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Replies to initial written 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

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CONTROLLING OFFICER'S REPLY

FHB(H)001

(Question Serial No. 1394)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2021-22 that the Government will continue to pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders. Please advise this Committee of the following:

- 1) the relevant work, and the manpower and expenditures involved for following up on the review recommendations in the past 3 years;
- 2) the number of consultations on manpower projection conducted with relevant professionals/professional bodies and the main issues consulted upon in the past 3 years by type of healthcare professional.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 30)

Reply:

1.

The Government published the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development (“the Report”) in June 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.

(a) Healthcare Manpower Planning

For healthcare manpower, the Report projected that there would be a general shortage of doctors, dentists, dental hygienists, general nurses, occupational therapists, physiotherapists, medical laboratory technologists, optometrists and radiographers.

Hence, the Government increased the number of healthcare-related publicly-funded first-year-first-degree intake places by over 150 from about 1 780 to 1 930 (including

60 medical, 60 nursing, and some 30 dental and allied health professions) in the 2019-20 to 2021-22 triennium.

The Government will continue to count on the self-financing sector to provide training to help meet part of the increasing demand for healthcare professionals. The Government has subsidised over 1 300 students studying in qualified self-financing healthcare training programmes under the Study Subsidy Scheme for Designated Professions/Sectors in the 2020-21 cohort.

To update the demand and supply projections of healthcare professionals, the Government has conducted a new round of manpower projections in step with the triennial planning cycle of the University Grants Committee. The Food and Health Bureau briefed the Legislative Council Panel on Health Services of the results on 24 March 2021.

For non-locally trained healthcare professionals, there are avenues for them to practise in Hong Kong. For those professions where full registration is granted to non-locally trained professionals through licensing examinations, the Medical Council of Hong Kong, the Dental Council of Hong Kong and the Nursing Council of Hong Kong have increased their frequency of licensing examinations and, where appropriate, introduced more flexibility for internship arrangement.

Besides, upon the enactment of Medical Registration (Amendment) Ordinance in 2018, the validity period and renewal period of limited registration for doctors have been extended from not exceeding one year to not exceeding three years.

In view of the serious shortage of doctors in Hong Kong, the Government has decided to introduce relevant legislative amendments to the Medical Registration Ordinance (Cap. 161) so as to create a new pathway for admission of qualified non-locally trained Hong Kong doctors to practise in our public healthcare sector.

(b) Professional Development and Regulation of Healthcare Professionals

Regarding the review of lay involvement in Boards and Councils, continuing professional education, as well as complaint investigation and disciplinary inquiry mechanism as recommended by the Report, the Government has invited relevant boards and councils of healthcare professions to follow up and consider the recommendations of the Report and the profession-specific issues, with a view to submitting proposals to the Government after consulting their respective professions. The Government will conduct in due course a comprehensive review of the existing legislation governing various healthcare professions after taking into account profession-specific issues, prevailing circumstances, international practices, etc.

For the regulation of healthcare professions 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. 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.

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. Five healthcare professional bodies, one from each of these professions, passed the accreditation assessments and were subsequently granted full accreditation status.

The Accreditation Agent is reviewing the effectiveness of the AR Scheme and will 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 additional workload arising from following up on the review recommendations in the past 3 years was absorbed by existing manpower resources.

2.

For the purpose of the “Healthcare Manpower Projection 2020” exercise, engagement meetings with the 13 healthcare professions subject to statutory registration were conducted between June and September 2020 so as to gauge their views.

The number of meetings conducted with relevant healthcare professions in connection with manpower projection in the past 3 years is tabulated below –

Engagement Meetings with Healthcare Professions	Number of Meetings	Date of Meeting
Doctors	1	17 Jun 2020
Medical Laboratory Technologists	1	8 Jul 2020
Pharmacists	1	30 Jul 2020
Dentists	1	4 Aug 2020
Nurses and Midwives	1	6 Aug 2020
Occupational Therapists	1	7 Aug 2020
Radiographers	1	10 Aug 2020
Chiropractors	1	11 Aug 2020
Optometrists	1	11 Aug 2020
Dental Hygienists	1	24 Aug 2020
Physiotherapists	2	26 Aug 2020 and 18 Sep 2020
Chinese Medicine Practitioners	1	31 Aug 2020

During the course of the engagement meetings, there were views that more resources should be channelled to develop and nurture local students. Representatives from the professions also commented that the Hospital Authority and Department of Health should review the

remuneration package, career advancement and training opportunities for various types of healthcare professionals so as to attract and retain them in the public healthcare sector.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)002

(Question Serial No. 1395)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government has expected the new round of healthcare manpower projection to be completed by the end of 2020. However, the relevant results have not been released yet. Please advise on the following:

- 1) What is the progress of the said projection?
- 2) When will the results of the projection be released?
- 3) Has the Government made provision in the estimates for the new round of projection in order to implement recommendations in relation to the relevant results? If yes, what are the details; if not, what are the reasons?

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 31)

Reply:

1. & 2.

The Government has commissioned the University of Hong Kong to conduct a new round of manpower projection exercise, the Healthcare Manpower Projection 2020, 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 results of this new round of projection exercise on 24 March 2021 (LC Paper No. CB(4)600/20-21(05)).

3.

At bureau level, the additional workload arising from the projection exercise, including the implementation of recommendations in relation to the relevant results, will be absorbed by existing manpower resources.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)003****(Question Serial No. 1397)**

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

Subhead (No. & title): (000) Operational expenses

Programme: Not specified

Controlling Officer: Permanent Secretary for Food and Health (Health) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government will provide additional recurrent funding of \$147 million this year to enhance psychiatric services and support the enhanced service of Kwai Chung Hospital upon its redevelopment. Please advise on the waiting time (90th percentiles) of new cases of various subspecialties under psychiatric departments in the past 3 years, and the estimated amount of the above new funding to be allotted to each of the subspecialties.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 33)

Reply:

The table below sets out the 90th percentile waiting time (weeks) of child and adolescent (C&A) psychiatric specialist outpatient (SOP), adult psychiatric SOP and psychogeriatric (PG) SOP new cases in the Hospital Authority (HA) from 2018-19 to 2020-21 (up to 31 December 2020).

Financial years	90 th percentile waiting time (weeks) of new cases in respective psychiatric SOP		
	C&A	Adult	PG
2018-19	113	49	70
2019-20	117	51	73
2020-21 (up to 31 December 2020) [Provisional figures]	95	46	59

Note:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

HA has earmarked additional funding of around \$156 million (including additional recurrent funding of around \$147 million) in 2021-22 for addressing the escalating demand for psychiatric services across different age groups in both hospitals and community settings, including –

- (i) enhancing mental health services for children and adolescents by developing specialised C&A psychiatric service in Hong Kong East Cluster and Kowloon Central Cluster in phases, enhancing the collaboration with paediatricians, training up multidisciplinary expertise, and expanding the Student Mental Health Support Scheme to more schools;
- (ii) enhancing community psychiatric service by recruiting additional case managers;
- (iii) addressing elderly mental health needs by enhancing PG outreach services;
- (iv) supporting the upcoming service commencement of the new Kwai Chung Hospital;
and
- (v) enhancing the psychiatric in-patient services.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)004

(Question Serial No. 1398)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government has stated that according to the estimation of an independent consultant, about 1 million people would purchase Certified Plans under the Voluntary Health Insurance Scheme (VHIS) within the first 2 years of implementation. Please advise on the following:

- 1) the total number of VHIS policies sold in the market since its implementation, and whether such figures meet the expectation of the Government;
- 2) whether the Government has information on the number of claim cases arising from infection of and treatment for COVID-19 under VHIS in the past year and the total amount of compensation involved.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 34)

Reply:

(1) The Voluntary Health Insurance Scheme (VHIS) was launched in April 2019. Currently, 31 insurance companies have registered as VHIS Providers, which altogether account for more than 90% of the private health insurance market. 73 VHIS Certified Plans are available (including 31 Standard Plans and 42 Flexi Plans), offering 281 products for consumers' choice. The number of VHIS policies reached 522 000 in its first year of implementation. With reference to the information provided by the Hong Kong Federation of Insurers, it is estimated that VHIS accounted for about 70% of market growth for individual indemnity hospital insurance in its first year of implementation. We have been closely monitoring the implementation of VHIS and its market response. As and when more market data is available, we would review the effectiveness of VHIS.

(2) We do not have the requested information.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)005

(Question Serial No. 1403)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government provides an additional allocation of \$3,044 million for the Hospital Authority (HA) to establish and operate the Community Treatment Facility at the AsiaWorld-Expo and the Hong Kong Infection Control Centre at the North Lantau Hospital. Please set out:

- 1) the respective expenditures on the Community Treatment Facility at the AsiaWorld-Expo and the Hong Kong Infection Control Centre at the North Lantau Hospital out of the additional funding; and
- 2) the expenditures on building/commissioning the two facilities, the number of healthcare personnel required and the estimated expenditure on manpower.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 39)

Reply:

1 & 2)

To enhance the Hospital Authority's (HA's) capacity in preparation for the fourth wave of Coronavirus Disease 2019 (COVID-19) epidemic and winter surge, the Government allocated an additional funding of \$3,044 million for HA to establish and operate the Community Treatment Facility (CTF) at the AsiaWorld-Expo (AWE) and the North Lantau Hospital Hong Kong Infection Control Centre (HKICC), to procure additional personal protective equipment for frontline staff providing services in the CTF and the HKICC, and to sustain HA's anti-epidemic measures and ensure support for frontline healthcare staff.

The CTF in AWE, which was established to manage clinically stable COVID-19 patients aged 16 to 60 who are independent with activities of daily living, first commenced services on 1 August 2020, providing 1 900 beds in full capacity. As at 12 March 2021, a total of 3 761 patients were admitted to the CTF at AWE. As the CTF at AWE is operated according to the service need, the number of beds provided and the manpower of healthcare

workers deployed to the CTF for handling service demand arising from the COVID-19 epidemic is adjusted as and when necessary.

