

1) the attendances of the elderly for the services under the Programme in different districts over the past 5 years and their age distribution;

2) the establishment of each outreach dental team, the manpower involved and the costs of the services; details of the services provided to the elderly, including oral care training and onsite oral health assessment; the length of each service session and the number of elderly persons served;

3) the expenditures on the various services under the Programme in the past 5 years; and

4) the estimated expenditures on the various services under the Programme in the coming year.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 218)

Reply:

1) & 2)

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014 to provide free on-site oral check-up for elders and oral care training to caregivers of residential care homes (RCHEs), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations. If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant.

The number of attendances under ODCP was about 44 300 between October 2014 and September 2015, about 46 300 between October 2015 and September 2016, about 47 800

between October 2016 and September 2017, about 50 500 between October 2017 and March 2019, and about 44 800 between April 2019 and January 2020. The distribution of the participating RCHEs and DEs by the administrative districts of the Social Welfare Department under ODCP from October 2014 to September 2017 and from October 2017 to January 2020 are at **Annex (1)** and **Annex (2)** respectively.

3) The financial provision for implementing ODCP was $44.5 million in 2015-16, $44.8 million in 2016-17, $44.9 million in 2017-18 and 2018-19, and $51.7 million in 2019-20.

4) For 2020-21, $58.0 million has been earmarked for implementing ODCP.

Annex (1)

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2014-15 Service Year of ODCP [Note 1]			2015-16 Service Year of ODCP [Note 1]			2016-17 Service Year of ODCP [Note 1]		
	(a)	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	69	110	63%	88	109	81%	88	109	81%
Eastern and Wan Chai	76	102	75%	81	103	79%	84	105	80%
Kwun Tong	44	66	67%	52	69	75%	53	71	75%
Wong Tai Sin and Sai Kung	54	69	78%	57	72	79%	61	72	85%
Kowloon City and Yau Tsim Mong	103	130	79%	109	134	81%	120	134	90%
Sham Shui Po	58	88	66%	56	91	62%	60	91	66%
Tsuen Wan and Kwai Tsing	78	110	71%	92	110	84%	96	110	87%
Tuen Mun	47	54	87%	49	54	91%	49	54	91%
Yuen Long	54	59	92%	56	60	93%	58	60	97%
Sha Tin	48	64	75%	49	64	77%	52	65	80%
Tai Po and North	74	92	80%	84	93	90%	89	93	96%
Total:	**705**	**944**	**75%**	**773**	**959**	**81%**	**810**	**964**	**84%**

Note 1: Service year refers to the period from 1 October of the current year to 30 September of the following year.

(a) : No. of Participating RCHEs and DEs

(b) : Total no. of RCHEs and DEs

Annex (2)

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2017-19 Service Year of ODCP [Note 2]			2019-20 Service Year of ODCP [Note 3] (position as at 31 January 2020)		
	(a)	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	81	105	77%	79	104	76%
Eastern and Wan Chai	92	111	83%	78	111	70%
Kwun Tong	59	67	88%	56	69	81%
Wong Tai Sin and Sai Kung	60	67	90%	56	67	84%
Kowloon City and Yau Tsim Mong	124	137	91%	115	141	82%
Sham Shui Po	74	95	78%	65	97	67%
Tsuen Wan and Kwai Tsing	107	118	91%	101	116	87%
Tuen Mun	55	57	96%	50	58	86%
Yuen Long	57	62	92%	55	61	90%
Sha Tin	56	64	88%	53	63	84%
Tai Po and North	87	93	94%	84	90	93%
Total:	**852**	**976**	**87%**	**792**	**977**	**81%** [Note 4]

Note 2: 2017-19 Service year refers to the period from 1 October 2017 to 31 March 2019.

Note 3: 2019-20 Service year refers to the period from 1 April 2019 to 31 March 2020.

Note 4: This figure represents the participation rate of the first 10 months of 2019-20 Service Year.

(a) : No. of Participating RCHEs and DEs

(b) : Total no. of RCHEs and DEs

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4635)

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

Question:

Regarding public dental services, will the Government please advise on:

a. the information about the service sessions, maximum numbers of discs available per session, actual numbers of discs given out, actual numbers of attendances and numbers of Elderly Health Care Voucher claims in respect of general public sessions (GP sessions) provided by public dental clinics in the past 3 years;

b. the numbers of cases of repeated visits in the past 3 years, broken down by number of visit (i. 2; ii. 3; iii. 4; and iv. 5 or above);

c. a breakdown of the improvements made in response to the problems with public dental services as pointed out in Report No. 68 of the Director of Audit (including underutilisation of disc quotas for GP sessions), as well as the manpower and resources required for implementing the improvement measures; and

d. whether the Government has any long-term plans to extend GP sessions 7 days a week or across the territory to make dental clinic(s) available in each of the 18 districts to facilitate consultation by members of the public; if so, the details and if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 219)

Reply:

a. 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 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the maximum numbers of disc allocated, the numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session@**	**No. of attendances (No. of discs allocated)**		
			2017-18	**2018-19**	**2019-20 (up to 31 January 2020)**
Kowloon City Dental Clinic	Monday (AM)	84	5 234 (5 268)	5 419 (5 449)	4 457 (4 482)
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	3 990 (4 003)	4 023 (4 031)	3 360 (3 368)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 599 (6 647)	7 191 (7 243)	6 071 (6 112)
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 262 (2 262)	2 227 (2 236)	1 862 (1 867)
Mona Fong Dental Clinic	Thursday (PM)	42	1 898 (1 918)	1 899 (1 907)	1 574 (1 581)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 011 (2 028)	1 970 (1 974)	1 710 (1 715)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 808 (7 837)	7 994 (8 031)	6 730 (6 773)
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 015 (2 015)	2 016 (2 017)	1 686 (1 689)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851 (3 860)	3 910 (3 929)	3 325 (3 354)
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	90 (91)	95 (96)	95 (96)
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	199 (207)	283 (286)	223 (224)

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.
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.

b. DH does not maintain information on the number of cases of repeated visits in the past 3 years.

c. To enhance utilisation rate of disc quotas of GP sessions, the DH has stepped up effort to promote the service of the GP sessions at Kennedy Town Community Complex Dental Clinic (KTCCDC) and Kowloon City Dental Clinic (KCDC), including handing out clinic's information leaflet to encourage the public who are unable to obtain disc quota from other government dental clinics to visit the KTCCDC and KCDC. With the above promotional effort, and following the provision of MTR service in Kennedy Town and Whampoa, the percentage of unutilised disc quota of KTCCDC has dropped from 25.2% (in 2015-16) to 9% (in 2019-20 (up to 31 January 2020)) and KCDC from 15% (in 2015-16) to 12.2% (in 2019-20 (up to 31 January 2020)). We anticipate that the percentage of unutilised disc quota will continue to decrease. The DH will absorb any additional workload by flexible redeployment of resources.

d. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government has allocated resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)521

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4636)

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

Question:

Regarding antiviral drugs against influenza, will the Government please provide the following information for the past 3 years:

a. the quantities of such drugs (and that of Tamiflu) stockpiled each year by type in detail;

b. the quantities of such drugs (and that of Tamiflu) procured each year by type in detail;

c. the quantities of such drugs (and that of Tamiflu) used in the public healthcare system each year; and

d. the quantities of such drugs (and that of Tamiflu) allocated to the private healthcare market each year by type in detail?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 220)

Reply:

a. The quantities of antiviral stockpile in the past 3 years are appended below -

Financial Year	**Tamiflu Capsule 75mg**	**Tamiflu Capsule 30mg**	**Tamiflu Capsule 45mg**	**Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle**	**Relenza 5mg/dose inhalation powder**
2017-18	14.7 million doses	0.8 million doses	0.3 million doses	0.1 million doses	1.7 million doses
2018-19	14.4 million doses	0.8 million doses	0.3 million doses	0.2 million doses	1.7 million doses

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2019-20 (up to 5 March 2020)	14.3 million doses	1.0 million doses	0.3 million doses	0.4 million doses	1.4 million doses

b. The quantities of antiviral stockpile that the Government has replenished in the past 3 years are appended below -

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2017-18	-	-	-	0.2 million doses	-
2018-19	-	-	-	0.2 million doses	-
2019-20 (up to 5 March 2020)	-	0.5 million doses	-	0.2 million doses	-

c. The quantities of antiviral stockpile that has been supplied to the public sector, including the Department of Health and the Hospital Authority, in the past 3 years are appended below -

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2017-18	826 780 capsules	133 020 capsules	5 200 capsules	34 833 bottles	134 boxes
2018-19	304 760 capsules	36 830 capsules	50 capsules	8 611 bottles	5 boxes
2019-20 (up to 5 March 2020)	91 390 capsules	10 080 capsules	-	2 977 bottles	129 boxes

d. Where there is shortage of Tamiflu (in various preparations) in the private sector, the Government would follow the established procedures in accordance with the Stores and Procurement Regulations and deploy certain quantities of antiviral stockpile to the supplier in order to maintain supply continuity in the private sector. All the borrowed antiviral stocks in 2017-18 had been returned to the Government. No Relenza were on loan to the private sector on these two occasions.

The quantities of antiviral stockpile that the Government has loaned to the private sector in the past 3 years are appended below -

Financial Year	**Tamiflu Capsule 75mg**	**Tamiflu Capsule 30mg**	**Tamiflu Capsule 45mg**	**Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle**
2017-18	100 000 capsules	50 000 capsules	-	12 000 bottles
2018-19	-	-	-	-
2019-20 (up to 5 March 2020)	-	-	-	-

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4639)

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

Question:

Regarding antenatal and postnatal services, please advise on:

(a) the minimum, average and maximum numbers of antenatal check-ups undergone by each pregnant woman;

(b) the minimum, average and maximum numbers of postnatal check-ups undergone by each pregnant woman; and

(c) the manpower and expenditure involved for each antenatal and postnatal check-up.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 223)

Reply:

(a) to (c)

Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the Department of Obstetrics and Gynaecology of hospitals under the Hospital Authority (HA), provide an antenatal shared care programme to pregnant women. In 2019, there were 24 400 pregnant women registered in MCHCs and a total of 118 800 attendances for antenatal care in MCHCs. Antenatal check-up is provided in the first and subsequent antenatal attendances. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to HA's obstetrics department for follow up and management if necessary.

In 2019, there were 32 000 postnatal women registered in MCHCs and a total of 39 700 attendances for postnatal care in MCHCs. Early postnatal assessment and postnatal check-up are provided in the first and subsequent postnatal attendances. Follow-up appointment for further assessment or referral will be arranged if necessary.

The maximum number of antenatal and postnatal check-ups attended by pregnant women and postnatal women are not available.

MCHCs provide a variety of services to children and women. The manpower and expenditure for each antenatal and postnatal check-up cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4640)

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

Question:

Has the Government earmarked any resources for implementing a health programme for men that covers such services as physical examination, prostate examination, reproductive health check-ups, counselling service etc. in this year's Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 224)

Reply:

The Department of Health (DH) operates a Men's Health Programme under which a designated "Men's Health" section in the Centre for Health Protection website provides customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other communication channels include printed materials, media and web-based publicity and a telephone education hotline. The Programme does not include health check or personalised counselling which are provided primarily in the private and non-governmental sectors. Regarding screening for prostate cancer, the Cancer Expert Working Group on Cancer Prevention and Screening considers that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men at average risk.

Resources for the above activities are absorbed within DH's overall provision for disease prevention and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4641)

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

Question:

Has the Government earmarked any funding for implementing a breast cancer screening programme for women in the Estimates this year? If so, please advise on the details of the programme as well as the manpower and expenditure involved and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 225)

Reply:

The Department of Health has not made any provision for territory-wide breast cancer screening in 2020-21. As set out in Policy Address 2018, the Government commissioned a study to identify risk factors associated with breast cancer for local women. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening has taken into consideration of the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risks profiles. Should it become necessary, funding would be set aside in this Head.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4642)

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

Question:

With regard to the Pilot Colorectal Cancer Screening Programme (the Pilot Programme), will the Government advise on:

a. the number of recipients of the screening service, number of cases with symptoms detected, and number of cases referred for further examination during various phases of the Pilot Programme;

b. the provisions, manpower and expenditure involved; and

c. the plan and timetable for the regularisation of the Pilot Scheme in the future; the anticipated number of participants each year and the effectiveness of the Pilot Programme; and the provisions, manpower and expenditure involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 226)

Reply:

(a) Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has fully extended since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. As at end February 2020, more than 172 400 eligible persons have participated in the CRCSP.

Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. Among those participants who underwent colonoscopy examination services, about 13 200 persons were found to have colorectal adenomas and about 1 300 cases of colorectal cancers have been diagnosed and referred to public or private sector for further management.

(b) and (c)

The expenditure for the CRCSP in 2016-17, 2017-18 and 2018-19 are $44.6 million, $90.0 million and $123.1 million respectively, and the revised estimates in 2019-20 is $147.1 million. In 2020-21, the total provision of the CRCSP is $281.8 million. The number of civil service establishment involved in the CRCSP in the Department of Health is 25.

At the time of planning regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. Based on the experience in Pilot Programme, it is expected that 30% of eligible population who are users of the Electronic Health Record Sharing System will enroll in the CRCSP.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4643)

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

Question:

Regarding cervical screening service, will the Government please advise on:

(a) the numbers of women on the waiting list for the said service as well as their median and longest waiting time in the past 3 years;

(b) the numbers of attendances for the said service by age group in the past 3 years; and

(c) the numbers of recipients of the said service found to be in need of referral for treatment by age group in the past 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 227)

Reply:

Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health provide cervical screening service. Clients are given an appointment for cervical screening service within 4 weeks through telephone booking. In the past 3 years, the actual waiting time for appointment varied from 2 days to 4 weeks each year.

In 2017, 2018 and 2019, the number of attendance for cervical screening service provided at MCHCs were 103 000, 98 000and 94 000 respectively. Based on information kept by the Cervical Screening Information System, the age distribution of women receiving cervical screening tests at MCHCs in these 3 years was fairly constant. The proportion of screening belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 20.2%, 31.1%, 28.0% and 19.8% respectively. A total of 5 256, 5 008 and 4 391 referrals to specialists were made for further management in the corresponding years. The FHS does not keep the age breakdown of clients who have been referred to specialists.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4644)

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

Question:

What public health education programmes targeting at infants aged between 0 and 3, children aged 3 or above, minors, women, the elderly and families respectively have been launched in the past 5 financial years? What were the expenditures involved in these programmes in the respective financial years? How many people have benefited from each of these programmes?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 228)

Reply:

The Department of Health (DH) has been promoting healthy lifestyle through a life-course and setting-based approach. These include the "StartSmart@school.hk" Campaign targeting pre-primary institutions, "EatSmart@school.hk" Campaign targeting schools, "EatSmart Restaurant Star+" Campaign enlisting support of restaurants to provide healthier dishes, "Joyful@Healthy Workplace" Programme targeting workplace settings and "I'm So Smart" Community Health Promotion Programme promoting healthy living in the community. DH is also carrying out preparatory works for a new, on-going mental health promotion and public education initiative. Moreover, DH has been carrying out activities in promoting organ donation and the prevention and control of communicable diseases.

Over the years, DH has launched a range of health promotion and disease prevention programmes aiming at different target populations. Notably, the Cervical Screening Programme is implemented since 2004 to encourage women aged 25 to 64 years to receive regular screening to reduce cervical cancer; the Colorectal Cancer Screening Programme which is regularised from the Colorectal Cancer Screening Pilot Programme launched in 2016 to provide subsidised screening to asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests for prevention of colorectal cancer; promotional campaigns in relation to alcohol-related harms, namely "Young and Alcohol Free" Campaign which targets young people and their parents and teachers, and "Alcohol Fails" Campaign which targets health care professionals and the general public are launched in 2016 and 2017 respectively; and the "Healthy Hong Kong 2025 | Move for Health"

Campaign is launched in 2018 to encourage the public to "move for health" and increase their physical activity to build an active lifestyle and prevent non-communicable diseases (NCD) as a measure to implement "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong". Manpower and expenditure for these programmes are met from DH's overall provision for prevention and control of NCD and cannot be separately identified.

For children from birth to 5 years of age, the Maternal and Child Health Centres (MCHCs) of DH provide a range of health promotion and disease prevention services through an integrated child health and development programme which includes immunisation services, growth and developmental surveillance, and health education for parents. DH also promotes and supports breastfeeding through strengthening of publicity and education; encouraging adoption of the Breastfeeding Friendly Workplaces Policy; promoting breastfeeding friendly premises; and strengthening the surveillance on the local breastfeeding situation.

Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or MCHCs operated by DH. At present, there are 3 WHCs and 10 MCHCs providing respectively woman health service on a full-time and a sessional basis. MCHCs also provide maternal, family planning and cervical screening services to women. Health education is provided to clients attending MCHCs and WHCs via various channels including distribution of health education resource materials, workshops and individual counselling.

Apart from the above, health messages have also been disseminated to the public through health education resources, information hotline, e-newsletters, designated websites and publicity activities.

The expenditure for health education activities cannot be separately identified as it has been subsumed under the overall expenditure for FHS.

The Student Health Service (SHS) of DH has been providing health education information to students through different platform e.g. health talks, web page and school programmes. The expenditure for health talks and web page etc. cannot be separately identified as it has been subsumed under the overall expenditure for SHS.

Among them, the outreach Adolescent Health Programme (AHP) provides health promotion programmes to secondary school students, their teachers and parents in the school setting. The AHP includes the Basic Life Skill Training (BLST) Programme and Topical Programme. The BLST Programme targets Secondary 1 to Secondary 3 students, providing a wide range of life skills, including stress and emotional management, problem-solving and effective communication, aiming at increasing the resilience of adolescents so that they can face challenges throughout their development; whereas the Topical Programme is designed for Secondary 1 to Secondary 6 students, teachers and parents addressing specific themes like Internet use, healthy lifestyle, sex education, substance abuse, understanding adolescents, etc.

For school years 2014/2015 to 2018/2019, the number of schools enrolled to AHP and the number of students joined AHP are as follows:

School year[#]	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
No. of schools	317	318	314	310	307
No. of students	75 000	69 000	66 000	66 000	64 000

[#] Figures for school year 2019/2020 are not yet available.

The expenditure of AHP for 2014-15 to 2019-20 is as follows:

Financial Year	Amount ($ million)
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Actual)	73.4
2017-18 (Actual)	74.2
2018-19 (Actual)	75.3
2019-20 (Revised Estimate)	80.2

The Elderly Health Service (EHS) of DH operates 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), aiming to enhance primary health care to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

The EHCs adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to the elderly aged 65 and over on a membership basis.

The VHTs reach out to the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

The total attendances of health education activities organised by EHCs and VHTs in the recent 5 years are as follows:

	2015	2016	2017	2018	2019^
Total attendance of health education activities organised by EHCs and VHTs	491 000	488 000	486 000	478 000	478 000

[^] Provisional figures

The expenditure for health education cannot be separately identified as it has been subsumed under the overall expenditure of EHS.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)528**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4645)

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

Question:

Please provide a breakdown by district of the workload of the 3 Woman Health Centres and 31 Maternal and Child Health Centres, including the respective numbers of various health assessments for women, subsequent health assessments, sessions for explaining assessment results and gynaecological tests conducted.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 229)

Reply:

Women aged 64 or below can enrol for Woman Health Service (WHS) provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the Department of Health. At present, there are 3 WHCs and 10 MCHCs providing WHS on full-time and sessional basis respectively. Women enrolled for WHS are provided with health assessment, health education and counselling. Appropriate investigations will be arranged as clinically indicated. WHS does not keep the breakdowns of attendance for investigations or explanation of assessment findings.

In 2019, the number of enrolments, attendances for WHS in individual centres of various districts are:

District	Centre	No. of enrolment	No. of attendance
Hong Kong			
Eastern	Chai Wan WHC	3 070	5 744
Central and Western	Sai Ying Pun MCHC	30	38
Southern	Ap Lei Chau MCHC	183	336
Kowloon			
Kwun Tong	Lam Tin WHC	4 550	7 399
Wong Tai Sin	Wang Tau Hom MCHC	109	142
Sham Shui Po	West Kowloon MCHC	210	383

District	Centre	No. of enrolment	No. of attendance
New Territories			
Tuen Mun	Tuen Mun WHC	3 318	5 943
North	Fanling MCHC	548	939
Shatin	Lek Yuen MCHC	563	1 386
	Ma On Shan MCHC	329	650
Sai Kung	Tseung Kwan O Po Ning Road MCHC	146	208
Kwai Tsing	South Kwai Chung MCHC	190	283
	Tsing Yi MCHC	118	275
Total		**13 364**	**23 726**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4646)

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

Question:

Regarding woman health services, please advise on:

(a) the numbers of enrolment in each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC) for the past 3 years;

(b) the numbers of women on the waiting list for woman health services in each WHC and MCHC for the past 3 years as well as the respective median and longest waiting time; and

(c) whether the Government has any plans to enhance the services of WHCs and MCHCs; if so, the details and expenditure involved; if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 230)

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 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. In 2017, 2018 and 2019, the number of enrolment for woman health service in individual centres are:

Centre	**No. of enrolment**		
	2017	**2018**	**2019**
Chai Wan WHC	3 371	3 176	3 070
Lam Tin WHC	4 603	4 772	4 550
Tuen Mun WHC	3 823	3 885	3 318
Ap Lei Chau MCHC	248	210	183
Fanling MCHC	607	603	548
Lek Yuen MCHC	634	618	563

Centre	No. of enrolment		
	2017	**2018**	**2019**
Ma On Shan MCHC	340	343	329
Sai Ying Pun MCHC	28	34	30
South Kwai Chung MCHC	196	183	190
Tseung Kwan O Po Ning Road MCHC	124	138	146
Tsing Yi MCHC	106	120	118
Wang Tau Hom MCHC	122	116	109
West Kowloon MCHC	225	228	210
Total	**14 427**	**14 426**	**13 364**

(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 1 week to 12 weeks, with a median waiting time of 2 weeks.

