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Replies to supplementary questions raised by Finance Committee Members in examining the Estimates of Expenditure 2021-22

Director of Bureau : Secretary for Food and Health
Session No. : 14
Consolidated e-file name : FHB(H)-2S-e1.docx

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Examination of Estimates of Expenditure 2021-22 Reply Serial No.

S-FHB(H)001

CONTROLLING OFFICER'S REPLY

(Question Serial No. S018)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the operation of the District Health Centre in Kwai Tsing, will the Government inform this Committee of:
(1) (i) the total operating expenditure and its breakdown and (ii) the figures on remuneration by rank for each of the 2 financial years of 2019-20 (from September 2019) and 2020-21(up to end of March this year); and
(2) the attendance of medication consultation services provided by pharmacists per year since its commissioning?

Asked by: Hon CHAN Pierre

Reply:

(1)

The expenditure for 2019-20 and revised estimates for 2020-21 on rental and operating expenses for the service contract of the Kwai Tsing District Health Centre (K&TDHC) are $43.6 million and $79.7 million respectively. The expenditure breakdown is as follows:

	2019-20 Actual ($ million)	**2020-21 Revised Estimates ($ million)**
Personal Emoluments (PE)	11.7	25.1
Other Charges (including Rentals)	31.9	54.6
Total	43.6	79.7

The staff establishment remunerated with PE as at 31 March 2020 and 31 December 2020 are set out below:

Staff Establishment	**31/3/2020**	**31/12/2020**
Executive Director	1	1

Chief Care Coordinator	1	1
Care Coordinators	6	11
Nurses	3	2
Physiotherapists	2.5	3
Occupational Therapists	1.5	2
Pharmacist	1	1
Social Workers	5	5
Dietitian	1	1
Administrative Staff	8	17
Supporting Staff	28	26

The cost of PE forms part and parcel of the total service contract amount for the K&TDHC which is awarded through open tender. The pay or pay adjustment of staff remains matters between the contractor as employer and its employees, which are formulated according to its own policies on human resources management and individual circumstances.

(2)

The K&TDHC provides comprehensive primary healthcare services through a multidisciplinary approach in serving its members. Pharmacist would be a core member of DHC's multidisciplinary team. Currently, the K&TDHC has engaged a full-time pharmacist to provide medication consultation services to clients in order to maximise the benefit of drug treatment, reduce reliance and lower risk in the use of medicines. The pharmacist also works with other professionals of the multidisciplinary team in health promotion and health education activities. As at December 2020, the number of attendances for individual advice or counselling service by the pharmacist is 1 700 (provisional figure).

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CONTROLLING OFFICER'S REPLY

(Question Serial No. S016)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The figures provided by the Government reveal that among the drug subsidy applications approved by the Community Care Fund (CCF) in relation to the treatment of lung cancer, those involving the use of Osimertinib are in the largest number and on a rising trend. This phenomenon indicates that the drug has been widely used. However, Osimertinib is only listed as a second-line drug for lung cancer treatment under the CCF currently. In this regard, will the Government consider extending the coverage of first-line drugs to include Osimertinib by revising the guidelines on the prescription of the drug in 2021-22 so as to enable more patients to use the drug at an earlier time? If yes, what are the details and the estimated expenditure involved? If not, what are the reasons?

Asked by: Hon CHIANG Lai-wan

Reply:

The Hospital Authority (HA), being the major provider of publicly-funded public healthcare services, attaches great importance to the provision of optimal care for all patients (including cancer patients).

Drugs listed on the HA Drug Formulary (HADF) are intended for corporate-wide use by the HA, the coverage of which is driven by clinical service needs. The HA has an established mechanism for regular appraisal of new drugs and review of the HADF and coverage of the safety net. The process follows the principles of evidence-based medical practice, rational use of public resources, targeted subsidy, opportunity cost consideration and facilitation of patients' choice, taking into account safety, efficacy and cost-effectiveness of drugs and other relevant considerations, including international recommendations and practices as well as views of professionals and patient groups.

In accordance with the above principles and mechanism, Osimertinib has been included in the coverage of the First Phase Programme of Community Care Fund Medical Assistance Programmes since 16 February 2019. The current designated clinical indication of the concerned drug is "For the treatment of adult patients with locally advanced or metastatic

EGFR T790M mutation positive non-small cell lung cancer (NSCLC) who has progressed after previous treatment with an EGFR TKI".

Evaluation of drugs is an ongoing process driven by evolving medical evidence, the latest clinical development and market dynamics. The HA will continue to keep abreast of the latest development of clinical and scientific evidence of drugs, listen to the views and suggestion of patients' groups and review the HADF and coverage of safety net under the principle of rational use of limited public resources while providing treatment to the largest number of patients in need.

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Examination of Estimates of Expenditure 2021-22 Reply Serial No.

S-FHB(H)003

CONTROLLING OFFICER'S REPLY

(Question Serial No. S015)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As indicated in the reply, the expenditure incurred by the Hospital Authority (HA) in engaging agency service each year is on the rising trend. Will the HA consider deploying the resources for improving the remuneration of nurses and supporting staff (care-related) so that more contract staff of these grades can be recruited to gradually reduce the use of agency service?