The HKICC comprises 6 two-storey ward buildings with a total capacity of 816 isolation beds. Depending on the evolving epidemic situation, the independent ward buildings can be activated in phases to help alleviate the pressure on isolation facilities in public hospitals. A ward with 48 isolation beds was first opened on 26 February 2021 to admit COVID-19 patients aged between 16 and 65 with mild or moderate clinical conditions. As at mid-March 2021, around 200 beds were available in the HKICC. Following the HKICC's commencement of service, patients staying in the CTF were transferred to the HKICC. The CTF at AWE has been in standby mode since 13 March 2021. As at 17 March 2021, HA has deployed around 22 doctors, 84 nurses, 30 laboratory staff and other supporting staff from various hospital clusters to support the operation of the HKICC. HA will continue to flexibly deploy manpower and other resources to meet the service and operational needs of the HKICC.

As the manpower of healthcare workers deployed for supporting the operation of the CTF at AWE and the HKICC is adjusted from time to time according to the latest development of epidemic and operational needs, information on the manpower expenditure is not readily available.

The HKICC and the CTF in Halls 8 to 11 of AWE are projects supported by the Central Government for the Government of the Hong Kong Special Administrative Region to fight against the COVID-19 epidemic. The relevant construction and set-up costs are fully borne by the Central Government.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)006

(Question Serial No. 3050)

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) (Thomas CHAN)

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 :

1. the average and the highest attendances per day at Accident and Emergency (A&E) departments;
2. the number of beds and average bed occupancy rate;
3. the estimated number of additional beds in the coming 5 years;
4. the amount of recurrent provision;
5. the manpower of doctors and nurses and their turnover rates;
6. the average waiting time for patients of the 5 categories in A&E departments; and
7. the impact of the epidemic on the above hospital services?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 58)

Reply:

1.

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 of the Hospital Authority (HA) respectively in 2020-21 (up to 31 December 2020) :

Hospital	Daily number of A&E attendances [provisional figures]	
	Average	Highest
AHNH	212	318
NDH	198	292
PWH	331	440

2.

The table below sets out the number of hospital beds for AHNH, NDH and PWH in 2020-21 (as at 31 December 2020) and the overall inpatient bed occupancy rates (up to 31 December 2020) :

Hospital	Number of hospital beds (as at 31 December 2020)	Inpatient bed occupancy rate (up to 31 December 2020) [provisional figures]
AHNH	605	71%
NDH	667	83%
PWH	1 782	79%

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 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.

3.

HA takes into account various factors when planning and developing the 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 2021-22, AHNH, NDH and PWH plan to open 15, 14 and 50 new beds respectively.

4.

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 2020-21 (projection as of 31 December 2020) is \$11.56 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. It has also incorporated the additional Government funding to HA to combat the Coronavirus Disease 2019 (COVID-19) epidemic. 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.

5.

The table below provides the number of doctors and nurses in AHNH, NDH and PWH in 2020-21 (as at 31 December 2020) :

Hospital	2020-21 (as at 31 December 2020)	
	Doctors	Nurses
AHNH	180	787
NDH	190	851
PWH	577	2 193

Note:

- (a) The manpower figures are calculated on a full-time equivalent basis including permanent, contract and temporary staff in HA.
- (b) 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 2020-21 :

Hospital	2020-21 (Rolling 12 months from 1 January 2020 to 31 December 2020)	
	Doctors	Nurses
AHNH	1.8%	7.5%
NDH	4.9%	5.7%
PWH	3.8%	5.4%

Note:

- (a) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on a headcount basis.
- (b) 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) Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%.
- (d) Doctors exclude Interns and Dental Officers.

6.

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 2020-21 (up to 31 December 2020) :

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	24	63	66
NDH	0	8	26	119	166
PWH	0	10	27	106	122

7.

HA closely monitors the development of the COVID-19 epidemic, and suitably adjusts its non-emergency and non-essential medical services to reserve service capacity and manpower for combating COVID-19, while maintaining emergency and essential services (e.g. trauma, tumour and transplant).

HA will continue to closely monitor and make timely adjustments to the manpower and services in public hospitals.

Note:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

Abbreviations

AHNH – Alice Ho Miu Ling Nethersole Hospital

NDH – North District Hospital

PWH – Prince of Wales Hospital

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)007

(Question Serial No. 1499)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the supervision of the implementation of the Pilot Accredited Registers Scheme for Healthcare Professions this year, please advise on the number of cases that have to be processed under the scheme, the relevant work schedule, the amount of resources required for handling the cases, and the estimated number of healthcare professionals participating in the scheme who will join the local healthcare system this year.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 71)

Reply:

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. 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.

After the closing of application for the AR Scheme 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. Five healthcare professional bodies, one from each of these professions, passed the accreditation assessments and were subsequently granted full accreditation status.

According to the information provided on the respective websites of these accredited healthcare professional bodies as at end-February 2021, the numbers of voluntary registrants in each profession are set out in the following table –

Accredited Healthcare Professional Bodies	Number of registrants
Hong Kong Institute of Speech Therapists	240
Hong Kong Institute of Audiologists	57
Hong Kong Academy of Accredited Dietitians	88
Hong Kong Association of Educational Psychologists	102
Hong Kong Institute of Clinical Psychologists	292

The Accreditation Agent is reviewing the effectiveness of the AR Scheme and will 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. In 2021-22, \$7.6 million will be provided for the Department of Health to take forward the AR Scheme.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)008

(Question Serial No. 1502)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the amount of funding allocated to take forward the setting up of District Health Centres (DHCs) in this financial year, the details of the locations of new DHCs and the timetable for their establishment. Regarding the implementation of "DHC Express" project, please advise on the progress this year, the amount of expenditure involved and the details of the project.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 65)

Reply:

Within the current term of Government, District Health Centres (DHCs) are planned to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Tuen Mun (TM), Yuen Long, Tsuen Wan and Southern). It will involve a recurrent expenditure of \$654 million in a full year for operation and related expenses of the six DHCs. The SSP DHC, located in Shek Kip Mei Estate Phase 6 Redevelopment, is expected to commence operation in the second quarter of 2021, while the WTS DHC, located in Diamond Hill Public Housing Development Phase I, is expected to commence operation in the second quarter of 2022. Invitation to tender for the provision of services to operate the TM DHC, located in the Tuen Mun Rosedale Gardens Shopping Mall, was issued in January 2021 with a view to commencing operation in the second quarter of 2022.

We are identifying suitable rental premises for setting up DHCs in Southern, Tsuen Wan and Yuen Long districts. We aim to launch these three DHCs in 2022.

"DHC Express" will be established in the other 11 districts pending the establishment of DHCs. Non-governmental organisations (NGOs) are being identified to operate "DHC Express" by way of invitation for proposals. The NGO applicants need to propose the premises for "DHC Express" and the service details, including service scope, service locations, output targets, manpower and operation plan, in the proposals. At least one care

coordinator (nursing staff) and one social worker shall be included in the staffing plan of the proposal. Proposals for providing "DHC Express" services are under assessment. "DHC Express" in the various districts are planned to commence services in the fourth quarter of 2021. It will involve \$596 million non-recurrent expenditure for implementation of "DHC Express" in the 11 districts over three years.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)009

(Question Serial No. 1503)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2021–22 that the Hospital Authority will augment the workforce by attracting and retaining staff through various measures. In this connection, please advise this Committee:

1. of the measures taken and the expenditure involved, and the staffing establishment by type of healthcare services in the past 3 years;
2. of the measures to be implemented in 2021-2022, and the estimated expenditure and effectiveness evaluation in this regard.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 61)

Reply:

Over the years, the Hospital Authority (HA) has been closely monitoring its manpower situation and introduced a series of measures to attract, develop and retain talents. As part of its overall budget, HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, hiring full-time and part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, rehiring suitable retired healthcare staff, recruitment of non-locally trained doctors under the limited registration scheme to supplement local recruitment, improving promotion prospects to retain expertise, provision of better training opportunities for various grades, and enhancement of the Fixed Rate Honorarium.

HA established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Government announced in the 2020-21 Budget that resources were committed for 3 major proposals put forward by the Task Group, including –

- (a) enhancing the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in HA after retirement until 65;
- (b) creating opportunities for around 200 Associate Consultants to be promoted to Consultant rank in 5 years so as to retain experienced medical personnel; and

- (c) providing Specialty Nurse Allowance to eligible registered nurses so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications.

The above initiatives are being gradually implemented by HA. 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 full-time equivalent (FTE) strength of Medical, Nursing and Allied Health staff of HA in 2018-19 to 2020-21 is set out in below table:

FTE Strength	2018-19 (as at 31 March 2019)	2019-20 (as at 31 March 2020)	2020-21 (as at 31 December 2020)
Medical	6 440	6 681	6 972
Nursing	27 252	28 957	29 459
Allied Health	8 056	8 420	8 811

Note:

The manpower figures are calculated on FTE basis including permanent, contract and temporary staff in HA.