(c) The Government does not have plan to increase woman health services provided by WHCs and MCHCs. DH will continue to monitor the demand on woman health service.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4647)

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

Question:

Regarding the Elderly Health Centres (EHCs), will the Government advise on the following?

(a) What were the numbers of enrolment in each EHC for the past 3 years? Please provide a breakdown by age group.

(b) Where were the numbers of elderly people waiting for health assessments and medical consultations for the past 3 years? What were the median and longest waiting times?

(c) Does the Government have any plans to enhance the services of the EHCs? If so, what are the details and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 231)

Reply:

(a) The number of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past 3 years is as follows:

EHC	2017					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	672	542	408	391	302	2 315
Shau Kei Wan	634	473	380	396	330	2 213
Wan Chai	1 961	1 170	649	526	345	4 651
Aberdeen	540	515	357	446	330	2 188
Nam Shan	697	496	407	365	258	2 223
Lam Tin	647	507	337	405	324	2 220
Yau Ma Tei	498	505	389	442	381	2 215
San Po Kong	539	475	390	536	381	2 321
Kowloon City	540	493	393	496	290	2 212

EHC	2017					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Lek Yuen	1 536	1 132	770	818	640	4 896
Shek Wu Hui	648	454	327	385	317	2 131
Tseung Kwan O	719	536	361	330	184	2 130
Tai Po	662	478	315	403	268	2 126
Tung Chung	658	682	485	359	137	2 321
Tsuen Wan	575	508	380	348	303	2 114
Tuen Mun Wu Hong	643	638	348	341	245	2 215
Kwai Shing	682	579	389	384	252	2 286
Yuen Long	678	557	408	397	276	2 316
Total	13 529	10 740	7 493	7 768	5 563	45 093

EHC	2018					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	1 376	1 031	555	509	424	3 895
Shau Kei Wan	561	611	338	366	337	2 213
Wan Chai	1 842	1 357	608	539	363	4 709
Aberdeen	590	615	328	364	315	2 212
Nam Shan	645	590	338	353	288	2 214
Lam Tin	666	567	312	345	329	2 219
Yau Ma Tei	598	576	321	379	337	2 211
San Po Kong	646	592	318	414	351	2 321
Kowloon City	558	487	362	461	346	2 214
Lek Yuen	1 680	1 454	659	603	504	4 900
Shek Wu Hui	613	512	319	326	337	2 107
Tseung Kwan O	617	526	371	371	242	2 127
Tai Po	600	527	307	412	278	2 124
Tung Chung	692	710	444	316	159	2 321
Tsuen Wan	1 002	913	463	401	314	3 093
Tuen Mun Wu Hong	671	633	334	317	257	2 212
Kwai Shing	673	619	387	357	264	2 300
Yuen Long	693	625	371	362	267	2 318
Total	14 723	12 945	7 135	7 195	5 712	47 710

EHC	2019*					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	443	459	251	253	248	1 654
Shau Kei Wan	965	927	410	401	383	3 086
Wan Chai	1 233	1 210	433	309	190	3 375
Aberdeen	466	473	235	259	221	1 654
Nam Shan	491	487	263	231	184	1 656

EHC	2019*					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Lam Tin	450	505	242	230	225	1 652
Yau Ma Tei	388	506	259	260	240	1 653
San Po Kong	493	436	242	286	277	1 734
Kowloon City	403	470	226	280	276	1 655
Lek Yuen	1 127	1 144	447	446	368	3 532
Shek Wu Hui	474	406	236	189	252	1 557
Tseung Kwan O	1 401	1 140	627	535	383	4 086
Tai Po	438	480	231	243	197	1 589
Tung Chung	502	530	325	235	136	1 728
Tsuen Wan	740	734	375	409	331	2 589
Tuen Mun Wu Hong	472	559	258	204	162	1 655
Kwai Shing	484	497	253	246	221	1 701
Yuen Long	465	542	279	218	226	1 730
Total	11 435	11 505	5 592	5 234	4 520	38 286

*Provisional figures from January to September 2019

(b) For the past 3 years, the number of elders on the waiting list for first-time health assessment, the median waiting times and longest median waiting times for first-time health assessments among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2017	**2018**	**2019***
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	21 815	24 127	19 186
Median waiting time for first-time health assessment (months)	6.8	12.3	13.5
Longest median waiting time for first-time health assessments among all EHCs (months)	10.2 (Tuen Mun Wu Hong EHC)	17.3 (Tuen Mun Wu Hong EHC)	22.8 (Tuen Mun Wu Hong EHC)

*Provisional figures

(c) The 2 new clinical teams approved for establishment in 2017-18 and 2018-19 have commenced operation in 2018. Together, they have contributed additional health assessments and medical consultations. The Department of Health will continue to flexibly deploy the new clinical teams and closely monitor the waiting time for health assessments in 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4648)

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

Question:

It is mentioned in the Estimate that the Department of Health (DH) will investigate reports of outbreaks of communicable diseases within 24 hours. In this regard, please advise this Committee on:

(1) the number of DH's investigation cases, the number of hours thus spent and the communicable diseases involved in each year from 2017 to 2020 to date, broken down by month; and

(2) the contents of the investigations and the follow-up action of the DH.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 232)

Reply:

(1) and (2)

From 2017 to 2019, the Centre for Health Protection (CHP) of the Department of Health received reports of 18 495, 16 465 and 15 281 cases of notifiable infectious diseases (NID) in accordance with the Prevention and Control of Disease Ordinance (Cap. 599) respectively. In the first month of 2020, 1 337 cases of NID have been reported. Relevant statistics have been uploaded onto the CHP's website (http://www.chp.gov.hk/en/static/24012.html). During the period from January 2017 to January 2020, the majority of the diseases reported are chickenpox (24 513 cases), tuberculosis (12 865 cases) and scarlet fever (6 216 cases).

Upon receiving the notifications, the CHP would initiate epidemiological investigations within 24 hours, and would provide health advice to the patients and the contacts concerned.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4649)

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

Question:

It is stated in the Estimates that under Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong (the Plan), the Department of Health will implement such measures as enhancing health promotion and education activities and strengthening surveillance systems. In this regard, please advise this Committee on:

(1) the content of the Plan, details of the activities, distribution of the estimates, expected target participants and their number: and

(2) details of how to strengthen surveillance systems and the strategies, objectives, timetable and expenditure in relation to this measure.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 234)

Reply:

(1) and (2)

The Food and Health Bureau and the Department of Health (DH) launched the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" (SAP) in May 2018. The SAP lays down the strategic directions and a list of actions that Hong Kong will pursue collectively to achieve a set of 9 local non-communicable diseases (NCD) targets by 2025. It focuses on reducing 4 modifiable behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol). The goal of the SAP is to reduce NCD burden, including disability and premature death, in Hong Kong by 2025. As a measure to implement SAP, the DH launched the "Healthy Hong Kong 2025 | Move for Health" Campaign in December 2018. Under the Campaign, various activities has been held across the territory since 2019 to encourage the public to "move for health" and increase their physical activity to build an active lifestyle and prevent NCD.

In 2020-2021, the DH will continue to engage stakeholders across sectors to create supportive environments to make healthy choices easier. Moreover, the DH will strengthen NCD and risk factor surveillance by conducting household-based health behaviour surveys every 2 years, supplemented by physical and biochemical measurements every 4 to 6 years, step up health communication and education to raise public awareness and empower individuals to adopt healthy lifestyle practices. In 2020-21, the provision for the implementation of the SAP is $50 million.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)533

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4650)

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

Question:

Please explain why the target percentage of new cases in the CACs with an appointment time given within 3 weeks for 2020/2021 drops to "over 90%". What is the estimated number of children to be affected by the reduction?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 235)

Reply:

In the past 3 years, the target percentage of new referral cases in child assessment centres with an appointment time be given in 3 weeks have all along been more than 90%. In actual practice, all new cases were seen within 3 weeks after registration.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)534**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4651)

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

Question:

Please advise on the reasons for reducing the current rates for "processing of registration application from healthcare professionals within 10 working days" and "investigation upon receipt of complaint against healthcare professionals within 14 working days" from 100% to "above 90%".

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 236)

Reply:

While the targets for "processing of registration application from healthcare professionals within 10 working days" and "investigation upon receipt of complaint against healthcare professionals within 14 working days" were ">90%" for 2019, the actual performance for both targets in 2019 was "100%". The targets planned for 2020 are the same as 2019 (i.e. >90%).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4652)

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

Question:

Regarding the Undesirable Medical Advertisements Ordinance, please advise on the following: in the past 5 years, the work of the Government in screening products claimed as health food products, medicines, etc. in the market. Please tabulate by category of product the numbers of (1) screening, (2) offences, (3) prosecutions instituted and (4) convictions.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 237)

Reply:

The Undesirable Medical Advertisements Ordinance (UMAO) (Cap. 231) aims to protect public health through prohibiting or restricting advertisements, which may lead to the seeking of improper management of certain diseases and health conditions. The Department of Health has an established protocol for screening medical advertisements and the enforcement of the UMAO. Since 2017, education activities have been enhanced to facilitate the trade to familiarize themselves with the requirements under the UMAO.

The table below sets out figures regarding screening of advertisements and related enforcement actions from 2015 to 2019:

Year	No. of Advertisements screened			No. of Warning Letters issued	No. of Convicted cases
	Medicines*	Health Food	Surgical Appliances and Treatments		
2015	8 726	31 496	31 071	1 786	6
2016	6 898	28 172	22 254	1 705	7
2017	6 786	27 665	24 127	1 421	5
2018	6 419	28 788	23 706	1 111	4
2019	4 527	24 773	22 866	582	0

* Medicines refer to registered pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap. 138) and proprietary Chinese medicines under the Chinese Medicine Ordinance (Cap. 549).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4654)

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

Question:

Regarding the completion time for assessment of new cases in child assessment centres (CACs) within 6 months, against the target rate for 2020 of more than 70%, the actual rate for 2019 was 53%. In this connection, will the Government please advise on:

(a) the reasons why the completion rate of assessment for new cases within 6 months in 2019 was 53% only. Along with the actual rate for 2018 of 49%, the actual figures were lower than expected 2 years in a row, why was that so? Has the Department of Health looked at the reasons behind? If so, the reasons for the failure to meet the target; if not, the reasons for the absence of any review. Are there any plans to improve the situation? If yes, the details of the plans as well as the staff establishment and resources involved. If not, the reasons;

(b) the measures the Department of Health will take to ensure the target rate for 2020 of more than 70% is reached;

(c) the respective numbers of children waiting for assessment in the Government CACs, children who have received assessment and children assessed as having developmental disorders over the past 3 years. Please provide a breakdown by developmental problem of such children;

(d) the lower quartile, median, average and longest waiting times for new cases in the CACs for the past 3 years;

(e) the staff establishment of the CACs. What types of professional staff as well as healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff;

(f) whether follow-up services will be provided accordingly by staff of the CACs for school children who have rehabilitation plans formulated after their developmental diagnosis. What is the manpower involved? What are the average and longest follow-up durations? Please provide a breakdown by developmental problem of such children;

(g) the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support groups for the past 3 years; the percentages of the total numbers of help-seeking parents and children such parents and children accounted for; and

(h) a breakdown of the numbers of children assessed to be in need of referral to appropriate pre-school and school placements for training, remedial and special education for the past 3 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 239)

Reply:

(a), (b) & (d)

In the past 3 years, all new cases of the Child Assessment Service (CAS) of the Department of Health (DH) were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2017, 2018 and 2019 are 55%, 49% and 53% respectively. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. DH does not maintain statistics on the lower quartile, average, median or longest waiting time for assessment of new cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand. The financial provision for enhancing the service in 2020-21 is $16.9 million.

(c) The number of newly referred cases received and the number of children assessed by the CAS in the past 3 years are as follows:

	2017	**2018**	**2019 (provisional figures)**
Number of new cases referred to CAS	10 438	10 466	9 799
Number of children assessed by CAS	15 589	17 020	16 946

The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**		
	2017	**2018**	**2019 (Provisional figures)**
Attention/Hyperactive Problems/Disorders	2 855	3 284	3 579
Autism Spectrum Disorder	1 716	1 861	1 891
Borderline Developmental Delay	2 371	2 637	2 926
Developmental Motor Coordination Problems/Disorders	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	507	534	510
Hearing Loss (Moderate to profound grade)	71	85	65
Language Delay/Disorders and Speech Problems	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

(e) The approved establishment of the CAS in 2019-2020 is as follows:

Grades	**Number of posts**
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	24
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	40
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Speech Therapist	16
Optometrist	2
Senior Occupational Therapist / Occupational Therapist I	9
Senior Physiotherapist / Physiotherapist I	7
Technical Support	
Electrical Technician	1
Administrative and General Support	
Hospital Administrator II	1
Senior Executive Officer / Executive Officer II	2
Clerical Officer / Assistant Clerical Officer	16
Clerical Assistant	23
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	**183**

(f) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are 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. While children await assessment and rehabilitation services, the CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

The multi-disciplinary group of healthcare and professional staff in the CAS comprises paediatricians, 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.

The duration for follow-up action on children depends on the specific circumstances of individual needs. Statistics on the average and the longest follow-up period by developmental disorders/ problems are not readily available.

(g) The number of cases who participated in interim support activities such as counselling, talks and workshops and the number of new cases referred to CAS in the past 3 years are as tabulated below. The children and their families may join these interim support activities before or after the assessment.

	2017	**2018**	**2019 (provisional figures)**
Number of cases participated in interim support	7 994	8 033	7 394
Number of new cases referred to CAS	10 438	10 466	9 799

(h) The number of cases referred to pre-school and school placement for training, remedial and special education in 2017, 2018 and 2019 are 14 294, 17 359 and 18 011 (provisional) respectively. Breakdown of case statistics by support services is not available.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)537

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4655)

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

Question:

Regarding pharmacies and medicine stores, please provide the following information for the past 5 years: (1) the numbers of inspections conducted; (2) the numbers of inspections conducted in the form of decoy operations; (3) the numbers of prosecutions instituted; and (4) the numbers of pharmacies and medicine stores which had their licences suspended.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 240)

Reply:

The Drug Office of the Department of Health (DH) conducts blitz inspections at Authorized Sellers of Poisons (ASP, commonly known as "pharmacies" or "dispensaries") and Listed Sellers of Poisons (LSP, commonly known as "medicine stores") to check whether sellers of pharmaceutical products comply with the statutory requirements and licencing conditions.

The table below sets out the number of the DH's enforcement actions against ASPs and LSPs in the pasts 5 years:

Year	No. of inspections conducted		No. of test purchases conducted		No. of convicted cases		No. of licences removed or suspended	
	ASP	LSP	ASP	LSP	ASP	LSP	ASP	LSP
2015	1 214	7 977	4 136	3 008	24	3	9	4
2016	1 209	7 956	3 955	4 021	15	4	8	7
2017	1 220	7 874	4 329	3 229	13	5	9	9
2018	1 212	7 814	4 194	3 350	14	5	7	4
2019	1 305	8 323	4 101	3 353	14	7	5	7

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)538

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4656)

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

Question:

Regarding the voluntary accredited registers scheme for healthcare professions (the scheme), will the Government advise on:

(1) the items of expenditure, amounts of expenditure incurred and the manpower involved in the past 3 years;

(2) the estimated expenditure and the manpower involved in 2020-21;

(3) the current progress of work on the scheme;

(4) the reasons for the slow progress on the scheme since its introduction. How does the Government evaluate the effectiveness of work in this area; and

(5) whether the Government will consider extending the scope of registration to cover other healthcare professions, such as counselling, art therapy and hypnotherapy; if yes, the selection criteria; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 241)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong has been appointed as the independent Accreditation Agent of the AR Scheme.

(1) & (2)

The Food and Health Bureau is responsible for overseeing the implementation of the AR Scheme with the Department of Health ("DH") serving as the implementation agent. At bureau level, the additional workload arising from the AR Scheme will be absorbed by existing manpower resources.

DH's actual expenditure on the AR Scheme in 2017-18 and 2018-19 was $2.2 million and $2.8 million respectively. DH's expenditure on the AR Scheme for 2019-20, including the costs for publicity, was $5.8 million (revised estimate). In 2020-21, $7.6 million will be allocated for DH to take forward the AR Scheme. 3 posts, including 1 Scientific Officer (Medical), 1 Executive Officer and 1 Assistant Clerical Officer, were approved for creation in 2018-19 under the AR Scheme.

(3) & (4)

The application for the AR Scheme was closed in February 2017. The Government announced in June 2017 that the Accreditation Agent considered that five healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, were preliminarily assessed to meet the criteria for accreditation process under the AR Scheme. These professions have subsequently passed accreditation assessments and were granted full accreditation status in 2018 and 2019 respectively. The results for speech therapists and audiologists were announced in April and November 2018, while those for dietitians, educational psychologists and clinical psychologists were announced in October 2019.

(5)

The Accreditation Agent will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4658)

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

Question:

As stated in the *Matters Requiring Special Attention,* the Department of Health will adopt a community approach on smoking prevention and cessation. In this connection, please inform this Committee of:

(1) whether the work arrangements for the coming year will include action against electronic cigarettes and heat-not-burn tobacco products; if so, the details of the work; and

(2) the estimated expenditure and manpower involved in 2020-21;

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 243)

Reply:

(1)&(2)

Over the years, the Department of Health (DH) has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention, including those targeting alternative smoking products (ASPs) including electronic cigarettes and heated tobacco products.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of ASPs. In addition, COSH has produced Announcements in the Public Interest on the topics regarding smoking cessation, as well as the harms of ASPs and the tobacco industry's false claims. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes aim to enlighten students to discern marketing tactics used by the tobacco industry and the adverse health effects of all forms of smoking products, and to equip them with skills to resist picking up the smoking

habit because of peer pressure through interactive teaching materials and mobile classrooms.

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong, all of which provide services to smokers including those who use ASPs. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 5 smoking cessation clinics for civil servants operated by DH and 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

The provision related to health promotion activities and smoking cessation services by the Tobacco and Alcohol Control Office (TACO) of DH and its subvented organisations, and the approved establishment of TACO in this respect in 2020-21 are at **Annexes 1 and 2** respectively. For HA, smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

Annex 1

Provision of the Health Promotion and Smoking Cessation Services by the Department of Health's Tobacco and Alcohol Control Office

	2020-21 Estimate ($ million)
(a) General health education and promotion of smoking cessation	
TACO	*63.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.1*
Sub-total	***89.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations	
Subvention to Tung Wah Group of Hospitals	*30.6*
Subvention to Pok Oi Hospital	*7.4*
Subvention to Po Leung Kuk	*1.7*
Subvention to Lok Sin Tong	*2.9*
Subvention to United Christian Nethersole Community Health Service	*2.9*
Subvention to Life Education Activity Programme	*2.7*
Sub-total	***48.2***
Total	**138.0**

Annex 2

Approved Establishment of the Department of Health's Tobacco and Alcohol Control Office related to Health Promotion and Smoking Cessation Services

Rank	2020-21
Head, TACO	
Consultant	1
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support[1]	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
Sub-total	***24***
Total no. of staff:	**36**

- End -

[1] The staff also provide administrative and general support to the law enforcement activities.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4668)

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

Question:

Regarding dermatological services, would the Government please advise this Committee of:

1. the target rates set by the Department of Health and the actual rates in respect of the appointment time for the past 5 years;

2. the provisions for the Social Hygiene Service for the past 5 years and the coming year;

3. the definition of serious dermatoses;

4. the total number of attendances in the past 5 years and of these, the number of new cases of different priorities (including cases of serious dermatoses) and the percentages they accounted for; the lower quartile, median and longest waiting time for these cases; and

5. the staff establishment of dermatological clinics for the past 5 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 254)

Reply:

1. In 2015 to 2017, a target rate on "appointment time for new dermatology cases within 12 weeks" was set to be over 90%. The actual rates in respect of the relevant years are appended in the following table –

	2015	**2016**	**2017**
Actual rate	43%	31%	33%

Starting from 2018, a new target "appointment time for new cases with serious dermatoses within 8 weeks" has been set to be over 90%, and the actual rates in 2018 and 2019 were 99% and 100% respectively.

2. The financial provision of the Social Hygiene Service (SHS) of the Department of Health (DH) for providing dermatological services in the past 5 financial years and 2020-21 is appended in the following table –

Financial Year	**Financial Provision ($ million)**
2015-16	136.7
2016-17	141.7
2017-18	165.3
2018-19	196.8
2019-20	207.6
2020-21	219.7

3. There is no universally accepted definition for "serious dermatoses". The SHS has implemented a triage system of which all new case referrals will be assessed by the doctor in charge of individual clinics. As serious dermatological conditions are so diversified, in order to facilitate monitoring, 6 groupings of commonly encountered serious dermatoses in local context are identified and thus performance indicator monitoring. The 6 indicator conditions include –

(a) cutaneous malignancies;
(b) immunobullous diseases;
(c) early stage herpes zoster;
(d) severe cutaneous adverse reactions to drug;
(e) moderate to severe psoriasis; and
(f) hospitalized patients but with dermatoses and need continuation of care in specialist outpatient clinic on discharge.