Asked by: Hon MAK Mei-kuen, Alice

Reply:

The Hospital Authority (HA) closely monitors its manpower situation and continues to recruit full-time nurses and supporting staff (care-related) to meet the service demand. As at 31 December 2020, HA had 29 459 nursing and 17 043 supporting staff (care-related) (calculated on full-time equivalent basis including permanent, contract and temporary staff in HA).

Engagement of agency nurses and supporting staff (care-related) is one of the short-term measures to alleviate the manpower situation. Agency staff 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 supporting staff (care-related) 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 supporting staff (care-related) deployed cannot meet the staffing requirements, arrangements will be made for part-time nurses, agency nurses, part-time supporting staff (care-related) or agency supporting staff (care-related) to be on duty.

The expenditure incurred by HA in 2020-21 in engaging agency services for nurses and supporting staff (care-related) was $116.8 million, which decreased by $27.9 million as compared with that of 2019-20 ($144.7 million).

HA established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. Further staff retention initiatives are being gradually implemented by HA, such as providing Specialty Nurse Allowance to eligible registered nurses to retain manpower and encourage professional development of nurses through recognising their specialty qualifications.

Besides, the Special Retired and Rehire Scheme was first implemented in HA in 2015-16 to rehire suitable serving 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.

Different HA-wide measures have also been implemented in recent years to help attract and retain supporting staff, including pay enhancement and annual progression exercise for designated groups of Patient Care Assistant (PCA), Operation Assistant (OpA) and Executive Assistant (EA) working in in-patient wards / services; unified pay rise at 8% for all PCA / OpA / EA with effect from 1 April 2019; Training Sponsorship Programme for Supporting Staff to undergo Enrolled Nurse (General) Training; and increasing training opportunities and varieties of training for supporting staff, etc. HA will continue to explore medium and longer term measures to enhance career development opportunities for targeted supporting staff groups.

Subject to operational needs, market situation and financial sustainability, HA from time to time reviews the remuneration of its staff, with a view to improving their remuneration under limited resources in accordance with HA's service priority as and when appropriate.

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CONTROLLING OFFICER'S REPLY

(Question Serial No. S022)

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:

Can the Government give priority to elderly aged 65 or above for 13-valent pneumococcal conjugate vaccine to protect them? If so, please advise on the timetable; if not, the reason(s).

Asked by: Hon CHAN Pierre

Reply:

Pneumococcal vaccination is one of the safe and effective means to prevent pneumococcal infection. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health has been closely monitoring and examining the latest scientific evidence, recommendations of the World Health Organization, experiences from overseas health authorities and local epidemiological data, with a view to reviewing the recommendations on the use of vaccines.

Since 2009, the Government has been providing, under the Government Vaccination Programme (GVP) (including Residential Care Home Vaccination Programme) and the Vaccination Subsidy Scheme, 1 dose of free or subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV) for each eligible elder aged 65 or above who has never received pneumococcal vaccination before. On the recommendations of the SCVPD in July 2016, the CHP has also started since October 2017 to provide an additional dose of free or subsidised 13-valent pneumococcal conjugate vaccine (PCV13) for elders aged 65 or above with high-risk conditions[Note] to enhance their protection against pneumococcal infection. Eligible elders may receive 1 dose of PCV13, followed by another dose of 23vPPV one year after. For eligible elders who have already received 1 dose of 23vPPV, they may receive a mop-up dose of PCV13 one year later. For those without high-risk conditions and who have never received pneumococcal vaccination before, the SCVPD continued to recommend that they should receive either a single dose of PCV13 or a single dose of 23vPPV. The various vaccination schemes implemented by the Government are in line with the SCVPD's latest recommendations.

The SCVPD is responsible for reviewing and developing public health strategies on the prevention and control of vaccine-preventable infections in the light of changing epidemiology and advances in medical science. On pneumococcal vaccines, the 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. According to the recommendations announced by the Advisory Committee on Immunization Practices under the Centers for Disease Control and Prevention of the United States in November 2019, all persons aged 65 or above should receive 1 dose of 23vPPV, and those aged 65 or above without high risk factors generally need not receive an additional dose of PCV13. For persons aged 65 or above without immunocompromised conditions, cerebrospinal fluid leak or cochlear implant and who have never received PCV13 before, whether they need PCV13 or not depends on shared clinical decisions.

The SCVPD will continue to examine overseas health authorities' recommendations on pneumococcal vaccination for elders and the latest scientific evidence. The Government will also review the coverage of the pneumococcal vaccination programmes for elders in Hong Kong, having regard to the SCVPD's recommendations and other public health considerations.

Note:
Under the GVP 2020/21, persons with high-risk conditions set out below are eligible for receiving pneumococcal vaccination –

(a) history of invasive pneumococcal disease, cerebrospinal fluid leakage or cochlear implant;
(b) chronic cardiovascular (except hypertension without complications), lung, liver or kidney diseases;
(c) metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
(d) immunocompromised states related to weakened immune system (due to conditions such as asplenia, Human Immunodeficiency Virus infection/Acquired Immune Deficiency Syndrome or cancer/steroid treatment); and
(e) chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions, increase the risk of aspiration or result in a lack of self-care ability.

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