HA will continue to closely monitor the manpower situation to make proactive arrangements to attract, develop and retain talents for supporting the overall service needs and development in HA.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)010

(Question Serial No. 1504)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Special Support Scheme has been launched to provide chronic disease patients of the Hospital Authority residing in Guangdong Province with medical consultation under the COVID-19 epidemic. Please provide in table form the respective numbers of specialist and general outpatient attendances, the respective numbers of specialties and patients involved, as well as a detailed breakdown of the subventions.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 62)

Reply:

Under the Special Support Scheme for chronic disease patients of the Hospital Authority (HA) residing in Guangdong Province (the Scheme), eligible patients with scheduled appointments at designated specialist out-patient clinics (SOPC) or general out-patient clinics (GOPC) under HA can take up subsidised follow-up consultations in the University of Hong Kong-Shenzhen Hospital (HKU-SZH). Patients are required to co-pay RMB100 as a consultation fee for each designated out-patient service at HKU-SZH (except for specified persons whose medical fees would be waived upon verification by HA). The rest of the medical fees are subsidised under the Scheme subject to a cap of RMB2,000 per patient. The Scheme covers the majority of SOPC and GOPC services of HA, namely Anaesthesiology (Pain Clinic only); Cardiothoracic Surgery; Clinical Oncology; Ear, Nose and Throat; Medicine; Neurosurgery; Orthopaedics and Traumatology; Obstetrics and Gynaecology; Ophthalmology; Paediatrics; and Surgery. As of 31 January 2021, a total of 4 081 patients received consultations in HKU-SZH, and the amount of subsidised medical fees incurred is \$3.6 million.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)011****(Question Serial No. 1505)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hong Kong Genome Institute established by the Government in 2020, please provide a breakdown of its expenditure and staff establishment by rank. How many cases will be handled in the pilot phase of the Hong Kong Genome Project? What are diseases covered? How much expenditure will be incurred?

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 63)

Reply:

The 2019-20 Budget announced that the Government would allocate about \$1.2 billion to establish the Hong Kong Genome Institute (HKGI) to take forward the Hong Kong Genome Project (HKGP), in order to promote the clinical application and scientific research on genomic medicine. The HKGP aims to cover 20 000 cases in two phases, under which 40 000 to 50 000 whole genome sequencing will be performed. The pilot phase will cover about 5 000 whole genome sequencing for undiagnosed disorders and hereditary cancers.

HKGI was set up in May 2020 to implement the HKGP. In 2021-22, we have earmarked a non-recurrent provision of \$162 million to meet the relevant expenses on sequencing services and bioinformatics services; and a subvention of about \$83.9 million to support the operation of the HKGI, covering staff costs, rental, publicity, etc. We have also earmarked about \$10.1 million mainly for procurement of equipment.

While recruitment of staff is still underway, it is planned that HKGI would have an establishment of around 60 staff in 2021-22, with breakdown as follows -

Staff	Number
Chief Executive Officer	1
Senior Executives	3
Technical Staff	33
Administrative Staff	23

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)012****(Question Serial No. 1507)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information for the past year: (a) passing rates of different parts of the Licensing Examination administered by the Medical Council for non-local medical practitioners seeking registration in Hong Kong; (b) number of medical practitioners allowed to practise in Hong Kong under limited registration; and (c) number of non-local medical practitioners recruited and assessed by the Hospital Authority (HA) to be qualified for practice in HA hospitals.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 68)

Reply:

(a) The two sittings of the Licensing Examination of the Medical Council of Hong Kong ("MCHK") originally scheduled for 2020 were cancelled due to the COVID-19 pandemic.

(b) The number of doctors with limited registration under the General Register of MCHK as at 31 December 2020 is set out below -

Promulgation	Number of Registered Doctors under Limited Registration (as at 31 December 2020)
No. 2	102
- University of Hong Kong	(25)
- The Chinese University of Hong Kong	(38)
- Hospital Authority ("HA")	(33)
- Department of Health	(6)

Promulgation	Number of Registered Doctors under Limited Registration (as at 31 December 2020)
No. 3 - Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	20
No. 4 - Clinics registered under the Medical Clinics Ordinance	6
Total	128

(c)

As at 31 December 2020, HA employed 30 non-locally trained doctors under the Limited Registration Scheme, excluding one non-locally trained doctor with limited registration application already approved by MCHK, and is expected to report duty in HA in the fourth quarter of 2021.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)013

(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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Policy Address 2020 that “the Food and Health Bureau will look into implementation of a Pilot Public-Private Partnership Programme for District Health Centres (DHCs), under which subsidised medical consultation services will be provided to DHC members who are newly diagnosed with diabetes or hypertension, with a view to enhancing the measures to manage the chronic disease and alleviating the pressure on the public healthcare system.” In this connection, will the Government inform this Committee of the following:

1. the detailed implementation timetable of the Pilot Programme and the expected number of beneficiaries?
2. the time of announcing the details of the Pilot Programme and the consultation channels for the public?
3. Family doctors form an integral part in the primary healthcare system. To meet the increasing healthcare demand of the community and improve carer-patient relations, has the Government included the manpower requirement for family medicine specialists in the new round of Healthcare Manpower Planning, the results of which will be released in this quarter? If yes, what are the details of its projection and planning? If not, what are the reasons and will there be a separate assessment?
4. the total numbers of privately-run day procedure centres and clinics in Hong Kong as at 31 December 2020 with a breakdown by 18 districts, as well as their total service capacity (e.g. the total number of attendances provided)?

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 69)

Reply:

(1) and (2)

Under the steer of the Steering Committee on Primary Healthcare Development, the Food and Health Bureau is making preparation for launching the Pilot Public-Private Partnership Programme for District Health Centres (the Pilot Programme) at the Sham Shui Po District

Health Centre later this year. The details of the Pilot Programme will be announced in due course.

(3)

The Government conducted the first comprehensive manpower projection for the 13 healthcare professions which are subject to statutory registration in 2017. The Government has conducted a new round of manpower projection exercise to update the demand and supply projections of the 13 healthcare professions. Family Medicine is one of the specialties included in the present specialist manpower projection exercise. The results will be ready by end 2021. Base case projection and other relevant analysis (including provision of new services, aging population, etc.) will be considered as appropriate.

(4)

The Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance), which is being implemented in phases, introduces a new regulatory regime for private healthcare facilities, including private hospitals, day procedure centres, clinics and health services establishment. As of 31 December 2020, licences for day procedure centres and clinics had yet to take effect. Separately, there were 81 clinics registered under the Medical Clinics Ordinance (Cap. 343) as at 31 December 2020, among which 20 were on Hong Kong Island, 36 in Kowloon and 25 in the New Territories. We do not have information on the number of people served by these clinics.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)014****(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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Kwai Tsing District Health Centre is committed to promoting chronic disease management by providing incentives for patients and the private healthcare sector through the existing Chronic Disease Management Programme. Please inform this Committee of:

1. the number of patients joining the Programme with hypertension, diabetes mellitus, low back pain and degenerative knee pain and the number of medical consultations;
2. the total number of patients benefited from the Government subsidy (\$250) for medical consultation under the Programme; and
3. the total number of attendances for medical consultation subsidised by the Government (\$250) under the Programme.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 70)

Reply:

The numbers of attendances for relevant services offered or referred by the Kwai Tsing District Health Centre (K&TDHC) in 2019-20 and 2020-21 are set out in the following table

	Number of Attendances	
	2019-20	2020-21 (up to December 2020) (Provisional figure)
Screening for Diabetes Mellitus and Hypertension*	100	1 700
Chronic Disease Management/Community Rehabilitation Programme[#]	400	2 500

(Note: Figures are rounded to the nearest hundred.)

*Includes medical consultation and medical laboratory tests only

[#]Includes individualised healthcare services referred by network medical practitioners/Hospital Authority only

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)015****(Question Serial No. 3187)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned that the Hospital Authority (HA) will continue to make use of investment returns generated from the Public-Private Partnership (PPP) Endowment Fund to operate clinical PPP programmes. Will the Government inform this Committee of:

1. the annual balance, investment returns and expenditures of the Fund in the past 3 years; and
2. the expenditures and effectiveness of various PPP programmes run by HA in the past 3 years?

Asked by: Hon CHAN Han-pan (LegCo internal reference no.:60)

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 for the three years from April 2018 to March 2021 is projected as follows:

	2018-19 Actual (\$ million)	2019-20 Actual (\$ million)	2020-21 Projected (\$ million)
Opening balance	10,613.4	10,790.4	10,843.8
Income	438.2	340.2	426.0
Expenditure	(261.2)	(286.8)	(431.5)
Closing balance	10,790.4	10,843.8	10,838.3
Investment yield	4.1%	3.1%	3.9%

2.

In the past three years from April 2018 to March 2021, HA has been operating eight 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 Infirmery Service through PPP (Infirmery Service PPP), Colon Assessment PPP Programme (Colon PPP), and Glaucoma PPP Programme (Glaucoma PPP) launched on a pilot basis in June 2019.

To cope with the Coronavirus Disease 2019 (COVID-19) pandemic since early 2020, HA has expanded the service scope of some of the existing PPP Programmes, including the expansion of service group of the Radi Collaboration to cover all eligible cancer patients, increasing the service quota of the HD PPP, as well as extending the Colon PPP to cover colonoscopy cases delayed due to the epidemic (Colon PPP Surge Special). Furthermore, HA has also launched new public-private collaboration initiatives to divert some patients from public hospitals to the private sector to receive treatment, including Neonatal Phototherapy Service (NNJ), Radiation Therapy Service (RT), Cesarean Section Service (CS), Trauma Operative Service Collaboration Programme (Trauma Collaboration), Breast Cancer Operative Service Collaboration Programme (Breast Cancer Surgery Collaboration), Cystoscopy Collaboration Programme (Cystoscopy Collaboration) and Oesophago-Gastro-Duodenoscopy Collaboration Programme (OGD Collaboration).

HA's expenditures by PPP programmes in the three years are set out in the table below.