4. The total number of attendances at specialised outpatient clinics providing dermatological services in the SHS in the past 5 years is appended in the following table –

	2015	**2016**	**2017**	**2018**	**2019**
Total	248 100	244 200	236 200	216 900	199 000

In 2019, amongst all new skin cases, 2 374 cases (11%) pertained to the above mentioned 6 indicator conditions of serious dermatoses and were given appointment within 8 weeks. The status of new skin case appointment is updated on a regular basis. The information is available at the website of the DH (http://www.dh.gov.hk/english/clinictimetable/files/New_Skin_Case_Appointment_Status_en.pdf). As at end of December 2019, the average new skin case appointment time was estimated to be 123 weeks. The DH does not compile statistics regarding the lower quartile and median of individual new cases.

5. The approved establishment of staff at specialised outpatient clinics providing dermatological services in 2015-16 to 2017-18 is 147 and in 2018-19 to 2019-20 is 157.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)541

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4680)

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

Question:

Regarding the Chinese Medicine Clinics subvented by the Department of Health, please advise on:

1. the utilisation rates of their services, the numbers of cases on the waiting list and the waiting time in the past 5 years;

2. their staff establishment in the past 5 years; and

3. whether there will be any plans of expansion in the coming year; if yes, the details and if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 267)

Reply:

1. The Department of Health subvents the Tung Wah Group of Hospitals to provide free Chinese medicine (CM) services at its 2 general outpatient clinics, i.e. Kwong Wah Hospital CM General Outpatient Clinic (KCGC) and Tung Wah Hospital CM General Outpatient Clinic (TCGC). KCGC and TCGC provide free bone-setting and herbalist services for the public. The attendances of these 2 CM Clinics (CMCs) for these services in the past 5 years are set out below:

		Bone-setting service*	Herbalist service	Total
2015	KCGC	271 534	10 497	282 031
	TCGC	57 703	8 133	65 836
2016	KCGC	244 419	12 807	257 226
	TCGC	51 702	7 446	59 148
2017	KCGC	220 616	13 932	234 548
	TCGC	54 756	7 324	62 080
2018	KCGC	210 599	13 035	223 634
	TCGC	51 805	7 102	58 907
2019	KCGC	199 727	11 057	210 784
	TCGC	48 319	6 962	55 281

* The attendances for bone-setting service include those patients obtaining herbal paste from the clinics without consultation.

To make an appointment for medical consultation with the CM 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 2 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. Most clients can be served upon walking in and there are no statistics on the number of clients waiting for appointment. There is no information on the average waiting time for consultation for these 2 CMCs.

2. Establishment for these 2 CMCs in the past 5 years is shown below:

	2015-16		2016-17		2017-18		2018-19		2019-20	
	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC
Number of Posts	13	7	13	7	13	7	13	7	13	7

3. There is no plan for expansion of the services having considered the demand/attendance figures of these 2 CMCs in recent years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4681)

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

Question:

With regard to the specialist outpatient clinics under the Department of Health (for tuberculosis, chest diseases, skin diseases, AIDS infection and dental care services, etc.), please advise on:

1. the utilisation rates, the numbers of cases on the waiting list and their waiting time in the past 5 years;

2. the staff establishment in the past 5 years; and

3. whether there are plans for improvement in the coming year; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 268)

Reply:

(1) and (2)

Specialised outpatient clinics of the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Information on the number of attendances and new cases, waiting time and approved establishment at the specialised outpatient clinics of the DH in the past 5 years are set out below-

(a) HIV/AIDS Clinic (i.e. Kowloon Bay Integrated Treatment Centre (ITC))

	2015	**2016**	**2017**	**2018**	**2019**
(a) Total attendances	14 600	14 900	15 239	14 970	15 230
(b) New cases	359	331	358	258	231

Medical consultation at ITC is by appointment. For new cases, appointment is made over the phone. The appointment date is based on the next available time slot that is acceptable to the patient concerned. For the past 5 years, all patients received consultation within 14 days, except those who specifically asked to receive consultation later. The approved establishment of the HIV/AIDS Clinic in 2015-16 to 2018-19 and in 2019-20 is 39 and 41 respectively.

(b) Clinics providing dermatological services

	2015	**2016**	**2017**	**2018**	**2019**
(a) Total attendances	248 100	244 200	236 200	216 900	199 000
(b) New attendances	27 366	26 027	25 219	24 884	21 890
(c) New cases booked for first consultation	47 654	50 502	52 549	56 010	61 095

The status of new skin case appointment at clinics providing dermatological services under the Social Hygiene Service (SHS) of the DH is updated on a regular basis. The information is available at the website of the DH (http://www.dh.gov.hk/english/clinictimetable/files/New_Skin_Case_Appointment_Status_en.pdf). As at end of December 2019, the average new skin case appointment time was estimated to be 123 weeks. The DH has implemented a triage system of which all new case referrals will be assessed by the doctors in charge of individual clinics and accorded appointment as appropriate based on their professional clinical judgement. In 2019, more than 90% of those new cases with severe dermatoses were accorded appointment within 8 weeks. The approved establishment of these clinics in 2015-16 to 2017-18 and in 2018-19 to 2019-20 is 147 and 157 respectively.

(c) Chest Clinics

	2015	**2016**	**2017**	**2018**	**2019**
(a) Total attendances (including new attendances and return visits)	185 175	188 939	186 539	171 949	155 726
(b) New attendances	19 075	19 585	19 635	16 247	13 196

In general, patients attending chest clinics with a diagnosis of active or suspected active tuberculosis (either by referral or by symptom on triage) will be seen by doctors within 1 to 2 days. The waiting time for non-TB cases may vary from within the same day to a few weeks but the DH does not keep the exact figure for this category of patients. The approved establishment of these clinics in 2015-16 to 2019-20 is 332.

(d) Oral Maxillofacial Surgery and Dental Clinics

The DH provides public dental services through its Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners. Public dental services provided by the DH is not part of its specialised outpatient clinics.

The number of attendances of hospital patients and number of patients with special oral healthcare needs is set out below –

	2015	**2016**	**2017**	**2018**	**2019**
Hospital patients (attendances)	55 600	58 000	61 200	67 000	66 100
Special needs group (number of patients)	10 600	11 400	11 600	11 500	11 400

All consultation appointments in the OMS&DCs in the 7 public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DCs would offer same day appointments for those cases warranting immediate attention, and appointments within 2 weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within 1 working day. The approved establishment of the OMS&DCs in 2015-16 to 2019-20 is 105.

(3)

The DH has been continuously monitoring the demand for consultations and attendance at various clinics, and will deploy more medical staff to busy clinics as far as possible and as appropriate seek support for service enhancement.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)543

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4682)

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

Question:

Regarding the Family Planning Association of Hong Kong, please advise on:

1. the utilisation rates of its services, the numbers of cases on the waiting list and the waiting time in the past 5 years;

2. its staff establishment in the past 5 years; and

3. whether there will be any plans to improve its services in the coming year; if yes, the details and if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 269)

Reply:

1. The Department of Health provides subvention to the Family Planning Association of Hong Kong (FPA) in providing family planning services, termination of pregnancy and vasectomy (subvented services). The attendance/number of cases over the past 5 years for the subvented services are set out in the table below:

Type of subvented service	**2015**	**2016**	**2017**	**2018**	**2019**
Attendance for family planning services at Birth Control Clinics	110 316	105 506	102 265	104 910	102 179
Attendance for family planning services at Youth Health Care Centres	21 785	16 494	13 378	14 934	15 515
Termination of pregnancy (No. of cases performed)	3 425	3 110	2 861	2 770	2 718
Vasectomy [Note] (No. of cases performed)	309	327	331	386	262

Note Vasectomy operations were suspended from October to December 2019 for replacement of sterilisers and improvement of Mechanical Ventilation and Air-Conditioning system.

The Birth Control Clinics serve walk-in clients. Clients will be seen by nurses, who will provide basic assessment and contraceptive services. If further non-urgent management by doctor is required, clients will be asked to make an appointment and the waiting time may vary from 1 to 3 months.

The Youth Health Care Centres provide integrated medical and counselling service in sexual and reproductive health to unmarried young people under the age of 26. They serve walk-in clients and also accept booking of appointments. Clients will be seen by doctors, nurses or counselors depending on their service needs. Most of the clients would be served upon walking-in. Under some special circumstances which the clients could not be served immediately, they would be offered an appointment within 2 days.

For termination of pregnancy procedures, the average waiting time is around 10 to 16 days.

For vasectomy, the waiting time varies from 3 to 5 months depending on the client's schedule as well as availability of the FPA's Honorary Medical Consultants who perform the procedure.

The FPA does not maintain statistics on the number of clients waiting for the subvented services.

2. The establishment for the subvented services in the past 5 years is shown below:

Financial year	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Number of posts	163	162	162	160	160

3. In 2020-21, the FPA has scheduled replacement of equipment to ensure steady and efficient provision of subvented services to the clients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4684)

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

Question:

As regards proprietary Chinese medicines (pCm), will the Government please advise on:

a. the number of applications for registration of pCm received by the Chinese Medicine Council of Hong Kong since the mandatory registration of pCm in Hong Kong under the Chinese Medicine Ordinance (the Ordinance) in 2010, the numbers of successful applications with the "Certificate of registration of pCm" (HKC) issued and rejected applications and the reasons for rejection, as well as the longest and average time required from receipt of an application to successful registration with the issuance of the HKC;

b. the respective numbers of pCm issued with the "Notice of confirmation of transitional registration of pCm" and the "Notice of confirmation of (non-transitional) registration of pCm", the longest period for which the notices were held in respect of the pCm, of these, the number of re-applications for the HKC and the number of rejections as well as the reason(s) for rejection;

c. the staff establishment as well as the number of cases in relation to the testing of pCm (by degree of urgency) processed each year since the temporary Government Chinese Medicine Testing Institute (GCMTI) commenced operation at the Hong Kong Science Park in March 2017;

d. the timetable for setting up a permanent GCMTI;

e. the numbers of cases concerning adverse reactions of patients after consuming pCm in the past 5 years; the number and details of such cases (if any); whether follow-up action has been taken and prosecutions have been brought accordingly, and the numbers of prosecutions instituted and convictions obtained;

f. the respective numbers of inspections conducted for Chinese medicine practitioners and pCm, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years; and

g. whether the Government will amend the Ordinance to accelerate the process of assessment, and of approving pCm to migrate from transitional registration to formal registration, with a view to bringing all pCm containing Chinese medicines into the scope of regulation?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 271)

Reply:

a. & b. 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 might apply for transitional registration of the pCm before 30 June 2004. The Chinese Medicine Board (CMB) of the Chinese Medicine Council of Hong Kong (CMCHK) has started to accept applications for registration of pCm since 19 December 2003. In 2008, the CMB finished assessing all the applications for transitional registration. "Notice of confirmation of transitional registration of pCm" (i.e. HKP) has been issued to those applications supported by 3 acceptable basic test reports (i.e. on heavy metals and toxic element, pesticide residues and microbial limit) and have met the requirements for transitional registration. For applications supported by the aforementioned 3 basic test reports submitted on or before 31 March 2010 but cannot meet the requirements for transitional registration, "Notice of confirmation of (non-transitional) registration of pCm" (i.e. HKNT) has been issued to them.

As of 29 February 2020, the CMB has received a total of 18 198 applications for registrations of pCm, among which 9 754 applications were rejected due to various reasons including failing to submit 3 acceptable basic test reports or the required documents/reports, withdrawal of application by the applicants or the product concerned did not fulfil the definition of pCm under the CMO. There are 5 890 and 2 357 pCm issued with HKP and "Certificate of registration of pCm" (i.e. HKC) respectively. Conversion of HKNT to HKC was all completed by end of 2019.

To protect public health, the CMB has to process each application prudently. The time taken for processing each and every application varies as it would depend on the complexity of the application, the timeliness of the applicant to submit the supporting test reports and the time given by the CMB to applicant to resubmit reports during appeal process, etc.

c. The breakdown of approved establishment of Government Chinese Medicines Testing Institute (GCMTI) from 2016-17 to 2020-21 are appended below:

Rank	**No. of Post**				
	2016-17	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Senior Chemist	1	1	1	1	1
Chemist	1	1	2	3	3
Pharmacist	0	0	1	1	1
Scientific Officer (Medical)	9	9	13	14	14
Science Laboratory Technologist	1	1	1	1	1
Science Laboratory Technician I	1	1	1	2	2

Rank	No. of Post				
	2016-17	2017-18	2018-19	2019-20	2020-21
Science Laboratory Technician II	2	2	3	3	3
Senior Executive Officer	0	0	0	1	1
Executive Officer II	1	1	1	1	1
Assistant Clerical Officer	1	1	1	1	1
Laboratory Attendant	1	1	1	1	1
Total :	**18**	**18**	**25**	**29**	**29**

As endorsed by the Advisory Committee of the GCMTI, GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used CMM for GCMTI; (3) Building of a digitalised platform on Chinese medicines (CM); (4) Analysis of chemical markers of CMM in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of CMM - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021 and progress smoothly according to schedule.

d. The Chief Executive has announced in her Policy Address 2019 that the permanent GCMTI will be constructed in Tseung Kwan O next to the Chinese Medicine Hospital. The institute will comprise a CM testing laboratory and display CM specimens to support the research, development and education of CM. It is planned that the commissioning of GCMTI will be by 2024 at the earliest.

e. Upon receipt of notification of suspected poisoning cases from doctors, the Centre for Health Protection (CHP) of the Department of Health (DH) will conduct epidemiological investigation and take appropriate public health control measures. In the past 5 years, CHP has received a total of 14 suspected poisoning cases with consumption history of products containing Chinese medicine and there was no fatal case.

f. From 2015 to 2019, DH conducted 7 963 inspections of licensed wholesalers and manufacturers of pCm to ensure their compliance with the CMO and relevant practising guidelines. During the same period, the CMB of the CMCHK had taken disciplinary actions against 39 cases involving licensed pCm traders and 16 cases involving illegal sale and/or possession of unregistered pCm, contrary to section 119 of CMO were convicted.

The CMO empowers the Chinese Medicine Practitioners Board (CMPB) of CMCHK to handle any complaints or charges against the professional misconduct of Chinese Medicine Practitioners (CMPs). After disciplinary inquiries conducted by the CMPB, 81 cases against CMPs were substantiated from 2015 to 2019. DH did not carry out routine and regular inspection at CMP premises.

g. In order to strengthen the regulation against the imitated pCm in the market, the CMB has endorsed a proposal for the amendment of pCm definition under the CMO. The Government plans to brief the Panel on Health Services of the proposed amendments in 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4685)

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

Question:

Regarding Chinese medicine practitioners (CMPs), will the Government please advise on:

(a) the current number of CMPs in Hong Kong, among whom the respective numbers of listed CMPs and registered CMPs, and the ratio of CMPs to the Hong Kong population;

(b) the numbers of training places for CMPs in the past 3 years and the respective numbers of enrolment applications, successful enrolments, graduates and registration cases in each year;

(c) the numbers, broken down by location of training, of applications for registration of CMPs trained in places other than Hong Kong, including those trained in the Mainland and from other channels, and successful registration in the past 3 years; and

(d) whether the Government has five-year or ten-year plans in respect of the number of CMPs; if so, the details and if not, the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 273)

Reply:

(a) As at 29 February 2020, there were a total of 10 170 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 613 were registered CMPs and 2 557 were listed CMPs. The ratio of registered CMPs and listed CMPs to the Hong Kong population as at end of 2018 were 1:1 010 and 1:2 867 respectively.

(b) At present, there are 3 local universities offering full-time Chinese medicine (CM) undergraduate programme accredited by the CMP Board (PB) of the CM Council of Hong Kong, namely Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. There are around 80 undergraduates enrolled each year. Those who have successfully completed the above courses are eligible to sit for the Chinese Medicine Practitioners Licensing Examination (CMPLE) organised by the PB. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for

practising CM in Hong Kong. The number of undergraduates from the 3 local universities who passed the CMPLE and got registered in 2017, 2018 and 2019 were 68, 64 and 66 respectively.

(c) In addition, there are 30 universities in the Mainland offering full-time CM degree courses recognised by the PB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising CM in Hong Kong. In 2017, 2018 and 2019, the number of non-local trained graduates who passed the CMPLE and got registered were 102, 190 and 224 respectively. Except from the Mainland, there have been no other applications for registration of CMPs trained in places other than Hong Kong.

(d) According to the manpower projection conducted under the Strategic Review of Healthcare Manpower Planning and Professional Development, there will be sufficient manpower of CMPs in the short term and a slight shortage in the medium term. There is no urgent need to adjust the training places for CMPs considering that there will be sufficient manpower in the profession in the next 10 years. The Government has kick-started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower (including CMPs), and the results are expected to be available within 2020.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4689)

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

Question:

Regarding breastfeeding, please advise on the following:

a. the specific measures for promoting breastfeeding as well as the expenditure, manpower and resources involved and the expected effectiveness of each measure;

b. the breastfeeding rates of infants in the first 6 months, 1 year and 2 years after hospital discharge in the past 5 years;

c. the numbers of premises with breastfeeding rooms (BF rooms) and babycare rooms (BC rooms) for public use in Government office buildings, recreation and sports facilities under the Leisure and Cultural Services Department, public transport interchanges, public markets under the Food and Environmental Hygiene Department, MTR stations and shopping centres in Hong Kong, and their respective percentages in the total number of premises concerned (set out in the table below); whether the Government has any specific plans to encourage shopping centres to provide BF and BC rooms; if so, the details and if not, the reasons for that;

Year	Government office buildings		Recreation and sports facilities		Public transport interchanges		Public markets		MTR stations		Shopping centres	
	BF rooms	BC rooms	BF rooms	BC rooms	BF rooms	BC rooms	BF rooms	BC rooms	BF rooms	BC rooms	BF rooms	BC rooms
2019 Number												
Percentage												
2018 Number												
Percentage												
2017 Number												
Percentage												
2016 Number												
Percentage												
2015 Number												

Percentage												

d. whether there are any specific breastfeeding friendly workplace measures in place to encourage employers to provide BF and BC rooms, and allow time for expression of breastmilk and breastfeeding by their employees; if so, the details and if not, whether there are plans to introduce such measures; and

e. whether the Government has promoted breastfeeding to the public through different channels (including the mass media) and if so, the details as well as the publicity activities and expenditure involved in the past 5 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 277)

Reply:

(a)

In 2020-21, the Department of Health (DH) will continue to promote, protect and support breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace" policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become "Breastfeeding Friendly Premises" so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of babycare rooms and lactation rooms in suitable new government premises; implementing the voluntary "Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infants and Young Children"; and strengthening the surveillance on local breastfeeding situation.

A provision of $6.0 million has been earmarked in 2020-21 for continuing the effort for promotion of breastfeeding. The workload for implementing the initiatives will be absorbed within the existing manpower resources of the Family Health Service (FHS) of the DH, hence breakdown by items is not available.

(b)

The DH conducted regular surveys to monitor the local trend of breastfeeding. Information available in the past years as included in the table below shows the breastfeeding rates of children born in 2012, 2014, 2016 and 2018 collected through surveys conducted in 2013, 2015, 2017 and 2019. The DH does not maintain statistics on the breastfeeding rate beyond 12 months of age and exclusive breastfeeding rate beyond 6 months of age.

		Year of birth			
		2012	2014	2016	2018
Ever breastfeeding rate[a] at hospital discharge		85%	86%	87%	88%
Breastfeeding rate[b]	At 1 month of age	69%	73%	78%	77%
	At 2 months of age	56%	61%	67%	66%
	At 4 months of age	44%	50%	56%	56%

	At 6 months of age	33%	41%	47%	47%
	At 12 months of age	14%	25%	28%	26%
Exclusive breastfeeding rate[c]	At 1 month of age	22%	31%	34%	33%
	At 2 months of age	22%	30%	33%	32%
	At 4 months of age	19%	27%	31%	29%
	At 6 months of age	N/A	26%	28%	26%

Note:

[a] "Ever breastfeeding rate" refers to the percentage of newborn babies who had ever been breastfed.

[b] "Breastfeeding rate" refers to the percentage of children who are on any form of breastfeeding, including children exclusively breastfed as well as those breastfed children who are supplemented with formula milk and/or solid food feeding.

[c] "Exclusive breastfeeding rate" refers to the percentage of children who are on breastmilk only (either directly from breast or indirectly from expressed breastmilk). In the survey conducted in 2015, 2017 and 2019, information on complementary food at 6 months was collected to facilitate better understanding of the infant feeding practice.

(c) - (e)

The Government has been actively promoting the provision of babycare facilities in government offices and public places. The "Advisory Guidelines on Babycare Facilities" were developed in August 2008 to encourage the provision of babycare rooms in public venues managed by the Government. Since then, a total of 330 babycare rooms (as of December 2019) are set up in premises of government departments and organisations (breakdown at the table below). To step up the efforts, starting from early 2019, communal lactation rooms for staff as well as communal babycare rooms for the public will be provided in suitable new government premises.

Government Departments/Organisations	Venue type	No. of babycare rooms
Department of Health	Maternal and child health centre	31
	Health education centre	1
Hospital Authority	Hospitals and clinics in Hospital Authority clusters	84
	General out-patient clinics	10
Home Affairs Department	Community halls/centres	9
Housing Department	Shopping centres managed by the Housing Authority	19
Immigration Department	Birth registries	2
	Immigration branch offices	2
	Smart Identity Card Replacement Centres	13
Leisure and Cultural Services Department	Performance venues	5
	Libraries	8
	Museums	6
	Music Office	1
	Leisure venues (Note 1)	85
Airport Authority	Passenger Terminal Building	38

Others	Others (Note 2)	16
Total		**330**

Note 1 Including sports centres, swimming pools, sports grounds, stadia, tennis courts, parks, etc.

Note 2 Including the Central Government Complex, departmental headquarters buildings, Wetland Park, etc.

The Government has been promoting the "Breastfeeding Friendly Workplace" policy to the private sector and within the Government to support working mothers to continue breastfeeding after returning to work. Measures included:

(i) the DH issued relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work". Recommended facilitation measures include allowing lactation breaks to lactating staff for expression of breastmilk for at least 1 year after childbirth; providing a private space for milk expression; and providing refrigerating facilities for safe storage of expressed breastmilk;
(ii) the Hong Kong Committee for UNICEF, in collaboration with Food and Health Bureau and DH launched the "Say Yes to Breastfeeding" campaign in July 2015 and promoted breastfeeding support in the community;
(iii) the Family Council launched the "Awards for Breastfeeding Support" in the Family-Friendly Employers Award Scheme since 2015-16 to commend employers that provide suitable facilities in the workplace to support employees who are breastfeeding;
(iv) the Buildings Department promulgated the updated Practice Note on "Provision of Babycare Rooms and Lactation Rooms in Commercial Buildings" in November 2018;
(v) the Lands Department imposed a mandatory requirement for the provision of babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc. to enhance provision of babycare rooms and lactation rooms in the community; and
(vi) communal lactation rooms for staff as well as communal babycare rooms for the public will be provided in suitable new government premises, starting from early 2019.

The DH also collaborates with relevant professional healthcare bodies, academia as well as the private and public birthing hospitals in the following areas to promote and support breastfeeding:

(i) providing training for maternal and child health personnel and producing training kit on breastfeeding for their reference;
(ii) providing health information on breastfeeding for parents through group discussion and individual counselling;
(iii) production and distribution of educational materials;
(iv) providing guidance and skill support for breastfeeding mothers; and
(v) conducting publicity activities to promote public awareness and acceptance of breastfeeding such as production and broadcasting Announcements in the Public Interest on television, radio, and public buses; disseminating messages through newspapers, parent magazines; and conducting poster campaigns.

Provisions for promotion of breastfeeding in 2015-16 and 2016-17 were $5.0 million, and 2017-18, 2018-19 and 2019-20 were $6.0 million. The expenditure on publicity activities for promotion of breastfeeding cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4775)

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

Question:

In 2016, the former Secretary for Food and Health, Dr KO Wing-man, attended the 69th World Health Assembly (WHA) of the World Health Organisation. At the WHA, environmental and social determinants of health were discussed and a resolution was passed to draw up a draft road map for an enhanced global response to the adverse health effects of air pollution. Air pollution, as the most important environmental determinant, has not only significantly increased the morbidity caused by non-communicable diseases, but has also led to premature deaths of more than 7 million persons around the globe. As a participant of the WHA, Hong Kong should implement the air pollution control measures of the draft road map. In this connection, will the Government please inform this Committee of whether it has allocated manpower and provision in the Estimates this year for stepping up education and publicity efforts to raise public awareness of the adverse health effects of air pollution as a major environmental determinant? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 395)

Reply:

The Government has various policies and measures to support the reduction of urban air pollution. The Department of Health (DH) has taken part in the Air Quality Objectives Review Working Group led by the Environment Bureau and the Environmental Protection Department (EPD), with a view to adopting the World Health Organization Air Quality Guidelines as a long-term goal for protection of public health. DH also worked with the EPD in developing the Air Quality Health Index (AQHI) and has maintained communication with EPD on AQHI forecast so as to offer timely and appropriate advice to the general public. DH has promoted health effects of air pollution to the public through various channels including disseminating relevant education materials through DH's website, and broadcasting a series of educational videos related to health risk and air quality in DH's service locations such as Maternal and Child Health Centres, Student Health Service Centres and Elderly Health Centres. The DH will continue to work closely with the EPD in the area of air quality and health.

Resources of the above activities are absorbed within the DH's overall provision for disease prevention and cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)548

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4776)

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

Question:

As stated in "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases", the strategic framework for non-communicable diseases (NCD) should encompass such goals as: 1) to create an environment conducive to promoting health; 2) to prevent and/or delay the onset of NCD for individuals and population groups; and 3) to reduce avoidable hospital admissions and healthcare procedures. However, the number of registered deaths related to respiratory and cardiovascular diseases increased by 8.2% from 19 168 to 20 737 during the 5 years between 2011 and 2015. Regarding the goals of the above NCD strategic framework, would the Government please advise this Committee on the following:

1) whether the Government considers that the goal of "creating an environment conducive to promoting health" has been achieved? If so, what are the details? If not, what are the reasons? ;

2) what are the causes for the increase in the number of registered deaths related to respiratory and cardiovascular diseases and whether measures and policy objectives are put in place by the Department of Health (DH) to reduce the number of such registered deaths? If so, what are the details? If not, what are the reasons? ; and

3) whether estimation can be made by the DH regarding the number of hospital admissions and healthcare procedures that will be trimmed each year due to improvement in air quality as well as the consequential cost effectiveness, given that air pollution is the most significant determinant of public health environment as revealed by the World Health Organization? If so, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 396)

Reply:

(1) The Government launched the "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" in 2008 and established a high-level steering committee (SC) chaired by the Secretary of Food and

Health to deliberate on and oversee the overall roadmap for implementation. Spearheaded by the SC, the Department of Health (DH) actively promotes healthy lifestyle through a life-course and setting-based approach in order to make healthy choices easier for the community. Various ongoing programmes include:

(a) StartSmart@school.hk Campaign targeting on pre-primary institutions;
(b) EatSmart@school.hk Campaign targeting on primary schools;
(c) EatSmart Restaurant Star+ Campaign offering healthier dishes for the general public;
(d) Joyful@Healthy Workplace Programme promoting workplace health; and
(e) "I'm So Smart" Community Health Promotion Programme supporting healthy living in the community.

In May 2018, the Food and Health Bureau and the DH launched the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" (SAP). The SAP lays down the strategic directions and a list of actions that Hong Kong will pursue collectively to achieve a set of 9 local non-communicable diseases (NCD) targets by 2025. It focuses on reducing 4 modifiable behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use, and harmful use of alcohol). The goal of the SAP is to reduce NCD burden, including disability and premature death, in Hong Kong by 2025. The DH will continue to engage stakeholders across sectors to create supportive environments to make healthy choices easier.

(2) Factors like population growth and ageing population contribute to the increase in the number of registered deaths due to diseases of the circulatory system and respiratory system. After removing the effects of these factors by using age-standardisation methods, the overall mortality rate (per 100 000 standard population) of diseases of the circulatory system and respiratory system has decreased from 130.8 in 2012 to 116.0 in 2016. The details on age-standardised mortality rates during 2012-2016 are shown in the Table below -

Type of diseases	**2012**	**2013**	**2014**	**2015**	**2016**
Diseases of the circulatory system	70.8	64.8	66.6	62.0	60.1
Diseases of the respiratory system	60.0	54.9	56.5	57.3	55.9
Overall rate	130.8	119.7	123.1	119.3	116.0

Note: The age-standardised rates were compiled based on the world standard population specified in GPE Discussion Paper Series: No.31, EIP/GPE/EBD, World Health Organization, 2001.

(3) During the development of Air Quality Health Index by the Environmental Protection Department (EPD) with support from the DH, experts and academics on health and air science, the risk of emergency hospital admissions for respiratory and cardiovascular diseases for the general population was found to increase by 0.45%, 0.51%, 0.28% and 0.14% for every 10μg/m3 rise in concentration of nitrogen dioxide, ozone, respirable suspended particulates and sulphur dioxide, respectively.

The DH has taken part in the Air Quality Objectives Review Working Group led by Environment Bureau and EPD to assess, among other things, air quality improvements

and health benefits brought about by the improvements. The DH will continue to work closely with EPD on air pollution issues.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4777)

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

Question:

According to *Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases* published by the Government, urban air pollution is among the top 10 risk factors for mortality, with a mortality rate similar to that of high body mass index and physical inactivity. To enhance public capability in preventing non-communicable diseases, will the Government advise this Committee on the following:

Does the Government have any data on the increase in morbidity and mortality risks of non-communicable diseases attributable to various air pollutants? If so, please set out in table form the increase in morbidity and mortality risks by type of pollutant and disease. If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 397)

Reply:

According to the World Health Organization Air Quality Guidelines (Guidelines), for every 10μg/m^3 increase in average level of fine suspended particulates PM2.5, there will be an increase of 2 to 11%, or an average of about 6%, of annual mortality rates for long-term exposure. The Guidelines do not provide an exposure-response relationship for long term exposure to nitrogen dioxide, ozone and sulphur dioxide. Locally, during the development of Air Quality Health Index by the Environmental Protection Department with support from the Department of Health, experts and academics on health and air science, the risk of emergency hospital admissions for respiratory and cardiovascular diseases for the general population was found to increase by 0.45%, 0.51%, 0.28% and 0.14% for every 10μg/m^3 rise in concentration of nitrogen dioxide, ozone, respirable suspended particulates and sulphur dioxide respectively.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)550

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5025)

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

Question:

Please provide a breakdown of the medical expenses for each HIV patient in the 2019-20 financial year.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 891)

Reply:

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are also integrated into patient care. In addition, drug costs vary with the regimen used and may be changed over patient course. Hence, breakdown of medical cost of HIV/AIDS management and care cannot be computed.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)551

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5026)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention (3) Health Promotion (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1.) Please advise on the additional resources or manpower allocated over the past 10 financial years to enhance the services of the Social Hygiene Service (SHS) for preventing sexually transmitted infections and HIV infections in Hong Kong, and the resources earmarked in 2020-21 for SHS to provide additional services.
2.) Please set out the staff establishment of and the estimates for SHS, as well as the number of attendances at its clinics in the past 5 financial years.
3.) In view of the growing population in Hong Kong, will the Government provide funding in 2020-21 for educating new arrivals from Southeast Asia about AIDS and sexually transmitted diseases? If so, what is the expenditure involved?
4.) In view of the growing population in Hong Kong, will the Government provide funding in 2020-21 for educating new arrivals from the Mainland about AIDS and sexually transmitted diseases? If so, what is the expenditure involved?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 892)

Reply:

1.)
Social Hygiene Service (SHS) is responsible for skin diseases and sexually transmitted infection services in the public sectors in Hong Kong. The level of manpower in prevention and control of sexually transmitted infections maintained at a similar level for the past 10 years. The number of new cases of sexually transmitted infectious diseases recorded in the Social Hygiene Clinics have remained stable.

2.)
The approved staff establishment and financial provision in the SHS in the past 5 years is set out below –

Financial year	Number of post	Financial provisions ($ million)
2015-16	206	204.3
2016-17		216.1
2017-18		235.9
2018-19	216	272.1

Financial year	Number of post	Financial provisions ($ million)
2019-20		287.5

The total number of attendances at clinics under the purview of the SHS in the past 5 years is shown below –

Year	Dermatological outpatient clinics	Social hygiene clinics
2015	248 100	86 600
2016	244 200	81 800
2017	236 200	86 700
2018	216 900	83 000
2019	199 000	79 800

3.) & 4.)

The Special Preventive Programme under the Department of Health (DH) is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence- based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

Ethnic minorities (EM) are one of the key populations of HIV infection. The Red Ribbon Centre under the DH has been conducting HIV prevention activities and producing AIDS-related educational information for EM. Health education resources are produced in languages including Bangla, French, Hindi, Indonesian, Korean, Japanese, Nepali, Filipino, Thai, Pakistani, Vietnamese, etc. Resources available for use include hotline, video compact discs, information leaflets, promotional cards, etc. The expenditure is subsumed within the overall provision for HIV prevention and cannot be separately identified.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, applications under the AIDS Trust Fund targeting EM, as one of the high risk groups, will be accorded higher funding priorities. From 2017-18 to 2019-20, funding of $5.6 million has been approved for projects targeting EM.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)552

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5027)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. In October 2019, The Chinese University of Hong Kong published the findings of a research study on HIV pre-exposure prophylaxis (PrEP). Among the 71 male research participants who had sex with men and were taking PrEP every day, no one was infected with HIV even though the majority of them engaged in risky sexual behaviour constantly. Given the compelling research findings, please advise on whether the Government will allocate provision to the Council for the AIDS Trust Fund (the Fund) in 2020-21 on PrEP to give wide publicity for PrEP as an effective medication for HIV prevention and introduce PrEP into the local public healthcare system as one of the approaches to prevent HIV infection; if so, the amount of funding involved.

2. Please advise on whether the Government will conduct any research on PrEP in 2020-21, 2021-22 and 2022-23; if so, the funding involved.

3. Please provide a breakdown of the research expenditure on HIV PrEP in the past 3 years, apart from the funding granted to the research project conducted by the Fund titled Perceptions on Pre-exposure Prophylaxis and Post-exposure Prophylaxis among Men who have Sex with Men in Hong Kong in 2014-15.

4. In November 2018, the Scientific Committee on AIDS and STI (the Scientific Committee) updated the recommendations on non-occupational post-exposure prophylaxis (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP under certain circumstances. In view of its latest stance, please advise on the number of patients who have been prescribed nPEP upon assessment by doctors of public hospitals since then.

5. Please set out the number of people requesting post-exposure prophylaxis (PEP), the number of PEP recipients as well as the estimated expenditure and financial provision involved in the past 5 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 893)

Reply:
1 to 3.
The Scientific Committee, set up under the Centre for Health Protection (CHP) of the Department of Health (DH), is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of AIDS and sexually transmitted infections (STI). In December 2016, the Scientific Committee issued an interim statement on HIV PrEP which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and

(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

From 2017-18 to 2019-20, the Council for the AIDS Trust Fund (the Fund) approved a sum of $7.3 million to support the following 6 research studies related to PrEP –

(a) Operability of a pilot incentivised PrEP programme for men who have sex with men (MSM) in Hong Kong;
(b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong (PrEP tourists);
(c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP;
(d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study;
(e) PrEP use and its monitoring mechanism in MSM - a qualitative study; and
(f) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

It is expected that results of the PrEP-related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the Fund. In the meantime, the Fund will keep abreast of the continuing development of PrEP locally and internationally.

4.
The Hospital Authority (HA) manages HIV patients, including in prescription of HIV PEP, based on clinical risk assessment and in accordance with the recommendations of the Scientific Committee under the DH. A risk versus benefit analysis will be conducted for patients with non-occupational exposure to HIV and the decision to prescribe PEP will be made on case-by-case basis. HA does not maintain statistics of the number of patients with non-occupational exposure to HIV who have been prescribed with HIV PEP.

5.

The number of clients prescribed with HIV PEP by the Integrated Treatment Centre of the DH, including but not limited to those with post-sexual exposure, are as follows:

Financial year	**Number of clients prescribed with PEP**
2015-2016	66
2016-2017	80
2017-2018	104
2018-2019	151
2019-2020*	126

* Figure updated as of 29 February 2020

The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5028)

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

Question:

Please advise on the resources to be set aside in 2020-21 by the Government for human immunodeficiency virus (HIV) prevention, including the provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), legislation against discrimination on the grounds of sexual orientation as well as provision of sexuality education catering for present-day circumstances, to minimise the number of infections, thereby reducing lifelong expenses on HIV treatment and economic loss due to reduction of workforce.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 894)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

(a) setting up Hong Kong Advisory Council on AIDS (ACA) in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong;

(b) setting up the AIDS Trust Fund (the Fund) since April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2017-18 to 2019-20, the Fund approved a total of $98.4 million for 53 projects for the prevention of HIV among 6 high risk groups, namely Men who have sex with men; People living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; and, Female sex workers and their male clients;

(c) allocation of resources by the Department of Health (DH) to Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression which, in turn, prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of the resources allocated for the prevention of HIV/AIDS is not available;

(d) regarding pre-exposure prophylaxis (PrEP), the DH currently adopts the recommendations by the Scientific Committee on AIDS and Sexually Transmitted Infections (STI) (the Scientific Committee) in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk men who have sex with men to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model. The Fund has granted $7.3 million to support 6 PrEP-related projects from 2017-18 to 2019-20. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery; and

(e) as for post-exposure prophylaxis (PEP), in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. In November 2018, the Scientific Committee also updated the recommendations on non-occupational PEP (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by medical practitioner, it should be started without delay and follow up arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5029)

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

Question:

a) In 2017, the Hong Kong Advisory Council on AIDS published the *Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)* (the Strategies), stating that "WHO has published new guidelines in 2016 to assist countries in introducing self-testing as part of their national HIV testing strategies". Before the end of the period covered by the Strategies, has the Government estimated the number of self-tests so as to achieve the "90-90-90 target" set by the Joint United Nations Programme on HIV/AIDS by 2020?

b) Upon completion of the "HIV Self-Test Study", which runs from September 2019 to June 2020, will the Government earmark provision in 2020-21 for a comprehensive review of the study so as to raise Hong Kong's HIV testing rate? Will it earmark provision in 2020-21 for the provision of psychological support and counselling services to those in need upon conducting the HIV self-testing?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 895)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the overseas development of HIV self-testing, which is considered one of the useful means to improve the level of diagnosis to fill the gap in HIV care cascade. The ACA had deliberated on the issue and recommended in its "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" to keep in view the impact of HIV self-testing in local setting and to encourage AIDS health workers and non-governmental organisations (NGOs) to improve the mode of delivery for people who self-test, to provide support in

particular for those who tested positive, and to ensure proper referral for confirmatory test and treatment.

In this regard, the Department of Health (DH) has been promoting early HIV testing, with provision of relevant health educational information, to the general public. At-risk populations, including men who have sex with men (MSM), are recommended to have at least annual testing, irrespective of individually assessed risk of infection.

Moreover, the DH has been collaborating with NGOs to conduct events to promote public awareness of AIDS and the importance of early HIV testing for early diagnosis and treatment.

The DH has been using existing resources to conduct a study on the experience of using HIV self-testing kits among MSM, in which resources of counselling and support services for self-testers were provided. It is expected that its results could bring local information on the feasibility and acceptability of using HIV self-testing kits and the possible modes of delivery in Hong Kong. In the meantime, the Government will keep abreast of the continuing development of HIV self-testing locally and internationally.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5030)

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

Question:

1.) With regard to the resources allocated for HIV/AIDS prevention amongst heterosexual men in the past 3 years, please provide a detailed breakdown of the expenditure involved.

2.) Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, the Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 896)

Reply:

1.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to projects targeted at 6 high risk groups, including female sex worker / male clients of female sex workers (FSW/MCFSW) and ethnic minorities (EM) for the prevention of HIV via heterosexual contacts. Other than the 6 high risk groups, the Fund also supported projects including prisoners to prevent HIV via heterosexual contacts.

For the 3 years from 2017-18 to 2019-20, the Fund approved a total of $27.5 million to 14 projects for the prevention of HIV infection, including via heterosexual contacts.

The Department of Health (DH) also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres,

interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of resources targeted at heterosexual men is not available.

2.
The Government has set up the Fund since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 63% in 2000 to 23% in 2019. On the other hand, HIV infection through homosexual/bisexual contact has increased from 16% to 59% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (men who practised homosexual/bisexual contact) was 6.5% in 2017, while that of heterosexual males was estimated to be less than 0.1%. In response to the latest situation, the Fund will accord priority to provide funding to projects targeted at 6 high risk groups, including FSW/MCFSW and EM for the prevention of HIV transmission through heterosexual contacts. Other than the 6 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5033)

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

Question:

When people living with HIV (PLHIV) are receiving antiretroviral therapy continuously and properly, their level of HIV will be effectively suppressed to undetectable levels. Hence, the risk of passing on HIV will be significantly reduced and they will have a negligible chance of transmitting HIV to their partners sexually. In the light of this concept, already recognised by the Joint United Nations Programme on HIV/AIDS, will the Government allocate funding in 2020-21 to promote this message to the public and achieve the effectiveness of "treatment as prevention"?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 901)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS which includes allocation of resources to Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service of Department of Health (DH) for HIV prevention.

The SPP is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases.

As effective treatment results in viral suppression which in turn prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. In 2019, the DH launched a new set of TV and radio Announcements in the Public Interest on the benefits of early antiretroviral treatment to enhance public awareness. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

Resources for the above initiatives are absorbed within the DH's overall provision and cannot be separately identified. The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5040)

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

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please provide the following information:

1. the number of elderly people participating in the EHV Scheme in each of the past 5 financial years and the expenditure involved;

2. the number and percentage of private healthcare service providers participating in the EHV Scheme, broken down by profession and District Council district, in each of the past 5 years; and

3. the number and percentage of elderly participants who have spent their vouchers on preventive care services and acute illness treatments in each of the past 5 financial years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 972)

Reply:

1. Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued the annual voucher amount on a calendar year basis. The amount of vouchers claimed was $906.3 million in 2015, $1,070.6 million in 2016, $1,500.4 million in 2017, $2,804.2 million in 2018 and $2,665.9 million in 2019.