Programme	2018-19 Actual Expenditure² (\$ million)	2019-20 Actual Expenditure² (\$ million)	2020-21 Projected Expenditure² (\$ million)
CSP	2.9	3.3	3.8
HD PPP	56.9	62.9	76.0
PEP	23.6	22.6	12.1
Radi Collaboration	36.7	44.4	101.3
GOPC PPP	72.2	82.5	96.1
Infirmery Service PPP	24.1	24.2	24.4
Colon PPP	18.5	20.1	13.6
Glaucoma PPP	-	0.9	6.8
Colon PPP Surge Special	-	-	28.9
NNJ	-	-	1.1
RT	-	-	3.2
CS	-	-	0.5
Trauma Collaboration	-	-	9.1
Breast Cancer Surgery Collaboration	-	-	11.4
Cystoscopy Collaboration	-	-	4.7
OGD Collaboration	-	-	8.0

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:

Excluding expenditure on information technology and administration support

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)016

(Question Serial No. 1234)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Programme that the Food and Health Bureau will continue to implement the Voluntary Health Insurance Scheme (VHIS). In this connection, please inform this Committee of the following:

- a) the concrete outcomes of VHIS since its launch;
- b) whether the impact on the public healthcare system after the implementation of the scheme has been assessed and whether the aim of diverting patients from public to private healthcare providers has been achieved; and
- c) when a comprehensive review and enhancement of the scheme, including the study on the introduction of the high risk pool proposal, will be initiated.

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 23)

Reply:

- (a) The Voluntary Health Insurance Scheme (VHIS) was launched in April 2019. Currently, 31 insurance companies have registered as VHIS Providers, which altogether account for more than 90% of the private health insurance market. 73 VHIS Certified Plans are available (including 31 Standard Plans and 42 Flexi Plans), offering 281 products for consumers' choice. The number of VHIS policies reached 522 000 in its first year of implementation. With reference to the information provided by the Hong Kong Federation of Insurers, it is estimated that VHIS accounted for about 70% of market growth for individual indemnity hospital insurance in its first year of implementation. According to the latest data available, a total of 96% of the insurance claims made by VHIS policy holders were successful, with more than one-third of them (34%) receiving full reimbursement. More than two-thirds of the cases (67%) had a reimbursement ratio of 90% or above, and about 80% had a reimbursement ratio of 80% or above.
- (b) According to the estimates by the independent consultant commissioned by FHB

before the launch of VHIS, 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.

- (c) We have been closely monitoring the implementation of VHIS and its market response. As and when more market data is available, we would review the effectiveness of VHIS and re-visit the high risk pool proposal.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)017

(Question Serial No. 2641)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of policy initiatives on developing primary healthcare services, will the Government advise this Committee of the following:

- (1) the plan for setting up District Health Centres (DHC) in 6 other districts in the coming 2 years following the commencement of service of the first DHC in Kwai Tsing, including such details as their locations, the timetable for taking forward the plan and staff establishment, the projected number of attendances for each year and a detailed breakdown of the estimated expenditure;
- (2) the plan for setting up interim "DHC Express" in the remaining 11 districts, including such details as their locations, the timetable for taking forward the plan and staff establishment, the projected number of attendances for each year and a detailed breakdown of the estimated expenditure.

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

Reply:

(1)

Within the current term of Government, District Health Centres (DHC) are planned to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Tuen Mun (TM), Yuen Long, Tsuen Wan and Southern). It will involve a recurrent expenditure of \$654 million in a full year for operation and related expenses of the six DHCs. The SSP DHC, located in Shek Kip Mei Estate Phase 6 Redevelopment, is expected to commence operation in the second quarter of 2021, while the WTS DHC, located in Diamond Hill Public Housing Development Phase I, is expected to commence operation in the second quarter of 2022. The target average annual attendances for the upcoming SSP DHC and WTS DHC will be over 69 900 and 69 300 each.

The respective staffing establishment of the SSP DHC and WTS DHC is detailed below-

	SSP DHC	WTS DHC
Executive Director	1	1
Chief Care Coordinator	1	1
Care Coordinators	5	13
Nurses	3	8
Physiotherapists	2	2
Occupational Therapists	2	2
Pharmacist	1	1
Social Workers	6	4
Dietitian	1	1
Administrative Staff	17	15.5
Supporting Staff	18	25.5

Invitation to tender for the provision of services to operate the TM DHC, located in the Tuen Mun Rosedale Gardens Shopping Mall, was issued in January 2021 with a view to commencing operation in the second quarter of 2022. We are identifying suitable rental premises for setting up DHCs in Southern, Tsuen Wan and Yuen Long districts. We aim to launch these three DHCs in 2022.

(2)

“DHC Express” will be established in the other 11 districts pending the establishment of DHCs. Non-governmental organisations (NGOs) are being identified to operate “DHC Express” by way of invitation for proposals. The NGO applicants need to propose the premises for “DHC Express” and the service details, including service scope, service locations, output targets, manpower and operation plan, in the proposals. At least one care coordinator (nursing staff) and one social worker shall be included in the staffing plan of the proposal. Proposals for providing "DHC Express" services are under assessment. “DHC Express” in the various districts are planned to commence services in the fourth quarter of 2021. It will involve \$596 million non-recurrent expenditure for implementation of “DHC Express” in the 11 districts over three years.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)018

(Question Serial No. 2642)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 158 of the Budget Speech that the Government will award the service deed for the Chinese Medicine Hospital in Tseung Kwan O in the middle of this year. In this connection, will the Government please inform this Committee of the following:

- (1) the details of establishing the Chinese Medicine Hospital, a detailed breakdown of the estimated expenditure, and the manpower planning (by rank);
- (2) the estimated number of places to be increased for Chinese medicine (CM) students, and the approximate 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;
- (4) a breakdown of the expenditures involved for 18 training and research centres in each of the past 5 years; and
 - (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.:2)

Reply:

(1)

The Chinese Medicine Hospital (CMH) will serve as the flagship institution leading the development of Chinese medicine (CM) in Hong Kong and will promote service

development, education and training, innovation and research. The Government will award the contract for the operation of the CMH to the most suited non-profit-making organisation, selected through tendering, in mid-2021 upon completion of tender evaluation. In respect of planning and design of the CMH, subject to funding approval from the Legislative Council, the construction works contract will be awarded in mid-2021. By then, the CMH project will proceed from planning and tendering stage to the commissioning, and design and construction stage. The CMH is targeted to commence services by phases from the second quarter of 2025.

Subject to funding approval, the Government will pay the CMH contractor and operator for services provided during the preparation for commissioning, provide the necessary furniture and equipment, information technology systems for service commencement, and provide recurrent funding to the CMH for Government-subsidised in-patient and out-patient services which accounts for around 50 to 65% of the total service volume. The Government will also fund the approved training and research programmes in CMH to support the development of CM, subject to funding approval.

Details of manpower and expenditure are subject to proposals from tenderers on service volume. Relevant details are not available at this stage as the tendering process is still in progress.

(2)

At present, there are three University Grants Committee (UGC)-funded universities offering 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. In the 2021/22 academic year, there are 79 approved student intake places.

The average student unit costs of UGC-funded programmes are based on the actual costs reported by universities. The UGC does not have a breakdown on the student unit cost for CM undergraduate programmes. As a reference, according to the information provided by the universities, the academic programme category of CM undergraduate programmes are mainly mapped to the category of “Studies Allied to Medicine and Health”, which includes programmes of nursing, veterinary medicine, allied health professions, etc., and the average student unit costs of undergraduate programmes under the above category in the 2019/20 academic year was \$299,000.

(3)

The Chinese Medicine Development Fund (the Fund) was formally launched in June 2019, with funding schemes rolled out in phases thereafter. The Food and Health Bureau (FHB) allocated \$71.550 million and \$148.409 million in 2019-2020 and 2020-2021 respectively for operation of the Fund. For 2021-2022, the FHB has earmarked \$118.120 million for the purpose. The expenditure covers the funding for approved projects, operating cost for a resources platform, publicity and promotional expenses as well as administrative costs for the Hong Kong Productivity Council (HKPC), which is the agent for implementing and administering the Fund.

Since the launch of the Fund in June 2019, various funding schemes have been launched in phases to support training, improvement of clinic facilities, enhancement of proprietary

Chinese medicine (pCm) manufacturing quality and management systems, pCm registration, promotion of CM, applied studies and research. As at 17 March 2021, about 1 800 funding applications of a total sum of over \$52 million have been approved. Details of the approved applications, including the implementation timetable of the projects have been uploaded onto the Fund's website (www.cmdevfund.hk).

There are two main programmes under the Fund. The Enterprise Support Programme provides matching funds for individual Chinese medicine practitioners (CMPs) and clinics, members of the 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 CMH and facilitate development of CM, conduct applied or policy research on CM, and organise various CM promotional activities. As technical support to the CM industry, a CM resources platform has been established under the Fund to provide practical information.

A new funding scheme, namely the CM Warehouse Management, Logistics and Services Improvement Funding Scheme was launched in late March 2021 with the aim of providing financial support to CM drug wholesalers and retailers in improving/upgrading their warehouse and logistics facilities. The FHB and HKPC, in consultation with the Advisory Committee on the Fund, will continue to engage the CM sector and relevant stakeholders to review the existing schemes under the Fund and introduce new measures as appropriate.

(4)

The 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established, one in each district, to promote CM by providing services, training and research. 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 the incorporation of CM as an integral part of the healthcare system in Hong Kong, the 18 CMCTRs have been providing Government-subsidised CM services at the district level starting from March 2020.

The Government has earmarked \$94.5 million from 2016-17 to 2017-18, \$112 million in 2018-19, \$147 million in 2019-20 and \$227 million in 2020-21 respectively for HA for the operation of the 18 CMCTRs to provide Government-subsidised service and Chinese medicine practitioner (CMP) trainee programme, operation of the Toxicology Reference Laboratory, quality assurance and central procurement of CM drugs, development and provision of training in "evidence-based" CM, enhancement and maintenance of the CM Information System and development of new Information Technology system to support the provision of CM services at the CMCTRs.

Since the CMCTRs are operated by the NGOs, information on the expenditure of each CMCTR is not available.