The table below shows the cumulative number of elders who had made use of vouchers under the EHV Scheme in the past 5 years:

	2015 Note 1	2016	2017 Note 2	2018 Note 3	2019 Note 4
Cumulative number of elders who had made use of vouchers by the end of the year	600 000	649 000	953 000	1 191 000	1 294 000

Note 1: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZH) was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 2: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 3: On 8 June 2018, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to $5,000.

Note 4: On 26 June 2019, each eligible elder was provided with an additional voucher amount of $1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to $8,000. Besides, a cap of $2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

2. The table below shows the number and percentage of participating healthcare service providers by types under the EHV Scheme in the past 5 years:

	Number of Healthcare Service Providers (Percentage [Note 5])				
	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017	As at 31.12.2018	As at 31.12.2019
Medical Practitioners	1 936 (39%)	2 126 (42%)	2 387 (45%)	2 591 (47%)	2 893 (51%)
Chinese Medicine Practitioners	1 826 (30%)	2 047 (32%)	2 424 (38%)	2 720 (42%)	3 159 (48%)
Dentists	646 (38%)	770 (44%)	895 (49%)	1 047 (57%)	1 171 (62%)
Occupational Therapists	45 (6%)	51 (6%)	69 (7%)	74 (7%)	97 (8%)
Physiotherapists	312 (22%)	344 (22%)	396 (24%)	441 (25%)	520 (27%)
Medical Laboratory Technologists	30 (3%)	35 (3%)	48 (5%)	54 (5%)	64 (6%)
Radiographers	21 (2%)	24 (3%)	40 (5%)	44 (5%)	56 (6%)
Nurses	124 (1%)	148 (1%)	182 (1%)	182 (1%)	244 (1%)
Chiropractors	54 (32%)	66 (36%)	71 (37%)	91 (45%)	111 (49%)
Optometrists	265 (34%)	533 (67%)	641 (78%)	697 (81%)	780 (87%)
Sub-total (Hong Kong) :	5 259	6 144	7 153	7 941	9 095
HKU-SZH [Note 6]	1	1	1	1	1
Total :	5 260	6 145	7 154	7 942	9 096

Note 5: In calculating the percentage of participating healthcare service providers under the EHV Scheme, those healthcare professionals practising in the public sector or are economically inactive, e.g. not practising in Hong Kong, have been excluded.

Note 6: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

A healthcare service provider can register more than 1 place of practice for accepting the use of vouchers. The number of places of practice under the EHV Scheme, broken down by types of healthcare service providers and 18 districts in Hong Kong in the past 5 years, is at **Annex**.

3. The table below shows the number of voucher claim transactions made by participating healthcare service providers in Hong Kong for preventive care and management of acute episodic conditions in the past 5 years, and the percentages as compared to the total number of voucher claim transactions made in the respective years:

Type of Service	2015	2016	2017	2018	2019
	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)
Preventive care	246 090 (9%)	305 610 (11%)	465 155 (13%)	825 640 (16%)	763 286 (15%)
Management of acute episodic conditions	1 647 390 (61%)	1 632 758 (58%)	1 874 310 (54%)	2 536 414 (49%)	2 595 355 (49%)

- End -

Annex

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong (Position as at 31 December 2015)

Healthcare Service Providers / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	323	197	107	8	46	3	4	6	14	27	735
Eastern	189	206	77	6	32	2	1	10	3	37	563
Southern	40	66	15	0	2	0	0	0	0	1	124
Wan Chai	182	232	79	4	45	2	1	12	7	59	623
Kowloon City	142	153	51	8	32	1	0	18	1	80	486
Kwun Tong	286	285	110	20	52	9	2	37	3	15	819
Sham Shui Po	103	210	38	5	22	4	1	3	0	13	399
Wong Tai Sin	86	175	46	9	22	0	0	4	0	78	420
Yau Tsim Mong	524	436	165	11	124	21	9	28	41	120	1 479
Sha Tin	167	144	58	10	43	0	0	13	3	45	483
Tai Po	90	115	53	1	9	3	1	10	4	5	291
Sai Kung	160	92	38	8	24	3	0	2	0	16	343
North	61	99	27	0	3	1	0	1	8	2	202
Kwai Tsing	122	97	47	3	13	0	0	22	1	72	377
Tsuen Wan	148	183	40	3	32	5	8	12	10	16	457
Tuen Mun	153	180	39	1	11	0	1	2	0	11	398
Yuen Long	179	91	48	0	9	0	0	7	6	7	347
Islands	40	32	8	0	3	0	0	0	0	3	86
Total	**2 995**	**2 993**	**1 046**	**97**	**524**	**54**	**28**	**187**	**101**	**607**	**8 632**

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2016)

Healthcare Service Providers / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	385	274	144	7	48	5	4	9	21	62	959
Eastern	229	277	95	7	34	3	3	13	3	109	773
Southern	44	175	16	3	4	0	0	0	0	7	249
Wan Chai	209	293	100	4	53	7	2	11	9	110	798
Kowloon City	147	267	60	8	36	1	0	21	2	104	646
Kwun Tong	280	453	118	20	49	12	4	51	3	65	1 055
Sham Shui Po	111	259	49	4	34	4	1	3	0	53	518
Wong Tai Sin	86	347	53	7	22	0	0	4	0	108	627
Yau Tsim Mong	638	504	224	14	139	25	10	36	42	228	1 860
Sha Tin	185	296	91	11	46	2	0	19	4	105	759
Tai Po	98	166	52	1	10	3	2	12	4	13	361
Sai Kung	173	158	55	7	30	3	0	2	2	71	501
North	68	186	32	0	3	1	0	1	8	11	310
Kwai Tsing	138	163	51	4	17	0	0	29	1	105	508
Tsuen Wan	155	283	44	3	41	7	8	11	9	52	613
Tuen Mun	148	385	46	1	16	0	1	2	0	43	642
Yuen Long	194	205	66	0	10	1	0	11	5	32	524
Islands	44	82	11	0	3	0	0	0	0	8	148
Total	**3 332**	**4 773**	**1 307**	**101**	**595**	**74**	**35**	**235**	**113**	**1 286**	**11 851**

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2017)

Healthcare Service Providers / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	421	399	162	3	47	13	5	9	21	145	1 225
Eastern	243	485	114	8	35	3	2	11	3	166	1 070
Southern	44	267	14	2	4	0	0	0	0	26	357
Wan Chai	239	324	116	4	60	15	8	16	9	201	992
Kowloon City	172	351	69	7	34	1	0	19	2	145	800
Kwun Tong	290	640	135	17	50	18	5	60	3	112	1 330
Sham Shui Po	110	386	62	3	40	4	2	5	0	97	709
Wong Tai Sin	102	516	70	7	22	0	0	3	0	136	856
Yau Tsim Mong	801	666	284	14	165	48	22	39	45	379	2 463
Sha Tin	279	413	114	12	43	2	0	33	5	169	1 070
Tai Po	105	196	61	2	10	3	3	13	3	24	420
Sai Kung	190	277	60	11	28	3	0	3	2	109	683
North	66	254	31	0	5	2	1	3	10	21	393
Kwai Tsing	140	220	66	4	21	0	0	29	0	124	604
Tsuen Wan	175	422	61	4	44	14	7	12	9	92	840
Tuen Mun	157	579	55	4	22	0	1	5	0	66	889
Yuen Long	203	313	84	1	10	1	1	13	4	91	721
Islands	34	101	12	0	1	0	0	0	0	7	155
Total	**3 771**	**6 809**	**1 570**	**103**	**641**	**127**	**57**	**273**	**116**	**2 110**	**15 577**

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2018)

Healthcare Service Providers / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	535	479	247	2	65	16	6	8	35	211	1 604
Eastern	257	612	118	12	34	3	2	13	30	206	1 287
Southern	46	302	17	4	8	0	0	0	0	46	423
Wan Chai	269	331	141	5	69	17	7	16	29	263	1 147
Kowloon City	181	414	89	11	37	0	0	16	6	177	931
Kwun Tong	287	846	146	20	52	17	5	50	14	144	1 581
Sham Shui Po	135	462	77	3	45	4	2	5	0	102	835
Wong Tai Sin	94	627	85	8	27	0	0	16	0	163	1 020
Yau Tsim Mong	995	792	376	12	175	50	21	39	59	505	3 024
Sha Tin	332	539	136	12	54	2	2	34	15	202	1 328
Tai Po	104	265	66	0	9	3	3	12	3	34	499
Sai Kung	214	361	65	12	22	2	0	4	3	120	803
North	66	299	31	2	7	3	2	3	11	41	465
Kwai Tsing	144	280	76	3	16	0	0	28	0	140	687
Tsuen Wan	202	444	77	4	54	16	7	10	23	117	954
Tuen Mun	191	637	68	3	31	0	1	6	9	105	1 051
Yuen Long	208	414	99	1	15	3	1	14	10	136	901
Islands	37	119	15	0	2	0	0	1	0	11	185
Total	**4 297**	**8 223**	**1 929**	**114**	**722**	**136**	**59**	**275**	**247**	**2 723**	**18 725**

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2019)

Healthcare Service Providers / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	635	511	276	5	73	17	8	15	42	388	1 970
Eastern	288	745	127	14	37	4	2	17	43	227	1 504
Southern	49	345	17	6	10	0	0	9	0	58	494
Wan Chai	317	408	162	10	86	15	9	22	41	384	1 454
Kowloon City	250	478	106	14	45	0	0	18	8	202	1 121
Kwun Tong	311	1 074	173	25	62	15	4	49	23	157	1 893
Sham Shui Po	151	562	95	8	58	4	2	12	1	97	990
Wong Tai Sin	102	746	94	16	24	1	0	31	2	173	1 189
Yau Tsim Mong	1 208	904	436	15	203	55	25	45	64	821	3 776
Sha Tin	367	702	155	13	57	2	2	29	24	245	1 596
Tai Po	110	327	69	1	11	5	3	13	5	55	599
Sai Kung	222	448	76	11	25	1	0	10	3	160	956
North	85	367	31	3	11	3	4	4	10	40	558
Kwai Tsing	143	373	95	5	18	0	0	21	6	159	820
Tsuen Wan	224	478	88	5	61	17	8	11	27	147	1 066
Tuen Mun	216	736	74	3	32	1	1	8	15	114	1 200
Yuen Long	233	562	112	1	20	4	2	16	18	160	1 128
Islands	36	143	18	1	5	0	0	1	0	17	221
Total	**4 947**	**9 909**	**2 204**	**156**	**838**	**144**	**70**	**331**	**332**	**3 604**	**22 535**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5041)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention (3) Health Promotion (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a breakdown of the number of people from most-at-risk populations for HIV requesting post-exposure prophylaxis (PEP), the number of PEP recipients and the expenditure involved in the past 3 years.

2. Please provide a breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 3 years.

3. Please advise on the estimated expenditure involved if the Government proposes incorporating PrEP into the Drug Formulary to subsidise most-at-risk populations for HIV to prevent HIV infection in 2020-21.

4. Please advise on the estimated number of people requesting PEP, the estimated number of PEP recipients as well as the estimated expenditure and financial provision involved in 2020-21.

5. Please advise on the estimated expenditure on PEP if the stringent requirements for receiving such treatment is relaxed in 2020-21.

6. Please provide a breakdown of the medical expenses for each HIV patient in the past 3 years.

7. Please provide a breakdown of the expenditure incurred in preventing HIV infection for each person from most-at-risk populations for HIV in the past 3 years.

8. Please provide a breakdown of the expenditure on HIV prevention researches in the past 3 years.

9. Please advise on the economic cost as measured by the difference between the expenditure incurred in preventing HIV infection for each person from most-at-risk populations and the lifelong medical expense for each HIV patient.

10. Why does the Government not consider allocating more resources to HIV prevention, including the provision of PrEP and PEP, legislation against discrimination on the grounds of sexual orientation, provision of sexuality education catering for present-day circumstances as well as vigorous promotion of the pathological knowledge of "U=U", to minimise the number of infected people, thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 973)

Reply:

1.
The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, are as follows:

Financial year	**Number of clients prescribed with PEP**
2017-18	104
2018-19	151
2019-20*	126

* Provisional figure as of 29 February 2020

The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

2.
The Council for the AIDS Trust Fund (the Fund) approved a sum of $7.3 million from 2017-18 to 2019-20 to support the following research studies –

(a) Operability of a pilot incentivised pre-exposure prophylaxis (PrEP) programme for men who have sex with men (MSM) in Hong Kong;
(b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong (PrEP tourists);
(c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP;
(d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study;
(e) PrEP use and its monitoring mechanism in MSM - a qualitative study; and
(f) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

3.
The Scientific Committee on AIDS and Sexually Transmitted Infections (STI) (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the DH, is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of AIDS and STI. In December 2016, the Scientific Committee issued an interim statement on HIV PrEP which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention

effectiveness; and

(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the Fund. It is expected that results of the PrEP-related projects could provide more local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. In the meantime, the CHP will keep abreast of the continuing development of PrEP locally and internationally. At this stage, the Government has no plan to incorporate PrEP into the Drug Formulary.

4.
For 2020-21, it is estimated that 200 cases will be given HIV PEP for post-sexual exposure from the DH. The estimated expenditure is not available as it has been subsumed as part of the HIV care services provided by the DH.

5.
In January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis
C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation.

In November 2018, the Scientific Committee also updated the recommendations on nonoccupational PEP (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by a medical practitioner, it should be started without delay and follow up be arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

6. and 7.
Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are also integrated into patient care. In addition, drug costs vary with the regimen used and may be changed over patient course. Hence, breakdown of the medical cost of HIV/AIDS management and care cannot be computed.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS (ACA), higher funding priorities would be accorded to the applications under the Fund for projects targeted at the 6 high risk groups, namely men who have sex with men; people living with HIV; people who inject drugs; ethnic minorities; male-to-female transgender; female sex workers and their male clients.

From 2017-18 to 2019-20, the Fund approved a total of $98.4 million for 53 projects with the breakdown as follows.

High risk groups	**Amount of funding approved ($ million)**
Men who have sex with men	46.6
People living with HIV	22.6
People who inject drugs	5.7
Ethnic minorities	5.6
Male-to-female transgender	1.6
Female sex workers and their male clients	16.3
Total	**98.4**

8.
From 2017-18 to 2019-20, the Fund approved a total of $17.5 million for conducting 23 researches with the breakdown as follow:

High risk groups	**Amount of funding approved ($ million)**
Men who have sex with men	9.7
People living with HIV	6.5
More than 1 high risk group*	1.3
Total	**17.5**

* The Fund granted $1.3 million for two researches which targeted more than 1 high risk groups.

9.
Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, the estimated unit cost of life-long medical expenses cannot be readily computed. In addition, it is difficult to estimate the number of infection that would have occurred if there was no preventive measures at all (the baseline), we cannot predict the number of infections that might have been averted with the current preventive measures, and also the number of people that would have to be treated under these 2 scenarios.

HIV treatment by itself also has prevention effect as it helps reduce the risk of transmitting the virus to others. Therefore, it may not be appropriate to assess the economic cost by just comparing the prevention cost and treatment cost of HIV.

10.
The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

(a) setting up ACA in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV

infection and the provision of services to people with HIV/AIDS in Hong Kong;

(b) setting up the Fund since April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2017-18 to 2019-20, the Fund approved a total of $98.4 million for 53 projects for the prevention of HIV among 6 high risk groups;

(c) allocation of resources by DH to Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression which, in turn, prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS;

(d) regarding PrEP, DH currently adopts the recommendations by the Scientific Committee in its interim statement issued in December 2016 (as set out in part 3 above). The Fund has granted $7.3 million to support 6 PrEP-related projects from 2017-18 to 2019-20 with details set out in part 2 above. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery; and

(e) as for PEP, DH currently adopts the recommendation by the Scientific Committee in January 2014 on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV; and the recommendations in November 2018 on nPEP to sexual or injection exposure (as set out in part 5 above). The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)559

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5042)

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

Question:

1. Please provide a detailed breakdown of the expenditure on counselling and treatment provided for patients living with HIV/AIDS by the Department of Health (DH) in the past 3 years.

2. It is estimated that the number of patients attending HIV/AIDS services will increase in 2020. In this regard, will the DH allocate additional resources to provide counselling and treatment for patients living with HIV/AIDS? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 974)

Reply:

1. & 2.

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The Government will keep in view the demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5043)

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

Question:

Despite substantial funding allocated by the Government to HIV testing and venue outreach activities for the prevention of HIV/AIDS in recent years, the HIV epidemic has become more serious at a rapid pace. According to the statistics compiled by the Department of Health, the cumulative number of HIV infection cases has increased by over 45% (46%) over a period of 5 years from 2011 to 2015. The failure to contain the HIV/AIDS epidemic implies that the Government will need to cover the lifelong medical expenses of an increasing number of patients and bear heavy healthcare burden.

Given the critical situation of the HIV/AIDS epidemic mentioned above, please advise on the following issues concerning the treatment of patients with sexually transmitted infections and the control of such infections:

1. How much resource has been allocated for healthcare staff to provide HIV/AIDS treatment and care in the public healthcare system in the past 3 years? Will additional resources be allocated to prepare for a rising epidemic in the future? Please provide a detailed breakdown of the expenditure involved.

2. With regard to the resources allocated for HIV/AIDS prevention amongst heterosexual men in the past 3 years, please provide a detailed breakdown of the expenditure involved.

3. Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, the Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 975)

Reply:

1.
From 2017-18 to 2019-20, the number of healthcare staff providing treatment services for HIV infected patients at the HIV/AIDS clinic of the Department of Health (DH) is set out in the following table. The annual recurrent cost (revised estimate) for the HIV/AIDS clinic in 2019-20 is $18.9 million, which is solely used to cover the manpower cost of the posts and the breakdown of the recurrent cost by rank is set out as follows:

Rank	**Number of posts**			**Annual Recurrent Cost in 2019-20**
	2017-18	**2018-19**	**2019-20**	
Senior Medical and Health Officer	2	2	2	2,891,880
Medical and Health Officer	2	2	2	2,239,560
Senior Nursing Officer	1	1	1	940,560
Nursing Officer	9	9	10	7,327,200
Registered Nurse	11	11	12	5,542,560
Total	**25**	**25**	**27**	**18,941,760**

The Government will keep in view the service demand in the coming years for resource allocation.

2.
Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to projects targeted at 6 high risk groups, including female sex worker / male clients of female sex workers (FSW/MCFSW) and ethnic minorities (EM) for the prevention of HIV via heterosexual contacts. Other than the 6 high risk groups, the Fund also supported projects including prisoners to prevent HIV via heterosexual contacts.

For the 3 years from 2017-18 to 2019-20, the Fund approved a total of $27.5 million to 14 projects for the prevention of HIV infection, including via heterosexual contacts.

The DH also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources

on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression thus prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of the resources allocated for the prevention of HIV/AIDS targeted at heterosexual men is not available.

3.
The Government has set up the Fund since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 63% in 2000 to 23% in 2019. On the other hand, HIV infection through homosexual/bisexual contact has increased from 16% to 59% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practised homosexual/bisexual contact) was 6.5% in 2017, while that of heterosexual males was estimated to be less than 0.1%. In response to the latest situation, the Fund will accord priority to provide funding to projects targeted at 6 high risk groups, including FSW/MCFSW and EM for the prevention of HIV transmission through heterosexual contacts. Other than the 6 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)561**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5118)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention (3) Health Promotion (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1) Please advise on whether additional resources have been earmarked in the financial year 2019-20 for medical services relating to HIV/AIDS treatment.

2) Please provide a breakdown of the medical expenses for HIV/AIDS patients per capita in the financial year 2019-20.

3) Please set out the Government's expenditure on the procurement of drugs for HIV/AIDS in the financial year 2019-20 as well as such estimates for the financial year 2020-21.

4) Please advise on the expenditure on the prevention of HIV/AIDS and sexually transmitted diseases in the financial year 2019-20.

5) Currently, there are three designated HIV clinical services in the public sector: the Integrated Treatment Centre of the Department of Health, the AIDS Clinical Service of Queen Elizabeth Hospital and the Infectious Disease Special Medical Clinic of Princess Margaret Hospital. These centres serve the vast majority of HIV infected patients engaged in care. Please then advise on the staff establishment of the above healthcare institutions in the past 3 years, as well as whether their staff establishment will be expanded in 2020-21 to cope with the epidemic.

6) Based on the recommendations of the Recommended HIV/AIDS Strategies for Hong Kong 2017-2021, higher funding priorities will be accorded to applications targeted at the 6 high risk groups, namely men who have sex with men; people living with HIV; people who inject drugs; ethnic minorities; male-to-female transgender; and female sex worker and their male clients. Please provide the estimated amounts of funding for the above 6 groups in the past 3 years and in 2020-21.

7) Please advise on the number of attendances for AIDS counselling service provided by the Services under the Department of Health (DH) and other partnering organisations

in the financial year 2019-20 as well as the manpower involved in the provision of such service.

8) Please advise on the number of phone enquiries about AIDS/HIV received by the Services under the DH and other partnering organisations in the financial year 2019-20.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 1158)

Reply:

1 and 5.
From 2017-18 to 2018-19, there are a total of 25 healthcare staff providing treatment services for HIV infected patients at the HIV/AIDS clinic of the DH. In 2019-20, the number of healthcare staff is increased to 27. The annual recurrent expenditure to cover the manpower cost for the HIV/AIDS clinic of the DH in the past 3 years are set out in the following table –

Year	Annual recurrent cost
2017-18	$16.5 million
2018-19	$17 million
2019-20	$18.9 million

The Government will keep in view the service demand in the coming years for resource allocation.

2.
Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are also integrated into patient care. In addition, drug costs vary with the regimen used and may be changed over patient course. Hence, breakdown of medical cost of HIV/AIDS management and care cannot be computed.

3.
The total expenses on anti-HIV drugs under the DH in 2019-20 are $315.3 million. In 2020-21, the provision for anti-HIV drugs is $349.0 million.

4.
The Government has been allocating resources for the prevention of HIV/AIDS and sexually transmitted infections (STIs). Their provisions under Programme (2) Disease Prevention in 2019-20 was $17.1 million and $78.5 million respectively.

Provisions for clinical management services for HIV/AIDS is provided under a separate Programme and is not included in the provision above.

6.
Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" (the Strategies) issued by the Hong Kong Advisory Council on AIDS (ACA), higher funding priorities would be accorded to the applications under the AIDS Trust Fund (the Fund) for projects targeted at the 6 high risk groups, namely Men who have sex with men; People

living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; Female sex workers and their male clients.

From 2017-18 to 2019-20, the Fund approved a total of $98.4 million for 53 projects with the breakdown as follows. The Fund will continue to make reference to recommendations of the Strategies in assessing project applications and in according resources to different key populations.

High risk groups	Amount of funding approved ($ million)
Men who have sex with men	46.6
People living with HIV	22.6
People who inject drugs	5.7
Ethnic minorities	5.6
Male-to-female transgender	1.6
Female sex workers and their male clients	16.3
Total	**98.4**

7.
The number of attendances at the AIDS Counselling and Testing Services under the DH in 2019-20, as at 29 February 2020, is 2 062.

The approved establishment of the AIDS Counselling and Testing Service of the DH in 2019-20 is 7.

8.
The number of telephone enquiries handled by the AIDS Hotline Unit under the DH in 2019-20, as at 29 February 2019, is 9 898.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)562

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5119)

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

Question:

As stated in Objective 1 of the UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People, improving the human rights situation for men who have sex with men and transgender people is the cornerstone to an effective response to HIV. In this connection, please give a detailed breakdown of the resources allocated by the Government to conduct a study on legislation against discrimination on the grounds of sexual orientation in 2019-20 in response to the above recommendation for reducing the infection rate of HIV and sexually-transmitted diseases, and advise on the resources set aside by the Government for conducting such a study in 2020-21?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 1159)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the opinion of legislating against discrimination on the grounds of sexual orientation and had deliberated on the issue during the formulation of the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)". Having considered the available evidence, the ACA concluded that there was insufficient scientific evidence to show that enactment of protective laws for sexual minorities would impact directly on the HIV epidemic in Hong Kong. Nevertheless, the ACA is of the view that the immediate goal should be towards health care that is discrimination-free and accepting, facilitating people of different sexual orientations to access HIV-related services. This view is also in line with the recommendations of UNAIDS.

In this regard, the Department of Health has been providing training on HIV/AIDS to health

care workers, staff of residential care homes and non-governmental organisations (NGOs), including social workers. The content of training includes basic HIV knowledge and counselling skills. Acceptance of people living with HIV (PLHIV) and sensitivity training to raise the awareness of the needs of PLHIV was also included. Moreover, the Government has been collaborating with NGOs to conduct events to promote public awareness of AIDS and foster acceptance and care of PLHIV.

The Constitutional and Mainland Affairs Bureau is conducting a study on the experience of other jurisdictions in tackling discrimination against the sexual minorities through legislative and administrative measures. The resources required for relevant work are absorbed in the recurrent expenditure of the Bureau which is outside Head 37.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)563

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6806)

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

Question:

As far as passenger traffic is concerned, are all persons arriving at Hong Kong (including Hong Kong residents as well as visitors from the Mainland and other places but excluding those who depart on the same day) subject to a 14-day compulsory quarantine following the implementation of this arrangement since 8 February 2020? If yes, please give the total number of persons placed in a 14-day compulsory quarantine; if not, please give the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 33)

Reply:

Pursuant to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) (the Regulation), starting from 8 February 2020, save for persons exempted under the Regulation, the Department of Health issues quarantine orders to all persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong, irrespective of nationality. From 8 February to 25 March 2020, a total of 74 889 quarantine orders were served to persons arriving at Hong Kong.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)564

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6768)

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

Question:

In relation to Chun Yeung Estate temporarily on loan by the Housing Authority to the Government for use as a confinement facility, would the Government please advise on:

1. the latest number of units used for quarantine as well as the approximate time for unit vacation, thorough disinfection, repair, etc. for reallocation and intake when the outbreak is over; and

2. the fee for and the budget of temporarily using the public rental estate as a government confinement facility; whether the expenditure will be met from next year's estimates or the Anti-epidemic Fund?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 13)

Reply:

1.

As at 8 April 2020, the quarantine centre in Chun Yeung Estate, Fo Tan provides 1 454 units. The time needed to evacuate the quarantine centre in Chun Yeung Estate will be subject to a number of factors, where an estimate cannot be provided at the moment.

2.

To operate the quarantine centre in Chun Yeung Estate, relevant expenditure arises from provision of catering, security and medical support services on the site. The estimated operating expenditure in 2019-20 and 2020-21, as well as other relevant manpower costs would be subsumed under Department of Health's overall allocation and additional funding would be sought under established procedures where necessary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6126)

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

Question:

Regarding child assessment centres (CACs), please inform this Committee of the following.

(a) What were the monthly number of new cases and the monthly average appointment waiting time at the 7 CACs in the past 5 years, in view of the fact that the rates in respect of the appointment time for new cases in CACs within 3 weeks for the years 2017, 2018 and 2019, which had been estimated at "over 90%", all hit 100%?

(b) As opposed to the target rate in respect of the completion time for assessment of new cases in CACs within 6 months at "over 90%", the actual rates for 2017, 2018 and 2019 were 55%, 49% and 53% respectively. Since the government has attributed this to the continuous increase in the demand for services provided by the Child Assessment Service (CAS) and the high wastage rate of doctors and the difficulties in recruiting them to the CAS, please advise on:

(i) the actual numbers of cases handled in these 3 years;
(ii) the establishment, the number and the remuneration of doctors responsible for such services;
(iii) the wastage and the wastage rates of doctors in the past 3 years;
(iv) whether any measures have been formulated to bring down the wastage rate; if yes, the details; if not, the reasons;
(v) the follow-up work carried out upon completion of the assessment; and
(vi) the reasons for the large discrepancy in respect of the appointment time for 2017, 2018 and 2019 between the planned rates of "over 70%", "over 60%" and "over 70%" respectively and the actual rates.

(c) What are the reasons for setting the planned rate in respect of the appointment time for 2020 at only "over 70%" and the measures to be taken by the Government in view of the situation? Please provide a detailed breakdown of the expenditure on such measures in table form.

Asked by: Hon KWOK Wing-hang Dennis (LegCo internal reference no.: 11)

Reply:

(a)

The number of new cases referred to the Child Assessment Service (CAS) of the Department of Health (DH), with breakdown by month, in the past 5 years are set out in the below table. The statistics for individual centres are not readily available. In the past 5 years, nearly all new cases of the CAS were seen within 3 weeks after registration.

Month	**Number of new cases referred to CAS**				
	2015	**2016**	**2017**	**2018**	**2019 (Provisional figures)**
January	777	861	799	899	978
February	706	720	874	747	693
March	824	836	981	838	921
April	787	789	824	863	922
May	784	797	906	982	893
June	960	881	987	904	793
July	811	851	845	941	830
August	808	929	909	993	803
September	753	881	849	713	701
October	806	813	834	849	735
November	841	939	864	876	690
December	1 015	891	766	861	820
Total	**9 872**	**10 188**	**10 438**	**10 466**	**9 799**

(b)(i)

The number of children assessed by the CAS in 2017, 2018 and 2019 are 15 589, 17 020 and
16 946 (provisional figure) respectively.

(b)(ii)-(iv)

The approved establishment of Medical and Health Officer grade in the CAS in 2019-20 and the respective monthly mid-point salary of the individual rank are as follows –

Rank	**Monthly Mid-point salary**	**Number of posts**
Consultant	$190,300	1
Senior Medical and Health Officer	$126,220	10
Medical and Health Officer	$97,745	14

The number of wastage of staff in respect of Medical and Health Officer grade in the CAS in 2017-18, 2018-19 and 2019-20 are 0, 0 and 1 respectively. The CAS has been facing manpower shortage problem in respect of the Senior Medical and Health Officer (SMO) and Medical and Health Officer (MO) rank officers in recent years. As at 1 February 2020, the

approved establishment of SMO/ MO in the CAS is 24 while the number of vacancy is 10. DH will continue the effort to recruit suitable SMO/ MO to fill the vacancies.

(b)(v)

The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are 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. While children await assessment and rehabilitation services, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

(b)(vi) and (c)

Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in the past 3 years were below the target rate of 90%. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. The financial provision for enhancing the manpower and related recurrent costs in 2020-21 is $16.9 million. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6127)

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

Question:

There are a total of 7 child assessment centres (CACs) in Hong Kong. Please advise on their service capacities, services, types and numbers of staff as well as the unit costs of the services in the past 5 years.

Asked by: Hon KWOK Wing-hang, Dennis (LegCo internal reference no.: 12)

Reply:

The Child Assessment Service (CAS) of Department of Health (DH) provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are 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. While children await assessment and rehabilitation services, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

The multi-disciplinary group of healthcare and professional staff in CAS comprises paediatricians, 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 assessment is not available.

The approved establishment of the CAS in 2019-2020 is as follows:

Grades	**Number of posts**
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	24
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	40
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Speech Therapist	16
Optometrist	2
Senior Occupational Therapist / Occupational Therapist I	9
Senior Physiotherapist / Physiotherapist I	7
Technical Support	
Electrical Technician	1
Administrative and General Support	
Hospital Administrator II	1
Senior Executive Officer / Executive Officer II	2
Clerical Officer / Assistant Clerical Officer	16
Clerical Assistant	23
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	**183**

The attendance at the 7 Child Assessment Centres (CAC) under the CAS in the past 5 years is as follows:

Child Assessment Centre (CAC)	**2015**	**2016**	**2017**	**2018**	**2019 (Provisional figures)**
Central Kowloon CAC	6 476	5 666	5 489	5 632	5 492
Ha Kwai Chung CAC	7 033	7 373	7 209	6 413	5 827
Pamela Youde CAC (Kwun Tong)	7 243	7 120	7 187	7 315	6 577
Pamela Youde CAC (Sha Tin)	7 152	7 933	8 262	8 493	7 535
Fanling CAC	4 055	3 882	3 892	4 182	4 875
Tuen Mun CAC	5 465	5 194	5 384	5 610	5 186
Ngau Tau Kok CAC*	0	0	0	1 682	2 513
Total:	**37 424**	**37 168**	**37 423**	**39 327**	**38 005**

* Ngau Tau Kok CAC commenced operation in January 2018.

The financial provision of the CAS in the past 5 years are set out in the table below. DH does not compile figures on the average per capita cost of assessment at the CACs.

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Financial provision to CAS ($ million)	110.2	129.6	131.8	138.6	162.2

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)567

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3394)

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

Question:

In comparison with 2018, 2019 saw a significant increase in the number of attendances receiving maternity health service at maternal and child health centres, a trend that is expected to continue in 2020. In this regard, please advise on:

a. the expenditures required for providing such service in the past 3 years, broken down by year;

b. the numbers of personnel involved in providing such service in the past 3 years, broken down by grade; and

c. whether the Department of Health has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower, resources and details involved; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 66)

Reply:

Maternal and Child Health Centres provide a variety of services to children and women. The manpower and expenditure for maternal health service cannot be separately identified.

The Department of Health will continue to monitor the utilisation of maternal health service and deploy resources flexibly to ensure efficient delivery of service.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)568

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3395)

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

Question:

The number of school children participating in the Student Health Service (primary school students) has been rising significantly. In this connection, please advise on:

a. the expenditure required for providing the said service in the past 3 years, broken down by year;

b. the number of staff involved in providing the said service in the past 3 years, broken down by grade; and

c. whether the Government has earmarked sufficient resources, including manpower, to meet the demand this year. If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 67)

Reply:

a. The expenditures for the Student Health Service (SHS) of the Department of Health (DH) in financial years 2017-18, 2018-19 and 2019-20 are as follows:

2017-18 (Actual): $215.6 million

2018-19 (Actual): $228.8 million

2019-20 (Revised Estimate): $246.1 million

b. Approved establishment of the SHS in financial years 2017-18, 2018-19 and 2019-20 are as follows:

	2017-18	2018-19	2019-20
Doctors	37	38	40
Nurses	236	236	248
Allied health staff	18	18	24
Administrative and clerical staff	82	82	87
Supporting staff	36	36	40
Total	409	410	439

c. The DH has already earmarked sufficient resources, including manpower, to meet the service demand. The financial provision for the SHS in 2020-21 will be $259.8 million and the approved establishment is 439.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3396)

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

Question:

With regard to continuing to support the steering committee for viral hepatitis control under this programme, what was the work progress in 2019? What are the specific work plan, timetable as well as the estimated manpower and resources required for 2020?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 68)

Reply:

The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and Chief Executive of Hospital Authority, has been set up since July 2018 to formulate strategies to effectively prevent and control viral hepatitis. 2 working groups, namely the Public Health Working Group and the Clinical Working Group, have been formed to advise the SCVH on public health and clinical management aspects respectively.

In 2019, through 2 meetings, the SCVH recommends that to further strengthen the prevention of mother-to-child transmission (MTCT) of hepatitis B virus (HBV), pregnant women who are assessed to have chronic hepatitis B at their antenatal check up at Maternal and Child Health Centres of Department of Health or at obstetric departments of Hospital Authority (HA) will have HBV viral load testing at HA. Pregnant women having high viral load would be offered to use antiviral to further minimise the risk of MTCT of HBV. This programme will be rolled out in all birthing hospitals of the HA in 2020-21.

In 2020, the SCVH will meet on a regular basis to advise the Government on the overall policy, targeted strategies, and effective resource allocation related to the prevention and control of viral hepatitis, with a view to formulating an action plan in 2020 in reducing the public health burden posed by viral hepatitis.

In 2020-21, a provision of $11 million has been provided for Special Preventive Programme to carry out the work related to the hepatitis control, including the annual recurrent cost of 11 civil service posts.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3397)

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

Question:

With regard to exploring the feasibility of extending the health promoting school model in Hong Kong, please advise on the work progress in 2019 and the details of the work plan for 2020.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 69)

Reply:

Based on the recommendations of the Working Group on Health Promoting School which was set up in May 2018, the Department of Health (DH) has devised a 3-year work plan in collaboration with key stakeholders for implementing the World Health Organization's Health Promoting School (HPS) framework in primary and secondary schools in Hong Kong. The work tasks include (i) promulgating the concept of HPS to all primary and secondary schools in Hong Kong; (ii) building up the capacity in schools including training for staff; (iii) enrolling 30 schools to participate in a pilot project in 2019/2020 and 2020/2021 school years under the HPS framework; (iv) conducting a school survey to decipher the difficulties school encountered in promoting health and facilitating factors for adopting the HPS framework; and (v) implementing, monitoring and evaluating the programme by the end of the third year with a view to making it a sustainable long term programme.

In June 2019, the DH invited 30 schools (including 18 primary schools, 11 secondary schools and 1 secondary-cum-primary school) to participate in the pilot HPS Programme in 2019/2020 and 2020/2021 school years.

The DH developed a set of guidelines and a checklist to assist the participating schools to review and assess the health promotion measures in place in a systematic manner, and help the schools to set priorities according to their specific circumstances and students' health needs, as well as develop school-based strategies and action plans on health development. The DH has been providing professional support through school visits, workshops and information sharing to help these schools to gradually become a health promoting school.

In view of the development of Coronavirus Disease-2019, schools have suspended classes since January 2020 till not earlier than 20 April 2020. The exact date of class resumption has yet to be determined. The DH will follow up with the schools after class resumption and adjust the programme where appropriate.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)571

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3405)

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

Question:

Under this programme, the number of laboratory tests relating to public health conducted in 2019 was 297 000 higher than that in 2018, why was that so? It is estimated that such number will remain high in 2020. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 77)

Reply:

The number of laboratory tests relating to public health in 2019 was 6 840 000, which was 297 000 (or 4.5%) higher than that of 2018 (i.e. 6 543 000). The increase was mainly due to the general increase in test requests from various clinical units under the Department of Health (DH) and the Hospital Authority.

The DH has reserved sufficient resources, including manpower, to ensure the public health laboratory services are up to international standards and adequate to meet operational requirements. To increase the capacity in laboratory testing, the DH has also been making use of advanced technology, automation, testing strategies and manpower deployment in parallel.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3406)

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

Question:

With regard to continuing to operate the Government Chinese Medicines Testing Institute at the temporary site to conduct research on reference standards and testing methods of Chinese medicines as mentioned in the *Matters Requiring Special Attention*, what was the work progress in 2019? What are the specific work plan, the timetable as well as the estimated manpower and resources required for 2020?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 78)

Reply:

As endorsed by the Advisory Committee of the Government Chinese Medicines Testing Institute (GCMTI), GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used CMM for GCMTI; (3) Building of a digitalised platform on Chinese medicines; (4) Analysis of chemical markers of CMM in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of CMM - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021 and progress smoothly according to schedule.

In 2020-21, the financial provision for the temporary GCMTI is about $47.9 million, and the approved establishment is 29 with breakdown as follows:

Rank	**Number of post**
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3

Rank	**Number of post**
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	1
Total :	**29**

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)573

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3407)

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

Question:

Under this Programme, the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance was 174 in 2019. Please advise on the average number of inspections for each nursing home. In addition, it is estimated that fewer inspections will be conducted in 2020, why is that so?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 79)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), the Department of Health (DH) registers private hospitals and nursing 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 regulatory standards and the standards of good practice, with a view to enhancing patient safety and quality of service.

DH inspects all nursing homes at least once per year. DH conducts inspections to nursing homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. The total number of inspections conducted is affected by factors such as the number of applications for new services, and number of complaints received.

In 2019, a total of 174 inspections to nursing homes were conducted. The average number of inspections for each nursing home was 2.6. In 2020, it is estimated that a total of 150 inspections to nursing homes will be conducted. The average number of inspections for each nursing home is about 2.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)574

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3408)

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

Question:

There will be an increase of 60 posts under this Programme for the Department of Health in 2020-21. Please advise on the ranks, salaries and nature of work in respect of these posts.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 80)

Reply:

Details of the net increase of 60 posts in the Department of Health are at **Annex**.

Annex

Creation of Posts in Department of Health in 2020-21

Rank	No. of posts to be created	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions		
Senior Medical and Health Officer	3	4,543,920
Medical and Health Officer	4	4,691,760
Registered Nurse	4	1,944,720
Senior Dental Officer	1	1,514,640
Dental Officer	1	1,030,440
Dental Surgery Assistant	1	325,740
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	2	2,249,040
Hospital Administrator I	6	4,845,240
Hospital Administrator II	3	1,531,620
Foreman	4	1,090,800
Clerical Officer	7	3,241,980
Assistant Clerical Officer	12	3,466,080
Clerical Assistant	9	2,029,860
Workman II	1	179,340
Total (Programme 1) :	***60***	***34,655,700***

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3721)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide details of 2020-21's publicity plan in relation to the Dutiable Commodities (Amendment) Bill 2017 since its enactment and the estimated expenditure involved;

2. measures to step up publicity about the hazards of alcohol in 2020-21 and the estimated expenditure involved;

3. alcohol treatment services to be provided in 2020-21 and the estimated expenditure involved;

4. measures to publicise the hazards of smoking in 2020-21 and the estimated expenditure involved; and

5. smoking cessation services to be provided in 2020-21 and the estimated expenditure involved.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 15)

Reply:

(1)

Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) came into effect on 30 November 2018. To facilitate stakeholders' compliance with the new law, the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) promulgated the new measures through various means, including advertising, briefings for stakeholders, vendors, and retailers, drawing up guidelines on statutory requirements for businesses, and the deployment of Alcohol Control Ambassadors to educate the public and to distribute publicity materials. The provision of TACO in 2020-21 is at **Annex**.

(2)

The subject of alcohol and health, including the problem of alcoholism among youths, has been a major area of work of DH. DH educates the public and publicises alcohol-related harm through a range of media, including health education materials, 24-hour education hotline, Announcement in Public Interest (API), websites, social media, electronic publications, health talks, etc.

In 2020-21, DH will continue the aforesaid education activities including 2 promotional campaigns, namely "Young and Alcohol Free" campaign which targets young people and their parents and teachers, and "Alcohol Fails" campaign which targets health care professionals and the general public.

Resources for the above activities are absorbed by DH's overall provision for disease prevention which is not separately accounted for.

(3)

DH does not provide treatment services to people with alcohol dependence.