The total number of CMPs employed by the 18 CMCTRs in the past five years are set out in the table below:

Year	Number of CMPs
As at 31 December 2016	381
As at 31 December 2017	401
As at 31 December 2018	403
As at 31 December 2019	415
As at 31 December 2020	441

Note: The CMPs are employees of the NGOs operating the CMCTRs and these figures are provided by the respective NGOs. Their terms of employment and remuneration packages are determined by the 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 development and facilitate experience accumulation of CMPs of the CMCTRs. Since 2014, the “Superior Scholarship in CM” programme has been combined with the “Senior Scholarship in CM” programme. In the past five years, a total of 47 junior scholarships and 22 senior scholarships have been offered.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)019****(Question Serial No. 2646)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention in 2021-22, it is mentioned that the Health Branch will continue efforts to promote organ donation. Will the Government inform this Committee of the following:

- (1) the estimated expenditure and manpower to be involved in promoting organ donation in 2021-22;
- (2) the numbers of new registration and total registration in the Centralised Organ Donation Register in the past 3 years; and
- (3) 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], the respective numbers of donors, recipients and patients waiting for transplant in the past 3 years?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 6)

Reply:

- (1) The expenditure and manpower on the publicity for organ donation cannot be separately identified as this is absorbed by the Department of Health's overall provision for health promotion.
- (2) The number of registrations recorded in the Centralised Organ Donation Register in the past 3 years are as follows –

	2018	2019	2020
Number of registrations during the year	18 772	20 001	13 317
Cumulative total number of registrations (as at 31 December of the year)	297 446	317 447	330 764

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

Organ / Tissue Donation (Case)	2018	2019	2020
Kidney			
Cadaveric	60	42	55
Living	16	15	10
Kidney (total)	76	57	65
Liver			
Cadaveric	34	23	27
Living	19	20	23
Liver (total)	53	43	50
Other Organs / Tissue (Cadaveric)			
Heart	17	8	10
Lung	7	7	8
Cornea (piece)	346	324	267
Skin ^{Note}	10	5	1
Bone ^{Note}	0	1	0

The following table sets out the numbers of patients waiting for transplant as at 31 December in the past three years.

Number of Patients Waiting for Transplant	2018	2019	2020
Kidney	2 237	2 268	2 302
Liver	69	60	72
Heart	51	54	78
Lung	19	24	29
Cornea	274	269	280
Skin ^{Note}	Not Applicable		
Bone ^{Note}			

Note: Cases of skin and bone transplant are spontaneous and emergency in nature. Substitutes will be used if no suitable skin or bone is identified for transplant.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)020

(Question Serial No. 2649)

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:

- a) Please list the numbers 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 respective total salaries, mid-point monthly salaries, and the median and the 90th, 75th, 25th and 10th percentile monthly salaries in 2019-20, 2020-21 and 2021-22 (Estimate).
- b) Please list the numbers of staff of the above categories receiving overtime allowance/payment and the amount involved in 2019-20, 2020-21 and 2021-22 (Estimate).
- c) Please list by specialty and cluster the numbers of HA doctors involved in part time service and the total amount of remuneration received in 2019-20, 2020-21 and 2021-22 (Estimate).
- d) Please list by specialty and cluster the numbers of non-HA doctors involved in part time service and the total amount of remuneration received in 2019-20, 2020-21 and 2021-22 (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 2019-20 and 2020-21 (full year projection):

2019-20

Cluster	Staff Group	No. of staff	Total Remuneration (\$ million)	Basic Salary (\$)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	12	239	147,338	135,470	167,900	135,470	109,213	74,145
	Nursing	38	142	70,960	51,095	74,515	60,720	31,750	31,750
	AH	77	139	78,405	73,775	110,170	89,845	53,500	43,349
	Care-related Support Staff	3	1	20,192	22,514	22,514	22,514	20,192	18,799
	Management Personnel	39	128	222,200	161,515	226,170	204,430	156,150	150,950
	Professional/Administrator	1 732	1,711	91,428	61,415	110,170	73,775	43,048	33,350
	Other Support Staff	646	229	39,738	23,580	42,545	31,750	21,895	17,888
HKEC	Medical	688	1,380	138,575	121,790	179,350	135,470	75,265	64,270
	Nursing	2 947	2,198	52,870	44,555	73,775	51,095	33,350	19,210
	AH	878	745	77,133	51,095	74,515	73,775	35,040	30,235
	Care-related Support Staff	1 659	435	27,518	18,335	22,357	20,168	17,290	14,958
	Management Personnel	11	34	183,333	121,790	241,930	143,210	111,960	93,710
	Professional/Administrator	157	134	79,098	55,995	84,364	73,775	34,195	29,362
	Other Support Staff	2 427	679	47,143	16,175	30,235	21,895	13,879	13,119
HKWC	Medical	727	1,406	138,575	117,580	179,350	135,470	70,465	64,270
	Nursing	3 060	2,206	52,870	44,555	73,775	51,095	33,350	19,210
	AH	1 004	865	77,133	51,095	74,515	73,775	35,040	30,235
	Care-related Support Staff	1 373	383	22,120	20,035	22,357	21,796	17,870	16,456
	Management Personnel	16	44	163,803	126,220	170,452	150,950	110,170	95,324
	Professional/Administrator	141	119	68,188	58,635	75,265	73,775	35,040	30,235
	Other Support Staff	2 146	623	47,143	17,733	31,750	22,725	14,031	13,782
KCC	Medical	1 362	2,781	138,575	121,790	184,850	135,470	75,265	64,270
	Nursing	5 970	4,322	64,105	48,860	74,515	51,095	35,040	20,035
	AH	1 798	1,521	77,133	48,860	74,515	73,775	35,040	30,235
	Care-related Support Staff	3 466	865	27,518	18,335	22,357	20,168	16,456	14,351
	Management Personnel	20	60	187,283	121,790	172,200	141,981	109,213	97,745
	Professional/Administrator	331	267	79,098	55,995	78,385	73,775	33,350	30,235
	Other Support Staff	4 567	1,225	47,143	16,175	27,145	22,442	13,879	12,799

Cluster	Staff Group	No. of staff	Total Remuneration (\$ million)	Basic Salary (\$)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	786	1,558	135,000	121,790	160,300	135,470	74,515	64,270
	Nursing	3 321	2,327	52,870	42,545	71,458	51,095	31,750	19,210
	AH	902	724	77,133	48,860	74,515	70,465	33,350	28,780
	Care-related Support Staff	1 812	477	29,573	18,792	22,357	21,190	17,290	14,958
	Management Personnel	10	30	178,245	119,685	229,428	135,470	112,023	101,543
	Professional/Administrator	141	107	79,098	46,655	75,265	73,775	31,750	28,780
	Other Support Staff	2 168	569	42,978	16,677	25,906	21,340	14,031	13,879
KWC	Medical	1 116	2,216	138,575	121,790	160,300	135,470	75,265	64,270
	Nursing	4 955	3,470	53,943	46,655	74,515	53,500	35,040	22,725
	AH	1 316	1,119	77,133	51,095	74,515	70,465	33,350	30,235
	Care-related Support Staff	2 413	629	27,518	18,792	22,357	20,745	17,721	16,456
	Management Personnel	16	49	176,095	121,790	232,632	158,993	113,875	103,715
	Professional/Administrator	192	174	79,098	58,635	93,324	73,775	35,040	28,926
	Other Support Staff	3 131	861	43,348	16,272	31,750	22,725	14,031	13,400
NTEC	Medical	1 099	2,077	138,575	110,170	155,450	135,470	70,465	64,270
	Nursing	4 696	3,405	52,870	42,545	73,775	51,095	33,350	19,210
	AH	1 357	1,123	77,133	48,860	74,515	70,465	33,350	30,235
	Care-related Support Staff	2 791	734	27,518	18,335	22,357	20,168	17,721	16,456
	Management Personnel	16	50	182,543	130,760	234,701	185,198	121,790	113,134
	Professional/Administrator	198	178	77,753	58,635	83,235	73,775	32,150	28,780
	Other Support Staff	2 931	803	47,143	16,175	31,750	22,725	14,031	13,446
NTWC	Medical	892	1,761	138,575	117,580	179,350	135,470	71,293	64,270
	Nursing	3 968	3,022	53,943	46,655	73,775	53,500	35,040	28,780
	AH	1 088	886	77,133	48,860	74,515	67,295	33,350	30,235
	Care-related Support Staff	2 761	712	27,518	18,335	22,261	20,035	17,290	16,456
	Management Personnel	10	36	162,513	130,760	211,415	148,493	115,980	106,340
	Professional/Administrator	208	164	70,153	51,095	74,515	73,775	31,750	28,780
	Other Support Staff	2 911	771	45,283	16,175	27,145	21,743	14,031	13,400

2020-21 (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	17	230	147,708	121,790	135,470	135,470	121,790	105,232
	Nursing	54	133	70,960	51,095	73,775	51,095	40,515	31,750
	AH	82	143	78,405	70,465	110,170	85,870	51,095	42,545
	Care-related Support Staff	5	1	20,474	17,888	22,852	22,514	17,888	17,877
	Management Personnel	39	132	222,200	161,515	228,488	202,739	156,150	150,950
	Professional/Administrator	1 850	1,860	92,120	61,415	110,170	73,775	42,545	33,350
	Other Support Staff	693	268	41,323	24,070	42,545	31,750	21,895	17,888
HKEC	Medical	706	1,468	138,575	121,790	179,350	135,470	74,515	64,270
	Nursing	3 049	2,344	52,870	44,555	73,775	51,095	35,040	22,725
	AH	906	786	77,133	48,860	74,515	73,775	35,040	30,235
	Care-related Support Staff	1 795	498	27,518	18,793	22,357	20,240	16,867	14,958
	Management Personnel	11	36	185,265	126,220	250,225	145,810	113,875	97,745
	Professional/Administrator	164	163	79,098	57,315	85,494	73,775	35,040	30,235
	Other Support Staff	2 554	733	47,143	16,175	30,235	21,895	13,879	12,798
HKWC	Medical	735	1,446	138,575	110,170	179,350	135,470	70,465	64,270
	Nursing	3 058	2,302	52,870	44,555	73,775	51,095	35,040	22,725
	AH	1 020	900	77,133	51,095	74,515	73,775	35,040	30,235
	Care-related Support Staff	1 386	400	22,920	20,035	22,357	22,341	17,870	16,456
	Management Personnel	15	40	169,838	128,490	176,885	150,980	110,170	99,011
	Professional/Administrator	151	129	65,103	55,995	75,265	73,775	33,350	28,780
	Other Support Staff	2 233	659	47,143	17,733	30,235	22,725	14,031	13,758
KCC	Medical	1 446	3,018	138,575	121,790	179,350	135,470	75,265	64,270
	Nursing	6 066	4,631	64,105	48,860	74,515	51,095	35,040	31,750
	AH	1 861	1,621	77,133	48,860	74,515	73,775	35,040	30,235
	Care-related Support Staff	3 595	989	27,518	18,335	22,357	20,240	16,626	14,121
	Management Personnel	20	60	185,265	121,790	177,365	148,493	108,255	101,965
	Professional/Administrator	364	292	77,133	48,860	79,873	73,775	31,750	28,780
	Other Support Staff	4 833	1,358	47,143	16,272	27,145	22,442	13,879	13,119

Cluster	Staff Group	No. of staff	Total Remuneration (\$ million)	Basic Salary (\$)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	833	1,683	138,575	121,790	160,300	135,470	73,775	64,270
	Nursing	3 411	2,529	53,943	42,545	73,775	51,095	33,350	19,210
	AH	959	788	77,133	48,860	74,515	70,465	33,350	28,926
	Care-related Support Staff	1 930	557	29,573	18,793	22,357	21,263	16,867	14,958
	Management Personnel	10	31	180,355	119,685	216,148	135,470	117,580	105,903
	Professional/Administrator	150	120	79,770	48,860	75,265	73,775	31,750	28,780
	Other Support Staff	2 267	645	42,978	16,677	25,906	21,340	14,031	13,782
KWC	Medical	1 164	2,372	138,575	121,790	160,300	135,470	75,265	64,270
	Nursing	4 950	3,735	52,870	46,655	74,515	53,500	35,040	25,545
	AH	1 423	1,196	77,133	48,860	74,515	70,465	33,350	30,235
	Care-related Support Staff	2 558	718	27,518	18,793	22,357	21,189	17,722	16,456
	Management Personnel	14	47	174,135	121,790	204,899	147,080	117,580	109,712
	Professional/Administrator	214	193	79,098	55,995	92,551	73,775	31,750	28,780
	Other Support Staff	3 345	966	43,348	16,565	31,750	22,725	14,031	13,400
NTEC	Medical	1 137	2,184	138,575	110,170	155,450	135,470	73,775	64,270
	Nursing	4 797	3,597	52,870	44,555	73,775	51,095	33,350	19,210
	AH	1 407	1,160	77,133	48,860	74,515	67,295	33,350	30,235
	Care-related Support Staff	2 886	815	27,518	18,793	22,357	20,240	17,721	16,456
	Management Personnel	16	52	174,875	133,115	234,455	178,964	120,738	110,170
	Professional/Administrator	211	188	77,133	58,635	78,385	73,775	33,350	28,780
	Other Support Staff	3 172	879	47,143	15,876	31,750	22,684	14,031	13,400
NTWC	Medical	934	1,858	138,575	117,580	173,635	135,470	73,775	64,270
	Nursing	4 074	3,204	52,870	46,655	74,515	53,500	36,765	31,750
	AH	1 153	940	77,133	48,860	74,515	67,295	33,350	30,235
	Care-related Support Staff	2 888	788	27,518	18,793	22,357	20,240	17,721	16,456
	Management Personnel	10	38	166,255	135,470	211,415	151,253	119,685	110,170
	Professional/Administrator	212	169	70,153	53,500	75,190	73,775	31,750	30,235
	Other Support Staff	3 045	842	47,143	16,565	25,545	21,340	14,031	13,400

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 2019-20 and 2020-21, which include permanent, contract and temporary staff, are calculated on full-time equivalent basis as at 31 March 2020 and 31 December 2020 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 2020-21 represent full-year projection.
 - (10) The basic salaries for 2020-21 are based on actual figures as at December 2020.
 - (11) Mid-point monthly salary is the average of maximum and minimum salary point in each staff group.
 - (12) Estimate of 2021-22 is not available as the budget allocation for 2021-22 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 2019-20 and 2020-21 (full year projection):

2019-20

Staff Group	No. of Staff	Payment for SHS and Overtime Work (\$million)
Medical	3 529	258.6
Nursing	12 306	281.7
AH	2 819	39.3
Care-related Support Staff	6 896	98.8
Management Personnel	3	0.1
Professionals / Administrator	36	0.2
Other Support Staff	4 579	53.9
Total	30 168	732.6

2020-21 (Full-year projection)

Staff Group	No. of Staff	Payment for SHS and Overtime Work (\$million)
Medical	3 011	301.8
Nursing	8 518	212.1
AH	1 883	55.7
Care-related Support Staff	5 577	76.9
Management Personnel	1	0.1
Professionals / Administrator	85	3.3
Other Support Staff	4 955	73.7
Total	24 030	723.6

Note:

- (1) The number of staff receiving payment for SHS and/or overtime work in 2019-20 and 2020-21 are based on headcount statistics as at 31 March 2020 and 31 January 2021 respectively.
- (2) Payment for SHS and overtime work for 2020-21 represents full-year projection.
- (3) Estimate on the number of HA staff receiving payment for SHS and/or overtime work and the amount involved for 2021-22 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 2019-20 and 2020-21 (full year projection):

2019-20

Cluster	Specialty	No. of doctors	Total Remuneration (\$ million)
HKEC	Accident & Emergency	3	4.8
	Anaesthesia	0	0.4
	Ear, Nose, Throat	2	0.1
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	3.7
	Medicine	13	5.7
	Neurosurgery	1	0.4
	Obstetrics & Gynaecology	2	2.3
	Ophthalmology	2	1.2
	Orthopaedics & Traumatology	1	1.0
	Paediatrics	3	0.7
	Psychiatry	7	3.6
	Radiology	1	1.3
Surgery	1	1.0	
HKEC Total		43	26.2
HKWC	Accident & Emergency	3	0.9
	Anaesthesia	3	4.7
	Cardio-thoracic Surgery	1	0.4
	Clinical Oncology	4	1.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	9	5.9
	Intensive Care Unit	1	0.6
	Medicine	4	2.7
	Neurosurgery	1	1.5
	Obstetrics & Gynaecology	3	0.4
	Paediatrics	4	0.8
	Pathology	0	0.3
	Psychiatry	3	1.1
	Radiology	1	1.1
Surgery	2	1.3	
HKWC Total		39	23.0
KCC	Accident & Emergency	8	3.0
	Anaesthesia	4	2.5
	Cardio-thoracic Surgery	1	1.4
	Clinical Oncology	2	1.5
	Ear, Nose, Throat	2	1.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	16	7.0
	Medicine	25	9.6
	Neurosurgery	4	4.4
	Obstetrics & Gynaecology	16	9.6
	Ophthalmology	4	1.8

Cluster	Specialty	No. of doctors	Total Remuneration (\$ million)
	Orthopaedics & Traumatology	7	4.8
	Paediatrics	19	13.6
	Pathology	4	2.2
	Psychiatry	5	4.7
	Radiology	11	9.8
	Surgery	8	3.7
KCC Total		136	81.1
KEC	Accident & Emergency	4	2.9
	Anaesthesia	4	1.5
	Ear, Nose, Throat	3	0.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.8
	Medicine	25	9.0
	Obstetrics & Gynaecology	1	1.2
	Ophthalmology	2	0.5
	Orthopaedics & Traumatology	2	1.2
	Paediatrics	4	2.2
	Pathology	6	5.3
	Psychiatry	5	2.0
	Radiology	2	2.1
	Surgery	6	2.2
KEC Total		69	33.4
KWC	Accident & Emergency	16	9.3
	Anaesthesia	3	3.5
	Clinical Oncology	4	0.3
	Ear, Nose, Throat	2	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	3.5
	Medicine	28	9.8
	Obstetrics & Gynaecology	2	1.2
	Ophthalmology	5	0.9
	Orthopaedics & Traumatology	2	1.3
	Paediatrics	7	5.3
	Pathology	1	2.6
	Psychiatry	8	5.3
	Radiology	5	3.3
Surgery	8	7.0	
KWC Total		98	53.5
NTEC	Accident & Emergency	6	2.5
	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

Cluster	Specialty	No. of doctors	Total Remuneration (\$ million)
	Intensive Care Unit	1	1.1
	Medicine	14	7.6
	Neurosurgery	1	1.3
	Obstetrics & Gynaecology	5	2.8
	Ophthalmology	3	2.5
	Orthopaedics & Traumatology	4	4.3
	Paediatrics	6	3.3
	Psychiatry	5	2.6
	Radiology	1	2.1
	Surgery	2	3.1
NTEC Total		62	41.8
NTWC	Accident & Emergency	7	5.0
	Anaesthesia	5	2.8
	Ear, Nose, Throat	1	0.9
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	3.7
	Medicine	16	9.4
	Neurosurgery	1	0.1
	Obstetrics & Gynaecology	5	4.4
	Ophthalmology	3	2.9
	Orthopaedics & Traumatology	6	0.9
	Paediatrics	4	3.7
	Pathology	4	1.5
	Psychiatry	2	2.2
	Radiology	3	2.2
Surgery	9	7.7	
NTWC Total		72	47.4
Grand Total		519	306.4