(4) & (5)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 5 smoking cessation clinics for civil servants operated by DH and 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes aim to enlighten students to discern marketing tactics used by the tobacco industry, and equip them

with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The provision related to health promotion activities and smoking cessation services by TACO of DH and its subvented organisations in 2020-21 is at **Annex**. For HA, the smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

Annex

Provision of the Department of Health's Tobacco and Alcohol Control Office

	2020-21 Estimate ($ million)
Enforcement	
Programme 1: Statutory Functions	118.7
Health Education and Smoking Cessation	
Programme 3: Health Promotion	138.0
(a) General health education and promotion of smoking cessation	
TACO	*63.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*26.1*
Sub-total	***89.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations	
Subvention to Tung Wah Group of Hospitals	*30.6*
Subvention to Pok Oi Hospital	*7.4*
Subvention to Po Leung Kuk	*1.7*
Subvention to Lok Sin Tong	*2.9*
Subvention to United Christian Nethersole Community Health Service	*2.9*
Subvention to Life Education Activity Programme	*2.7*
Sub-total	***48.2***
Total	**256.7**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3729)

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

Question:

Please provide information on the year-end balance, the Government's capital injection, income from investments or other sources and total expenditure in respect of the AIDS Trust Fund in 2018-19 and other funds under its purview, if any.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 23)

Reply:

The Government has set up the AIDS Trust Fund (the Fund) since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

The Director of Accounting Services is responsible for keeping the accounts of the Fund which are audited annually by the Director of Audit. The balance of the Fund as at 31 March 2019 is $205.6 million. The income and expenditure in 2018-19 are $8.6 million and $38.2 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6037)

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

Question:

a. Please set out the quantity, value and stock of surgical masks produced by the Correctional Services Department (CSI masks) that the Department of Health (DH) obtained from the Government Logistics Department (GLD) each month in the past 3 years in the following table:

Month/Year	No. of CSI masks obtained	Value of CSI masks obtained	Stock of CSI masks

b. Please set out the quantity, value, stock and consumption of surgical masks that the DH obtained from the GLD or procured each month in the past 3 years in the following table:

Month/Year	No. of surgical masks obtained from GLD (value)	No. of surgical masks procured (value)	Stock	Consumption

c. Please set out the quantity, value, stock and consumption of N95 masks that the DH obtained from the GLD or procured each month in the past 3 years in the following table:

Month/Year	No. of N95 masks obtained from GLD (value)	No. of N95 masks procured (value)	Stock	Consumption

d. Please set out the quantity, value, stock and consumption of gowns that the DH obtained from the GLD or procured each month in the past 3 years in the following table:

Month/Year	No. of gowns obtained from GLD (value)	No. of gowns procured (value)	Stock	Consumption

e. Please set out the quantity, value, stock and consumption of protective coverall suits that the DH obtained from the GLD or procured each month in the past 3 years in the following table:

Month/Year	No. of protective coverall suits obtained from GLD (value)	No. of protective coverall suits procured (value)	Stock	Consumption

f. Please set out the quantity, value, stock and consumption of face shields that the DH obtained from the GLD or procured each month in the past 3 years in the following table:

Month/Year	No. of face shields procured	Value of face shields procured	Stock of face shields	Consumption

g. Please set out the quantity, value, stock and consumption of goggles that the DH obtained from the GLD or procured each month in the past 3 years in the following table:

Month/Year	No. of goggles procured	Value of goggles procured	Stock of goggles	Consumption

h. Did the DH supply or sell surgical masks, N95 masks, face shields, goggles, gowns and protective coverall suits to other organisations in the past 3 years? If yes, please provide the relevant information, including the quantity, consumption and stock, in the following table:

Month/ Year	Name of organisations	Manner of provision (e.g. sold or supplied for free)	Surgical masks	N95 masks	Face shields	Goggles	Gowns	Protective coverall suits

i. If the DH is to supply or sell surgical masks, N95 masks, face shields, goggles, gowns and protective coverall suits to other organisations, what are the departments and the ranks of the officers responsible for making such decisions? Please provide the ranks of the officers involved in each decision, the date they made the decision and other relevant information.

Asked by: Hon MO Claudia (LegCo internal reference no.: 126)

Reply:

For infection prevention and control, the Department of Health (DH) maintains a stockpile of personal protective equipment (PPE) for use by the Government's healthcare and front-line personnel.

In the light of rapid evolvement of the Coronavirus Disease 2019, the DH will adjust the demand for PPE (including surgical masks) according to the operational requirements associated with infection prevention and control. Apart from monitoring the demand and stockpiling of PPE, the DH has been working closely with the Food and Health Bureau and the Government Logistics Department to increase the volume and expedite the purchases to replenish the PPE for use by the Government's healthcare and front-line personnel.

In face of the existing keen competition in the procurement of PPE, it is considered not appropriate to disclose detailed information such as the stock, quantity/value of purchases, consumption of PPE, etc. as such disclosure may jeopardise the bargaining power of the Government in the procurement of PPE.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6807)

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

Question:

a. Please list the Government's expenditure in support of animal experiments in each of the past 5 years and the anticipated expenditure in this regard in the 2020-21 financial year, along with a breakdown of all expenditure items.

b. Please list the types and numbers of animals used for animal experiments in the past 5 years according to the information provided by the licensees to the Department of Health (DH).

c. Please give a breakdown of the persons convicted of an offence under the Animals (Control of Experiments) Ordinance (the Ordinance), the clauses contravened and the penalty imposed in the past 5 years.

d. Apart from giving a written reminder to the licensees asking them to follow the Code of Practice for Care and Use of Animals for Experimental Purposes, has the DH put in place any measures to ensure that the staff concerned comply with the Ordinance when they perform experiments on animals? If so, what are the details and the expenditure involved? If no, will the DH consider stepping up the monitoring of animal experiments, such as by conducting surprise checks, so that the Ordinance will not exist in name only?

Asked by: Hon MO Claudia (LegCo internal reference no.: 5)

Reply:

a. The Department of Health (DH) does not have information on expenditure related to animal experiments.

b. The Animals (Control of Experiments) Ordinance (Cap. 340) (the Ordinance) stipulates that every licensee shall render return to the Director of Health as the Licensing Authority in prescribed form and time in relation to any experiment performed by the licensee. According to information provided in the returns

submitted by licensees to the DH, the types and numbers of animals used in experiments performed from 2015 to 2018 are as below. Relevant information for 2019 is not yet available.

Types of animals	**Year**			
	2015	**2016**	**2017**	**2018**
Rat	25 686	29 423	24 143	15 062
Mouse	98 831	118 066	124 371	115 549
Guinea pig	322	236	226	173
Hamster	563	862	625	947
Shrew	97	231	497	328
Gerbil	141	0	0	0
Other rodents	240	196	172	45
Rabbit	1 155	1 101	783	1 064
Pig	497	573	752	717
Cattle	112	183	198	185
Horse	62	69	77	9
Sheep	38	0	79	85
Dog	460	554	401	414
Cat	414	348	260	365
Ferret	113	153	63	108
Bat	586	475	304	737
Chicken	3 582	7 141	8 017	5 610
Reptiles	35	0	64	128
Amphibians	31	119	195	263
Fish	54 418	28 294	46 574	110 401

c. According to the record of DH, no persons were convicted for breaching the Ordinance in the past 5 years.

d. The DH is responsible for enforcing the Ordinance. Apart from reminding the licensees, in writing, to comply with the guidelines as set out in the "Code of Practice for Care and Use of Animals for Experimental Purposes" published by the Agriculture, Fisheries and Conservation Department, the DH would visit registered premises of licensees and inspect their experimental records to ensure compliance with the provisions of the Ordinance.

The expenditure involved in the enforcement of the Ordinance has been absorbed within the overall provision of the Health Sciences and Technology Office of the DH. A breakdown of the expenditure is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3957)

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

Question:

As stated in the *Matters Requiring Special Attention in 2019-20*, the Department of Health will continue to operate the Government Chinese Medicines Testing Institute (GCMTI) at the temporary site to conduct research on reference standards and testing methods of Chinese medicines. In this connection, please inform this Committee of the existing staff structure and expenditure on remuneration in respect of the GCMTI; the relevant work progress in the previous year and the specific work plan this year; when the permanent GCMTI is expected to be established and the details of the relevant plan.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 98)

Reply:

In 2019-20, the annual recurrent cost of 29 civil service posts for the temporary Government Chinese Medicines Testing Institute (GCMTI) is about $23.5 million. The breakdown of the approved establishment is as follows:

Rank	**Number of post**
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	1
Total :	**29**

As endorsed by the Advisory Committee of the GCMTI, GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used CMM for GCMTI; (3) Building of a digitalised platform on Chinese medicines (CM); (4) Analysis of chemical markers of CMM in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of CMM - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021 and progress smoothly according to schedule.

The Chief Executive has announced in her Policy Address 2019 that the permanent GCMTI will be constructed in Tseung Kwan O next to the Chinese Medicine Hospital. The institute will comprise a CM testing laboratory and display CM specimens to support the research, development and education of CM. It is planned that the commissioning of GCMTI will be by 2024 at the earliest.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3958)

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

Question:

As mentioned under the Matters Requiring Special Attention in 2020-21, the Department of Health will continue to enhance the seasonal influenza vaccination arrangements for better protection of high risk groups. In this connection, please advise this Committee on the following:

- the staff establishment and expenditure involved;
- the quantity of vaccines procured and the expenditure incurred in each of the past 3 years;
- the number of vaccination recipients and their age distribution in each of the past 3 years;
- the effectiveness of extending the coverage of the pilot programme concerned to kindergartens and child care centres in 2019-20, the manpower and expenditure involved as well as the number of beneficiaries; and
- given that some members of the public are skeptical about the efficacy of vaccinations, whether the government will enhance public education to allay their concerns? If yes, the details and if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 99)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible

children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)[Note], which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:
The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KG/CCCs) as a pilot programme.

1.
In 2020-21, the DH will continue to enhance the SIV arrangements for better protection of high risk groups. The additional provision for improving uptake rate of SIV is $211.1 million. A total of 73 civil service posts is involved in the work.

2.
The following are the quantities of seasonal influenza (SI) vaccines that the Government procured in the past 3 seasons and the contract amount:

Season	**Number of doses**	**Amount ($ million)**
2017/18	527 000	28.0
2018/19	654 000	30.1
2019/20	837 700	42.3

3.
The number of recipients in the past 3 seasons under the aforesaid SIV programmes/ schemes are as follows –

Target groups	**Number of recipients**		
	2017/18	**2018/19**	**2019/20 (as at 1 March 2020)**
Elderly aged 65 or above	531 400	555 000	601 300
Persons aged between 50 and 64 *	7 400	156 800	188 500
Children aged between 6 months to under 12	151 400	308 200	393 900
Others #	91 700	102 200	110 100

Target groups	Number of recipients		
	2017/18	2018/19	2019/20 (as at 1 March 2020)
Total	**781 900**	**1 122 200**	**1 293 800**

* For 2017/18 season, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19 season, the VSS has been expanded to cover all persons aged between 50 and 64.

\# Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, and pregnant women, etc.

As some target groups members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

4.

As at 1 March 2020, a total of 430 primary schools and 701 KGs/CCCs joined SIVSOP. Moreover, there were 114 primary schools and 55 KG/CCCs joining the VSS School Outreach (Extra Charge Allowed) Programme. The number of recipients and the amount of expenditure relating children aged between 6 months and under 12 receiving SIV under the aforesaid SIV programmes/schemes in 2019/20 season (as at 1 March 2020) are as follows –

Target group	**Vaccination programme / scheme**	**No. of recipients**	**Subsidy claimed** ($ million)
Children aged between 6 months and under 12	GVP	400	Not applicable
	VSS	121 800	30.4
	SIVSOP	271 700	47.3
	Total:	**393 900**	**77.7**

As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the manpower and estimated expenditure involved, in providing outreach vaccination service in the next season.

5.

The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene,

targeting the general public and specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

We have also been providing guidelines on outreach vaccination, assistance and support to schools, community groups, elderly centres and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through various channels, including press conferences, press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2019/20 season, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through the SIVSOP and outreach vaccination under the VSS.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to school students.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3959)

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

Question:

It is mentioned in the Matters Requiring Special Attention in 2019-20 that the Department of Health will continue to implement the free human papillomavirus (HPV) vaccination programme for school girls. In this connection, please inform this Committee of:

- the staff establishment and expenditure involved;
- the quantity of nine-valent HPV vaccines procured and the expenditure involved in each of the past 3 years;
- the number of school girls receiving free HPV vaccines and their age distribution in each of the past 3 years;
- whether the Government has evaluated the implementation and effectiveness of the programme; if so, the details; if not, the reasons:
- whether the Government will consider extending the scope of the programme to include all secondary school girls of the relevant age cohort and women aged 26 or below for free HPV vaccination; if so, the details and implementation timetable; if not, the reasons; and
- whether the Government has any plans to include boys of the relevant age cohort in the programme; if so, the details and implementation timetable; if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 100)

Reply:

1. The Department of Health (DH) has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) in the 2019/2020 school year. The first dose is given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year. In 2020-21, the provision for the HPV vaccination programme is $86.8 million. A total of 8 civil service posts will be involved in the work.

2. A provision of $41.7 million has been made for the procurement of 50 000 doses of HPV vaccines in the 2019/2020 school year.

3 - 4. The programme commenced in the 2019/2020 school year and has been ongoing so no information is available at present.

5. The DH closely monitors the recommendation of the World Health Organisation (WHO) and locally makes reference to the recommendation of the Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) and the Scientific Committee on Vaccine Preventable Diseases (SCVPD). Taking into consideration the latest recommendation of the WHO that primary target population for HPV vaccination should be girls aged between 9 and 14 prior to their becoming sexually active and the recommendation of the SCAS and the SCVPD to incorporate HPV vaccination into the HKCIP, the DH has launched the HPV vaccination programme for Primary 5 and 6 school girls under the HKCIP in the 2019/2020 school year. The DH will closely monitor the scientific evidence and regularly review the programme.

6. The WHO recommended that HPV immunisation should remain the priority strategy in preventing cervical cancer. Achieving high HPV vaccination coverage in girls (over 80%) reduces the risk of HPV infection for boys. Currently, the majority of countries which have implemented universal HPV vaccination programme only offer HPV vaccinations for girls. Overseas experiences and scientific evidence on the cost-benefit of providing population-based HPV vaccination to males as a public health strategy to prevent other cancers associated with HPV infection (e.g. oropharyngeal and anogenital cancers) are still limited at this moment. The SCAS and the SCVPD will continue to monitor the latest scientific evidence on HPV vaccination for males and review the programme as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3960)

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

Question:

As stated in the *Matters Requiring Special Attention in 2019-20*, the Department of Health will continue to support the steering committee for viral hepatitis control. In this connection, please inform this Committee of the following:

What were the work details and progress of the Steering Committee on Prevention and Control of Viral Hepatitis in the previous year? What is the specific work plan this year?

The World Health Organization has pledged to eliminate hepatitis B and C by 2030. Will the Government put in place any measures to achieve complete elimination of hepatitis B and C in this regard?

Will the Government enhance publicity and education in view of the low public awareness of hepatitis currently? If yes, what are the details? If not, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 101)

Reply:

The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and Chief Executive of Hospital Authority, has been set up since July 2018 to formulate strategies to effectively prevent and control viral hepatitis. 2 working groups, namely the Public Health Working Group and the Clinical Working Group, have been formed to advise the SCVH on public health and clinical management aspects respectively.

In 2019, through 2 meetings, the SCVH recommends that to further strengthen the prevention of mother-to-child transmission (MTCT) of hepatitis B virus (HBV), pregnant women who are assessed to have chronic hepatitis B at their antenatal check up at Maternal and Child Health Centres of Department of Health or at obstetric departments of Hospital Authority (HA) will have HBV viral load testing at HA. Pregnant women having high viral load would be offered to use antiviral to further minimise the risk of MTCT of HBV. This programme will be rolled out in all birthing hospitals of the HA in 2020-21.

In 2020, the SCVH will meet on a regular basis to advise the Government on the overall policy, targeted strategies, and effective resource allocation related to the prevention and control of viral hepatitis, with a view to formulating an action plan in 2020 in reducing the public health burden posed by viral hepatitis. Strategies include promotion of public awareness, amongst others.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)583

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3961)

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

Question:

The aim to prevent diseases is achieved, among other initiatives, through the provision of woman health service. Given that breast cancer has already become a leading cause of death for women in Hong Kong, will the Government consider introducing mammography screening service for women aged above 40 with priority accorded to those with a high risk? If yes, what are the details? If not, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 102)

Reply:

As set out in Policy Address 2018, the Government commissioned a study to identify risk factors associated with breast cancer for local women. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening has taken into consideration of the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risks profiles.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3962)

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

Question:

Please inform this Committee of the staff establishment and the estimated expenditure of child assessment centres (CACs); the specific reasons for CACs' failure for 2 consecutive years to achieve the target rate in respect of the completion time for assessment of new cases within 6 months.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 103)

Reply:

The approved establishment of the Child Assessment Service (CAS) in 2019-2020 is as follows:

Grade	**Approved establishment**
Medical and Health Officer	25
Registered Nurse	40
Scientific Officer (Medical)	5
Clinical Psychologist	22
Speech Therapist	16
Optometrist	2
Occupational Therapist	9
Physiotherapist	7
Hospital Administrator	1
Electrical Technician	1
Executive Officer	2
Clerical Officer	16
Clerical Assistant	23
Office Assistant	1
Personal Secretary	1

Grade	Approved establishment
Workman II	12
Total:	**183**

The financial provision of the CAS in 2020-21 is $170.5 million.

Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2018 and 2019 were below the target rate of 90%. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)585

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6186)

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

Question:

What were the number of attendances for AIDS counselling provided by the divisions under the Department of Health and its partnering organisations, as well as the manpower for providing the service in the financial year of 2019-20?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 54)

Reply:

The number of attendances at the AIDS Counselling and Testing Services under the Department of Health (DH) in 2019-20, as at 29 February 2020, is 2 062.

The approved establishment of the AIDS Counselling and Testing Service of the DH in 2019-20 is 7.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)586

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6187)

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

Question:

What is the utilisation of the AIDS telephone enquiry service provided by the divisions under the DH and its partnering organisations and the manpower for providing such service in the 2019-20 financial year?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 55)

Reply:

The number of telephone enquiries handled by the AIDS Hotline Unit under Department of Health in 2019-20, as at 29 February 2020, is 9 898.