2020-21 (Full-year projection)

Cluster	Specialty	No. of doctors	Total Remuneration (\$ million)
HKEC	Accident & Emergency	3	6.3
	Anaesthesia	0	0.2
	Ear, Nose, Throat	3	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	4.0
	Medicine	10	6.4
	Neurosurgery	0	0.1
	Obstetrics & Gynaecology	3	3.2
	Ophthalmology	2	1.0

Cluster	Specialty	No. of doctors	Total Remuneration (\$ million)
	Orthopaedics & Traumatology	2	0.9
	Paediatrics	2	0.7
	Psychiatry	7	4.0
	Radiology	1	1.3
	Surgery	1	1.0
HKEC Total		40	29.3
HKWC	Accident & Emergency	2	1.1
	Anaesthesia	2	4.0
	Cardio-thoracic Surgery	1	0.4
	Clinical Oncology	3	1.6
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	7	7.0
	Intensive Care Unit	0	0.3
	Medicine	6	5.9
	Neurosurgery	2	2.2
	Obstetrics & Gynaecology	2	0.3
	Paediatrics	2	1.2
	Pathology	0	0.0
	Psychiatry	3	1.2
	Radiology	1	1.1
	Surgery	2	1.2
HKWC Total		33	27.5
KCC	Accident & Emergency	11	5.7
	Anaesthesia	4	4.0
	Cardio-thoracic Surgery	1	1.6
	Clinical Oncology	2	1.5
	Ear, Nose, Throat	2	1.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	24	11.3
	Medicine	24	12.3
	Neurosurgery	3	2.7
	Obstetrics & Gynaecology	16	10.3
	Ophthalmology	4	1.6
	Orthopaedics & Traumatology	7	5.3
	Paediatrics	21	20.6
	Pathology	3	4.4
	Psychiatry	5	4.7
	Radiology	12	11.6
Surgery	11	4.8	
KCC Total		150	103.9
KEC	Accident & Emergency	7	3.9
	Anaesthesia	3	3.2
	Ear, Nose, Throat	3	0.4

Cluster	Specialty	No. of doctors	Total Remuneration (\$ million)
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	3	1.6
	Medicine	23	12.8
	Obstetrics & Gynaecology	1	1.2
	Ophthalmology	2	0.6
	Orthopaedics & Traumatology	2	1.2
	Paediatrics	4	3.0
	Pathology	6	6.7
	Psychiatry	7	3.4
	Radiology	1	2.1
	Surgery	3	1.3
KEC Total		65	41.4
KWC	Accident & Emergency	18	13.1
	Anaesthesia	4	5.6
	Clinical Oncology	5	0.7
	Ear, Nose, Throat	2	0.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	8	4.9
	Medicine	30	12.1
	Obstetrics & Gynaecology	2	1.2
	Ophthalmology	5	1.0
	Orthopaedics & Traumatology	4	1.9
	Paediatrics	9	7.2
	Pathology	4	6.0
	Psychiatry	9	7.1
	Radiology	5	4.3
Surgery	5	4.3	
KWC Total		110	69.8
NTEC	Accident & Emergency	7	3.7
	Anaesthesia	4	2.4
	Clinical Oncology	1	0.7
	Ear, Nose, Throat	0	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	10	6.7
	Intensive Care Unit	1	1.5
	Medicine	14	7.8
	Neurosurgery	1	1.3
	Obstetrics & Gynaecology	4	2.9
	Ophthalmology	4	1.6
	Orthopaedics & Traumatology	4	3.0
	Paediatrics	6	3.3
	Psychiatry	5	3.6
	Radiology	1	2.1
Surgery	2	1.2	

Cluster	Specialty	No. of doctors	Total Remuneration (\$ million)
NTEC Total		64	42.1
NTWC	Accident & Emergency	9	7.3
	Anaesthesia	6	2.4
	Ear, Nose, Throat	1	1.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	8	3.7
	Medicine	14	10.5
	Neurosurgery	1	0.1
	Obstetrics & Gynaecology	6	5.1
	Ophthalmology	4	2.6
	Orthopaedics & Traumatology	5	0.7
	Paediatrics	4	4.6
	Pathology	4	2.6
	Psychiatry	3	2.5
	Radiology	2	2.5
Surgery	10	8.8	
NTWC Total		77	54.6
Grand Total		539	368.6

Note:

- (1) The statistics on the number of doctors for 2019-20 and 2020-21 are based on headcounts as at 31 March 2020 and 31 December 2020 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 and disability benefit. The figures for 2020-21 represent full-year projection.
- (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 2021-22 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 2019-20 and 2020-21 (full year projection) and the total amount of remuneration involved.

2019-20

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	3	120,000
	Surgery	1	60,000
NTEC Total		6	300,000
Grand Total		15	736,000

2020-21 (Full-year projection)

Cluster	Specialty	No. of Honorary Doctor	Total Remuneration (\$)
HKWC	Medicine	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	55,000
	Pathology	2	108,000
	Surgery	1	60,000
HKWC Total		6	343,000
KCC	Ophthalmology	1	8,000
	Paediatrics	1	60,000
KCC Total		2	68,000
NTEC	Anaesthesia	1	60,000
	Clinical Oncology	2	60,000
	Pathology	3	140,000
	Surgery	1	60,000
NTEC Total		7	320,000
Grand Total		15	731,000

Note:

- (1) The number of honorary doctors receiving remuneration from HA in 2019-20 and 2020-21 are based on headcount statistics as at 31 March 2020 and 31 January 2021 respectively.
- (2) Total remuneration for 2020-21 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 2021-22 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

FHB(H)021

(Question Serial No. 2650)

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:

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 2020-21 and 2021-22; and
2. a breakdown of the HA's expenditures on healthcare professional training and the numbers of persons who received such training in each rank by speciality 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, 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 financial years from 2016-17 to 2020-21 (as at 31 December 2020) covering both local and overseas training is set out in the following table –

Recorded Training Days					
Staff Group	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 December 2020)
Doctors	48 053	60 526	64 042	58 266	21 533
Nurses	174 643	174 792	178 323	240 225	90 059
Allied Health staff	43 612	43 333	42 953	41 037	14 816
Total	266 308	278 651	285 318	339 528	126 408

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.
3. Due to COVID-19 pandemic, adjustment of both local and overseas training activities of HA staff was made in 2020-21 leading to a decrease in training days.
4. Owing to internal refinement of training data definition, some programmes are newly included in 2019-20.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)022

(Question Serial No. 2651)

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:

Please provide a detailed breakdown of the attrition numbers, attrition rates and lengths of service upon departure of medical officers by post (including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee) and by department upon the officers' departure in each hospital under the Hospital Authority in 2019-20 and 2020-21. 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 2019-20 and 2020-21 (rolling 12 months from 1 January to 31 December 2020).

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 2019-20 and 2020-21, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2020, there were 6 490 doctors working in clusters, representing an increase of 5.0% from 6 183 in 2019-20, and 9.0% from 5 952 in 2018-19. The total additional expenditure incurred in the recruitment and promotion of doctors above the savings from staff attrition was around \$423 million for 2019-20 and is projected at \$571 million for 2020-21. The increase in the additional expenditure for 2020-21 is due to lower attrition of doctors than that in the previous year.

Table 1: Attrition figures of full-time doctors by department and by rank in each hospital cluster in 2019-20 and 2020-21 (rolling 12 months from 1 January 2020 to 31 December 2020)

Cluster	Major Specialty	2019-20				2020-21 (rolling 12 months from 1 January 2020 to 31 December 2020)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	0	1	1	0	1	1	2
	Anaesthesia	0	0	0	0	1	0	1	2
	Family Medicine	0	1	2	3	0	0	4	4
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	2	4	7	0	2	1	3
	Neurosurgery	1	0	1	2	0	0	0	0
	Obstetrics & Gynaecology	0	1	1	2	0	0	2	2
	Ophthalmology	0	1	0	1	0	1	0	1
	Orthopaedics & Traumatology	0	1	1	2	0	0	0	0
	Paediatrics	0	0	2	2	0	0	0	0
	Pathology	0	0	0	0	0	0	0	0
	Psychiatry	1	0	0	1	0	0	0	0
	Radiology	0	3	0	3	1	1	1	3
	Surgery	0	0	0	0	0	1	0	1
	Others	0	0	2	2	2	0	1	3
Total	3	9	14	26	4	6	11	21	
HKWC	Accident & Emergency	0	1	1	2	0	1	0	1
	Anaesthesia	1	2	2	5	1	1	1	3
	Cardiothoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	0	3	3	0	0	1	1
	Intensive Care Unit	0	0	0	0	1	1	0	2
	Medicine	1	6	3	10	2	3	4	9
	Neurosurgery	0	0	0	0	1	1	0	2
	Obstetrics & Gynaecology	1	0	0	1	0	0	0	0
	Ophthalmology	1	0	0	1	1	0	2	3
	Orthopaedics & Traumatology	0	0	0	0	0	0	0	0
	Paediatrics	0	0	0	0	1	0	1	2
	Pathology	1	0	0	1	0	1	0	1
	Psychiatry	0	0	1	1	0	2	2	4
	Radiology	0	0	1	1	2	1	1	4
	Surgery	0	2	0	2	1	2	1	4
Others	0	1	0	1	0	0	0	0	
Total	5	12	11	28	10	13	13	36	
KCC	Accident & Emergency	1	4	1	6	0	3	0	3
	Anaesthesia	0	7	2	9	1	0	0	1
	Cardiothoracic Surgery	0	2	0	2	0	0	0	0
	Family Medicine	0	2	6	8	0	2	7	9
	Intensive Care Unit	1	0	1	2	0	0	0	0
	Medicine	2	7	7	16	3	4	2	9
	Neurosurgery	0	2	2	4	0	0	1	1
	Obstetrics & Gynaecology	2	2	1	5	2	2	0	4
	Ophthalmology	0	4	1	5	1	4	0	5
	Orthopaedics & Traumatology	1	1	0	2	0	0	0	0
	Paediatrics	4	2	3	9	5	2	1	8
	Pathology	3	1	0	4	1	1	1	3
	Psychiatry	0	1	1	2	1	0	0	1
	Radiology	1	1	0	2	0	1	0	1
	Surgery	1	4	0	5	1	3	0	4
Others	0	1	0	1	2	1	0	3	
Total	16	41	25	82	17	23	12	52	