The approved establishment of the AIDS Hotline Unit of the DH in 2019-20 is 7.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)587

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6191)

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

Question:

Please advise on the additional resources or manpower allocated to strengthen the Social Hygiene Service (SHS) for preventing sexually transmitted infections and HIV infections in Hong Kong in the past 10 years, and the resources earmarked for enhancing the services of the SHS in 2020-21?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 59)

Reply:

Social Hygiene Service (SHS) is responsible for skin diseases and sexually transmitted infection services in the public sectors in Hong Kong. The level of manpower of SHS in prevention and control of sexually transmitted infections maintained at a similar level for the past 10 years. The number of new cases of sexually transmitted infectious diseases recorded in the Social Hygiene Clinics have remained stable.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6192)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention
(4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please set out the staff establishment of and estimates for the Social Hygiene Service as well as the number of attendances at clinics under its purview in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 60)

Reply:

The Social Hygiene Service (SHS) mainly provides dermatological and sexually transmitted infections services. The approved staff establishment and financial provision in the SHS in the past 5 years is set out below –

Financial year	Number of post	Financial provision ($ million)
2015-16	206	204.3
2016-17		216.1
2017-18		235.9
2018-19	216	272.1
2019-20		287.5

The total number of attendances at clinics under the purview of the SHS in the past 5 years is shown below –

Year	Specialised outpatient clinics providing dermatological services	Social Hygiene Clinics
2015	248 100	86 600
2016	244 200	81 800
2017	236 200	86 700
2018	216 900	83 000
2019	199 000	79 800

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6193)

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

Question:

In view of the growing population in Hong Kong, please advise on:

(a) whether the Government will allocate funding to provide education on AIDS and sexually transmitted diseases for new arrivals from Southeast Asia in 2020-21; if so, the expenditure involved; and

(b) whether the Government will allocate funding to provide education on AIDS and sexually transmitted diseases for new arrivals from the Mainland in 2020-21; if so, the expenditure involved.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 61)

Reply:

The Special Preventive Programme under the Department of Health (DH) is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence- based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

Ethnic minorities (EM) are one of the key populations of HIV infection. The Red Ribbon Centre under the DH has been conducting HIV prevention activities and producing AIDS-related educational information for EM. Health education resources are produced in languages including Bangla, French, Hindi, Indonesian, Korean, Japanese, Nepali, Filipino, Thai, Pakistani, Vietnamese, etc. Resources available for use include hotline, video compact discs, information leaflets, promotional cards, etc. The expenditure is subsumed within the overall provision for HIV prevention and cannot be separately identified.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, applications under the AIDS Trust Fund targeting

EM, as one of the high risk groups, will be accorded higher funding priorities. From 2017-18 to 2019-20, funding of $5.6 million has been approved for projects targeting EM.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)590**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6194)

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

Question:

a) In October 2019, The Chinese University of Hong Kong published the findings of a research study on HIV pre-exposure prophylaxis (PrEP). Among the 71 male research participants who had sex with men and were taking PrEP every day, no one was infected with HIV even though the majority of them engaged in risky sexual behaviour constantly. Given the compelling research findings, please advise on whether the Government will allocate provision to the Council for the AIDS Trust Fund in 2020-21 on PrEP to give wide publicity for PrEP as an effective medication for HIV prevention and introduce PrEP into the local public healthcare system as one of the approaches to prevent HIV infection; if so, the amount of funding involved.

b) Please advise on whether the Government will conduct any research on PrEP in 2020-21, 2021-22 and 2022-23; if so, the funding involved.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 62)

Reply:

The Scientific Committee on AIDS and Sexually Transmitted Infections (STI) (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the Department of Health, is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of AIDS and STI. In December 2016, the Scientific Committee issued an interim statement on HIV PrEP which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and

(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be

collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

From 2017-18 to 2019-20, the Council for the AIDS Trust Fund (the Fund) approved a sum of $7.3 million to support 6 research studies related to PrEP. It is expected that results of the PrEP related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the Fund. In the meantime, the AIDS Trust Fund will keep abreast of the continuing development of PrEP locally and internationally.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)591

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6206)

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

Question:

Please provide a breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 3 years, apart from the funding granted to the research project titled "Perceptions on Pre-exposure Prophylaxis and Post-exposure Prophylaxis among Men who have Sex with Men in Hong Kong" by the Council for the AIDS Trust Fund in 2014-15.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 74)

Reply:

The Council for the AIDS Trust Fund (the Fund) approved a sum of $7.3 million from 2017-18 to 2019-20 to support the following research studies –

(a) Operability of a pilot incentivised pre-exposure prophylaxis (PrEP) programme for men who have sex with men (MSM) in Hong Kong;
(b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong (PrEP tourists);
(c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP;
(d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study;
(e) PrEP use and its monitoring mechanism in MSM - a qualitative study; and
(f) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6208)

Head: (37) Department of Health

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

Programme: (3) Health Promotion, (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of people requesting post-exposure prophylaxis (PEP), the numbers of PEP recipients, as well as the expenditure and financial provisions involved in the past 5 years.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 76)

Reply:

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, are as follows:

Financial year	Number of clients prescribed with PEP
2015-16	66
2016-17	80
2017-18	104
2018-19	151
2019-20*	126

* Figure updated as of 29 February 2020

The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6209)

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

Question:

Please advise on the resources earmarked in 2020-21 for HIV prevention, including the provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), legislation against discrimination on the grounds of sexual orientation as well as provision of sexuality education catering for present-day circumstances, to minimise the number of infected people and thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 77)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

(a) setting up Hong Kong Advisory Council on AIDS (ACA) in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong;

(b) setting up the AIDS Trust Fund (the Fund) since April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2017-18 to 2019-20, the Fund approved a total of $98.4 million for 53 projects for the prevention of HIV among 6 high risk groups, namely Men who have sex with men; People living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; and, Female sex workers and their male clients;

(c) allocation of resources by the Department of Health (DH) to Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression which, in turn, prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of the resources allocated for the prevention of HIV/AIDS is not available;

(d) regarding pre-exposure prophylaxis (PrEP), the DH currently adopts the recommendations by the Scientific Committee on AIDS and Sexually Transmitted Infections (STI) (the Scientific Committee) in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk men who have sex with men to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model. The Fund has granted $7.3 million to support 6 PrEP-related projects from 2017-18 to 2019-20. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery; and

(e) as for post-exposure prophylaxis (PEP), in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. In November 2018, the Scientific Committee also updated the recommendations on non-occupational PEP (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by medical practitioner, it should be started without delay and follow up arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6210)

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

Question:

With regard to the resources allocated for the prevention of HIV/AIDS amongst heterosexual men in the past 3 years, will the Government please provide a detailed breakdown of the expenditure involved?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 78)

Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to projects targeted at 6 high risk groups, including female sex worker / male clients of female sex workers (FSW/MCFSW) and ethnic minorities for the prevention of HIV via heterosexual contacts. Other than the 6 high risk groups, the Fund also supported projects including prisoners to prevent HIV via heterosexual contacts.

For the 3 years from 2017-18 to 2019-20, the Fund approved a total of $27.5 million to 14 projects for the prevention of HIV infection, including via heterosexual contacts.

The DH also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown

of resources targeted at heterosexual men is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6211)

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

Question:

Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, the Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 79)

Reply:

The Government has set up the AIDS Trust Fund (the Fund) since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 63% in 2000 to 23% in 2019. On the other hand, HIV infection through homosexual/bisexual contact has increased from 16% to 59% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practised homosexual/bisexual contact) was 6.5% in 2017, while that of heterosexual males was estimated to be less than 0.1%. In response to the latest situation, the Fund will continue to accord priority to provide funding to projects targeted at 6 high risk groups based on the "Recommended HIV/AIDS Strategies for Hong Kong 2017-2021", including female sex workers / male clients of female sex workers and ethnic minorities for the prevention of HIV transmission through heterosexual contacts. Other than the 6 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

For the 3 years from 2017-18 to 2019-20, the Fund approved a total of $27.5 million to 14 projects for the prevention of HIV infection, including via heterosexual contacts.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)596

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6212)

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

Question:

1. Please provide a detailed breakdown of the expenditures on counselling and treatment provided to HIV patients by the Department of Health (DH) in the past 3 years.

2. Will the DH allocate additional resources to provide counselling and treatment for HIV patients in 2020-21? Please provide a detailed breakdown in this regard.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 80)

Reply:

1. & 2.
Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The Government will keep in view the demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6264)

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

Question:

As stated in Objective 1 of the UNAIDS Action Framework: "Universal Access for Men who have Sex with Men and Transgender People, improving the human rights situation for men who have sex with men and transgender people is the cornerstone to an effective response to HIV." Please provide a detailed breakdown of the resources allocated in 2019-20 for studies on legislation against discrimination on the grounds of sexual orientation in response to the aforesaid recommendations for reducing the infection rate of HIV and sexually transmitted diseases, and advise on the resources earmarked for studies on legislation against discrimination on the grounds of sexual orientation in 2020-21?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 143)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the opinion of legislating against discrimination on the grounds of sexual orientation and had deliberated on the issue during the formulation of the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)". Having considered the available evidence, the ACA concluded that there was insufficient scientific evidence to show that enactment of protective laws for sexual minorities would impact directly on the HIV epidemic in Hong Kong. Nevertheless, the ACA is of the view that the immediate goal should be towards health care that is discrimination-free and accepting, facilitating people of different sexual orientations to access HIV-related services. This view is also in line with the recommendations of UNAIDS.

In this regard, the Department of Health has been providing training on HIV/AIDS to health

care workers, staff of residential care homes and non-governmental organisations (NGOs), including social workers. The content of training includes basic HIV knowledge and counselling skills. Acceptance of people living with HIV (PLHIV) and sensitivity training to raise the awareness of the needs of PLHIV was also included. Moreover, the Government has been collaborating with NGOs to conduct events to promote public awareness of AIDS and foster acceptance and care of PLHIV.

The Constitutional and Mainland Affairs Bureau is conducting a study on the experience of other jurisdictions in tackling discrimination against the sexual minorities through legislative and administrative measures. The resources required for relevant work are absorbed in the recurrent expenditure of the Bureau which is outside Head 37.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6269)

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

Question:

Has the Government provided any form of support for partners of people living with HIV (PLHIV) over the past 3 years? What were the types of and expenditure on the support services? Will the Government provide additional support for partners of the PLHIV in 2020-21, including allowing them to use pre-exposure prophylaxis (PrEP) to reduce the chance of HIV transmission?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 148)

Reply:

The HIV Clinic of the Department of Health (DH) provides integrated HIV clinical care through a multidisciplinary health care team approach to HIV patients.

Counselling service is provided by nurse counsellors to assess the care needs of patients and planning appropriate interventions. Counselling provides knowledge of HIV and treatment and empowers the patients to make the best informed choice in management of the disease. On-going counselling is offered to meet the needs of individual patient and to provide physical
and psychosocial interventions.

Medical Social Service is provided by medical social workers to render support to HIV/AIDS patients, their partners and their families with social and emotional problems arising from illness or disabilities. It enables patients and their families to make the best use of medical and rehabilitative service in medical institutions and in the community. It contributes to the total rehabilitation of individuals and their reintegration into the society as well as strives for the promotion of health for patients, their families and the community.

Expenditure for services supporting partners of HIV patients are subsumed within the DH's overall provision and cannot be separately identified.

Regarding pre-exposure prophylaxis (PrEP), DH currently adopts the recommendations of the Scientific Committee on AIDS and STI (the Scientific Committee) in its interim

statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk men who have sex with men to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost-effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model.

From 2017-18 to 2019-20, the Council for the AIDS Trust Fund approved a sum of $7.3 million to support 6 research studies related to PrEP. It is expected that results of the PrEP related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6270)

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

Question:

When people living with HIV (PLHIV) are receiving antiretroviral therapy continuously and properly, their level of HIV will be effectively suppressed to undetectable levels. Hence, the risk of passing on HIV will be significantly reduced and they will have a negligible chance of transmitting HIV to their partners sexually. In the light of this concept, already recognised by the Joint United Nations Programme on HIV/AIDS, will the Government allocate funding in 2020-21 to promote this message to the public and achieve the effectiveness of "treatment as prevention"?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 149)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS which includes allocation of resources to Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service of Department of Health (DH) for HIV prevention.

The SPP is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases.

As effective treatment results in viral suppression which in turn prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. In 2019, the DH launched a new set of TV and radio Announcements in the Public Interest on the benefits of early antiretroviral treatment to enhance public awareness. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

Resources for the above initiatives are absorbed within the DH's overall provision and cannot be separately identified. The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6271)

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

Question:

Please advise on whether the Government has allocated additional resources to healthcare services for HIV/AIDS treatment in the financial year of 2019-20.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 150)

Reply:

The Government is committed to providing quality care for HIV infected persons. Resources have been allocated over past 3 years to allow antiretroviral treatment for all patients in line with international recommendations. The annual recurrent expenditure to cover the manpower cost for the HIV/AIDS clinic of the DH in the past 3 years is set out in the following table –

Year	Annual recurrent cost
2017-18	$16.5 million
2018-19	$17 million
2019-20	$18.9 million

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6273)

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

Question:

a) In 2017, the Hong Kong Advisory Council on AIDS published the *Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)* (the Strategies), stating that "WHO has published new guidelines in 2016 to assist countries in introducing self-testing as part of their national HIV testing strategies". Before the end of the period covered by the Strategies, has the Government estimated the number of self-tests so as to achieve the "90-90-90 target" set by the Joint United Nations Programme on HIV/AIDS by 2020?

b) Upon completion of the "HIV Self-Test Study", which runs from September 2019 to June 2020, will the Government earmark provision in 2020-21 for a comprehensive review of the study so as to raise Hong Kong's HIV testing rate? Will it earmark provision in 2020-21 for the provision of psychological support and counselling services to those in need upon conducting the HIV self-testing?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 152)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the overseas development of HIV self-testing, which is considered one of the useful means to improve the level of diagnosis to fill the gap in HIV care cascade. The ACA had deliberated on the issue and recommended in its "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" to keep in view the impact of HIV self-testing in local setting and to encourage AIDS health workers and non-governmental organisations (NGOs) to improve the mode of delivery for people who self-test, to provide support in

particular for those who tested positive, and to ensure proper referral for confirmatory test and treatment.

In this regard, the Department of Health (DH) has been promoting early HIV testing, with provision of relevant health educational information, to the general public. At-risk populations, including men who have sex with men (MSM), are recommended to have at least annual testing, irrespective of individually assessed risk of infection.

Moreover, the DH has been collaborating with NGOs to conduct events to promote public awareness of AIDS and the importance of early HIV testing for early diagnosis and treatment. The DH has been using existing resources to conduct a study on the experience of using HIV self-testing kits among MSM, in which resources of counselling and support services for self-testers were provided. It is expected that its results could bring local information on the feasibility and acceptability of using HIV self-testing kits and the possible modes of delivery in Hong Kong. In the meantime, the Government will keep abreast of the continuing development of HIV self-testing locally and internationally.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6321)

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

Question:

1. Regarding the services of maternal and child health centres (MCHCs), what were the respective numbers of cases in the past 3 years in which pregnant women and parents were suspected of drug abuse?

2. Further to the question above, what were the respective numbers of cases in which pregnant women and families suspected of drug abuse were referred to integrated family service centres, family and child protective services units, Society for the Aid and Rehabilitation of Drug Abusers and counselling centres for psychotropic substance abusers (CCPSAs)?

3. What were the respective numbers of cases in which MCHCs collaborated with organisations offering drug treatment and rehabilitation services (including CCPSAs, methadone clinics, non-medical voluntary drug treatment and rehabilitation centres, half-way houses etc.) in the past 3 years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 204)

Reply:

The Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) provide a range of health promotion and disease prevention services for children from birth to 5 years of age. Under the Comprehensive Child Development Service, jointly implemented by the Labour and Welfare Bureau, the Education Bureau, the DH, the Hospital Authority (HA) and the Social Welfare Department, MCHCs act as one of the platforms to identify various health and social needs of children and their families, including at-risk pregnant women and families (e.g. mothers with substance misuse), and children with health, developmental and behavioural problems so as to provide the necessary health and social services to foster the healthy development of children.

Families and children whose parent(s) is/are suspected to have substance abuse and not known to appropriate Service(s) will be referred to the Integrated Family Service Centres

(IFSCs) for necessary social support with a view to strengthening family's capability in taking care of the children, and paediatric service of HA for management if necessary.

The number of children with mother having history of substance abuse identified in MCHCs in 2017, 2018 and 2019 were 497, 519 and 513 respectively. In the same years, 56, 64, and 64 new referrals to the IFSCs were made respectively.

For mothers already receiving service from Drug Treatment and Rehabilitation Services, MCHCs would communicate with the relevant service providers to strengthen the support to these families on child care as indicated. DH does not have readily available information on the number of these cases.

- End -

Examination of Estimates of Expenditure 2020-21 Reply Serial No.

FHB(H)603

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6770)

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

Question:

When Chun Yeung Estate ceases to be a quarantine centre, what specific measures will the Government take to cleanse and disinfect its buildings, facilities, etc. and what is the estimated expenditure incurred?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 260)

Reply:

Chun Yeung Estate is currently in operation as a quarantine centre. The time to evacuate the quarantine centre in Chun Yeung Estate depends on the development of the COVID-19 epidemic, where an estimate cannot be made at the moment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6766)

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

Question:

Regarding the fight against COVID-19, please give a breakdown of:

the respective numbers of persons placed in quarantine at designated government venues and in hotels as well as those in home quarantine upon screening at various points of entry each day between December 2019 and 29 February 2020 following the implementation of the quarantine measures; and the number of confirmed cases among them, broken down by point of entry.

Asked by: Hon TO Kun-sun, James (LegCo internal reference no.: 20)

Reply:

Starting from 8 February 2020, save for persons exempted under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) , the Department of Health issues quarantine orders to all persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong. As at 29 February 2020, 28 606 quarantine orders were served to such persons arriving at Hong Kong. Among them, 27 345 conducted quarantine at home, 858 at hotels and 403 at quarantine camps arranged by the Government.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6501)

Head: (37) Department of Health

Subhead (No. & title): (511) Subvented Institutions

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the expenditures of the SAR Government, please provide the following information regarding grants approved under Subhead 511:

(1) (i) Institutions receiving grants under Subhead 511 from the SAR Government in the financial year of 2019-20, as well as (ii) the use of grants and (iii) the amount of grants they received; and

(i) Institutions receiving grants	(ii) Use of grants	(iii) Amount
Total		

(2) As at 15 March 2020, (i) institutions to which the SAR Government plans to release grants under Subhead 511 in the financial year of 2020-21, as well as (ii) the use of grants and (iii) the amount of grants they are going to receive.

(i) Institution receiving grants	(ii) Use of grants	(iii) Amount
Total		

Asked by: Hon YEUNG Alvin (LegCo internal reference no.: 46)

Reply:

(1) and (2)

The Department of Health (DH) subvents the following organisations / programmes with their respective uses and amounts of subvention under Subhead 511 Subvented Institutions in 2019-20 and 2020-21 as listed below:

Organisations / Programmes subvented by the DH	Use of Subvention	2019-20 (Revised estimate) ($ million)	2020-21 (Provision) ($ million)
Programme (2) : Disease Prevention			
The Family Planning Association of Hong Kong	Provision of comprehensive family planning services; projects promotion; resources development and publications; operation services; legal and safe abortion; youth health care service; and administration and general services.	65.4	64.2
Outreach Dental Care Programme for the Elderly [Note 1]	Provision of free on-site oral check-ups and dental treatments to elders; and provision of oral health education to them and their caregivers.	46.5	52.5
Programme (3) : Health Promotion			
Hong Kong St. John Ambulance	Provision of first aid and ambulance services in emergency; and organisation of first aid and home nursing training courses for the general public.	17.4	17.5
Hong Kong Red Cross	Organisation of first aid training courses for the general public.	1.6	1.6
Hong Kong Council on Smoking and Health	Provision of a focal point for promotional initiatives in support of tobacco control, including education, publicity, community involvement and research programmes.	27.8	25.9
Tung Wah Group of Hospitals – Smoking Cessation Programme	Provision of pharmacotherapy and counselling services to smokers, educational and publicity programmes to the public and research projects.	30.6	30.6

Organisations / Programmes subvented by the DH	Use of Subvention	2019-20 (Revised estimate) ($ million)	2020-21 (Provision) ($ million)
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	Provision of acupuncture and counselling services to smokers, as well as educational and publicity programmes to the public.	7.3	7.4
Po Leung Kuk – School-based Kindergarten Smoking Prevention Programme	Promotion of smoke-free messages in kindergartens using interactive drama performance; and provision of support to the implementation of smoking prevention programme by local kindergartens.	1.6	1.7
Lok Sin Tong – Smoking Cessation Programme in Workplace	Provision of outreach smoking cessation programme targeting at workplace; and development of internal policy for companies to assist employees to quit smoking.	2.9	2.9
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	Provision of smoking cessation services to ethnic minorities and new immigrants, including counselling services and pharmacological treatment.	2.9	2.9
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	Production of teaching materials for prevention of smoking, provision of health promotion activities to deliver smoke-free messages to primary and secondary school students; and carrying out of evaluation on the effectiveness of the Programme.	2.6	2.7
Programme (4) : Curative Care			
Tung Wah Group of Hospitals – Chinese Medicine General Outpatient Clinics	Provision of free bone-setting and herbalist services.	3.6	3.7

Organisations / Programmes subvented by the DH	Use of Subvention	2019-20 (Revised estimate) ($ million)	2020-21 (Provision) ($ million)
Project on Dental Services for Persons with Intellectual Disability, also known as Healthy Teeth Collaboration [Note 2]	Provision of free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability.	13.1	13.2
Programme (6) : Treatment of Drug Abusers			
The Society for the Aid and Rehabilitation of Drug Abusers	Provision of residential treatment and rehabilitation services and aftercare service to drug abusers; and counselling service to patients under Methadone Treatment Programme.	111.9	113.8
Caritas Hong Kong	Provision of residential treatment and rehabilitation services and aftercare service to male drug abusers.	7.9	8.2
Hong Kong Christian Service	Provision of residential treatment and rehabilitation services and aftercare service to male drug abusers; and provision of out-patient service to male and female drug abusers.	10.3	10.9

Note 1: The organisations subvented under the Outreach Dental Care Programme for the Elderly are: (i) Caritas Dental Clinics Limited; (ii) Chi Lin Nunnery; (iii) Christian Family Service Centre Dental Services Limited; (iv) Haven of Hope Christian Service; (v) Hong Kong Tuberculosis, Chest and Heart Diseases Association; (vi) Pok Oi Hospital; (vii) Project Concern Hong Kong; (viii) Tung Wah Group of Hospitals; (ix) Yan Chai Hospital; and (x) Yan Oi Tong.

Note 2: The organisations subvented under the Healthy Teeth Collaboration are: (i) Christian Family Service Centre Dental Services Limited; (ii) Haven of Hope Christian Service; (iii) Hong Kong Tuberculosis, Chest and Heart Diseases Association; (iv) Loving Smiles Foundation Limited; and (v) Tung Wah Group of Hospitals.

- End -

Examination of Estimates of Expenditure 2020-21 | Reply Serial No. **FHB(H)606**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5142)

Head: (48) Government Laboratory

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

Programme: (2) Advisory and Investigative Services

Controlling Officer: Government Chemist (Dr SIN Wai-mei)

Director of Bureau: Secretary for Food and Health

Question:

Regarding testing services related to Chinese medicines, will the Government inform this Committee of the following:

figures on urgent investigatory analyses of substandard pharmaceuticals and Chinese medicines and those on other Chinese medicine samples in each of the past 3 years?

	2017-2018	2018-2019	2019-2020
Urgent investigatory analyses related to Chinese medicines			
Analyses of other Chinese medicine samples			

Asked by: Hon TAM Man-ho, Jeremy (LegCo internal reference no.: 407)

Reply:

The number of tests and the corresponding number of samples in brackets performed by the Government Laboratory on Chinese medicines for the past 3 years are as follows:

	2017-2018	2018-2019	2019-2020 (up to Feb 2020)
Urgent samples relating to Chinese medicines incidents	591 tests (25 samples)	257 tests (30 samples)	18 tests (6 samples)
Other Chinese medicines samples	82 318 tests (3 556 samples)	82 201 tests (3 055 samples)	73 225 tests (2 735 samples)

- End -