Cluster	Major Specialty	2019-20				2020-21 (rolling 12 months from 1 January 2020 to 31 December 2020)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KEC	Accident & Emergency	1	0	1	2	1	1	4	6
	Anaesthesia	0	0	0	0	2	1	1	4
	Family Medicine	0	0	9	9	0	1	2	3
	Intensive Care Unit	0	1	0	1	0	1	0	1
	Medicine	2	3	3	8	1	0	2	3
	Obstetrics & Gynaecology	1	0	1	2	1	0	0	1
	Ophthalmology	0	2	0	2	0	0	0	0
	Orthopaedics & Traumatology	0	1	1	2	0	1	0	1
	Paediatrics	0	1	1	2	0	0	1	1
	Pathology	0	1	0	1	0	0	0	0
	Psychiatry	0	2	1	3	1	1	1	3
	Radiology	1	0	0	1	0	1	1	2
	Surgery	2	1	0	3	0	1	0	1
	Others	0	1	1	2	1	0	0	1
	Total	7	13	18	38	7	8	12	27
KWC	Accident & Emergency	2	1	6	9	0	0	4	4
	Anaesthesia	0	3	0	3	0	4	0	4
	Family Medicine	0	0	5	5	0	1	1	2
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	0	7	3	10	1	5	4	10
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	0	1	1
	Ophthalmology	1	0	0	1	1	0	1	2
	Orthopaedics & Traumatology	2	4	1	7	1	0	0	1
	Paediatrics	1	1	0	2	1	1	0	2
	Pathology	1	0	2	3	2	0	1	3
	Psychiatry	2	2	3	7	0	0	0	0
	Radiology	1	3	0	4	0	1	0	1
	Surgery	0	5	0	5	0	2	0	2
	Others	0	1	0	1	0	0	0	0
Total	10	28	20	58	6	14	12	32	
NTEC	Accident & Emergency	1	1	2	4	1	1	1	3
	Anaesthesia	1	1	0	2	0	1	2	3
	Cardiothoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	1	4	5	0	0	1	1
	Intensive Care Unit	0	1	3	4	0	0	3	3
	Medicine	2	2	3	7	2	1	3	6
	Neurosurgery	0	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	1	0	1	0	0	0	0
	Ophthalmology	0	3	0	3	0	0	1	1
	Orthopaedics & Traumatology	1	1	0	2	0	3	0	3
	Paediatrics	0	1	0	1	2	1	0	3
	Pathology	1	1	1	3	0	2	0	2
	Psychiatry	1	1	3	5	0	1	0	1
	Radiology	1	3	0	4	1	1	0	2
	Surgery	0	1	2	3	1	2	0	3
Others	4	1	1	6	1	0	2	3	
Total	12	19	19	50	8	14	13	35	
NTWC	Accident & Emergency	1	1	3	5	0	1	1	2
	Anaesthesia	2	1	0	3	2	1	1	4
	Cardiothoracic Surgery	0	0		0	0	0	0	0
	Family Medicine	0	0	3	3	0	0	4	4
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	1	0	5	6	2	0	2	4
	Neurosurgery	0	0	0	0	0	0	0	0

Cluster	Major Specialty	2019-20				2020-21 (rolling 12 months from 1 January 2020 to 31 December 2020)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Obstetrics & Gynaecology	0	1	0	1	2	1	0	3
	Ophthalmology	0	1	0	1	0	0	2	2
	Orthopaedics & Traumatology	2	0	0	2	1	0	0	1
	Paediatrics	0	0	0	0	0	0	1	1
	Pathology	3	4	0	7	1	2	1	4
	Psychiatry	0	0	0	0	0	2	0	2
	Radiology	2	3	2	7	1	1	1	3
	Surgery	1	0	1	2	0	0	1	1
	Others	0	0	1	1	1	0	0	1
	Total	12	11	15	38	10	8	14	32

Table 2: Attrition rates of full-time doctors by major department and by rank in 2019-20 and 2020-21 (rolling 12 months from 1 January 2020 to 31 December 2020)

Major Specialty	2019-20				2020-21 (rolling 12 months from 1 January 2020 to 31 December 2020)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	14.5%	4.2%	5.8%	5.9%	4.6%	4.1%	4.1%	4.2%
Anaesthesia	6.3%	8.2%	2.0%	5.1%	11.0%	4.7%	2.9%	4.8%
Cardiothoracic Surgery	0.0%	15.4%	0.0%	4.9%	0.0%	0.0%	0.0%	0.0%
Family Medicine	0.0%	2.5%	7.8%	6.1%	0.0%	2.5%	4.8%	4.0%
Intensive Care Unit	5.3%	3.6%	5.7%	4.9%	5.1%	3.6%	4.1%	4.0%
Medicine	5.3%	5.9%	3.9%	4.8%	6.3%	3.2%	2.5%	3.2%
Neurosurgery	5.9%	7.9%	5.7%	6.3%	5.7%	8.3%	1.9%	4.2%
Obstetrics & Gynaecology	9.3%	9.8%	2.7%	6.0%	11.7%	4.6%	2.7%	5.0%
Ophthalmology	10.0%	19.6%	1.2%	8.7%	14.8%	8.8%	6.7%	8.4%
Orthopaedics & Traumatology	10.3%	7.9%	1.5%	4.8%	3.4%	3.8%	0.0%	1.6%
Paediatrics	7.5%	3.8%	3.1%	4.1%	13.6%	3.0%	1.9%	4.2%
Pathology	12.4%	10.9%	3.0%	8.0%	5.4%	9.4%	2.9%	5.4%
Psychiatry	10.1%	4.8%	4.8%	5.4%	4.7%	4.8%	1.5%	3.0%
Radiology	8.0%	15.4%	2.1%	7.4%	6.4%	8.3%	2.7%	5.1%
Surgery	4.5%	8.0%	1.0%	3.6%	3.1%	6.7%	0.6%	2.8%
Others	9.3%	5.8%	4.4%	5.8%	13.0%	1.1%	3.5%	4.5%
Overall	7.7%	6.8%	3.9%	5.4%	7.0%	4.3%	2.7%	3.9%

Table 3: Years of service in HA of departed full-time doctors by department in each hospital cluster in 2019-20 and 2020-21 (rolling 12 months from 1 January 2020 to 31 December 2020)

2019-20

Cluster	Major Specialty	2019-20						Total
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	
HKEC	Accident & Emergency	0	1	0	0	0	0	1
	Family Medicine	0	1	0	0	2	0	3
	Medicine	1	2	0	1	1	2	7
	Neurosurgery	0	1	0	0	0	1	2
	Obstetrics & Gynaecology	0	1	1	0	0	0	2
	Ophthalmology	0	0	0	0	0	1	1
	Orthopaedics & Traumatology	0	1	0	1	0	0	2
	Paediatrics	0	0	2	0	0	0	2
	Psychiatry	0	0	0	0	0	1	1
	Radiology	0	0	2	1	0	0	3
	Others	0	1	1	0	0	0	2

Cluster	Major Speciality	2019-20						Total
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	
	Total	1	8	6	3	3	5	26
HKWC	Accident & Emergency	0	1	0	1	0	0	2
	Anaesthesia	1	2	0	1	1	0	5
	Family Medicine	0	2	1	0	0	0	3
	Medicine	0	1	2	3	3	1	10
	Obstetrics & Gynaecology	0	0	0	0	0	1	1
	Ophthalmology	0	0	0	0	0	1	1
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	1	0	0	0	0	1
	Radiology	0	1	0	0	0	0	1
	Surgery	0	0	0	2	0	0	2
	Others	0	0	0	1	0	0	1
		Total	1	8	3	8	4	4
KCC	Accident & Emergency	0	1	0	4	0	1	6
	Anaesthesia	0	1	0	4	3	1	9
	Cardiothoracic Surgery	0	0	0	0	0	2	2
	Family Medicine	0	3	1	0	3	1	8
	Intensive Care Unit	1	0	1	0	0	0	2
	Medicine	0	1	2	7	0	6	16
	Neurosurgery	0	2	0	0	0	2	4
	Obstetrics & Gynaecology	0	2	0	2	0	1	5
	Ophthalmology	0	1	2	1	1	0	5
	Orthopaedics & Traumatology	0	0	0	1	0	1	2
	Paediatrics	2	3	0	1	0	3	9
	Pathology	0	0	0	0	1	3	4
	Psychiatry	0	1	0	0	1	0	2
	Radiology	0	0	0	1	1	0	2
	Surgery	0	0	0	3	0	2	5
	Others	0	0	0	1	0	0	1
	Total	3	15	6	25	10	23	82
KEC	Accident & Emergency	1	0	0	0	0	1	2
	Family Medicine	0	1	7	1	0	0	9
	Intensive Care Unit	0	0	0	0	0	1	1
	Medicine	0	3	1	1	1	2	8
	Obstetrics & Gynaecology	0	0	1	0	0	1	2
	Ophthalmology	0	0	1	0	0	1	2
	Orthopaedics & Traumatology	0	0	0	0	2	0	2
	Paediatrics	0	1	0	0	1	0	2
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	1	0	1	0	1	3
	Radiology	0	0	0	1	0	0	1
	Surgery	0	1	0	1	0	1	3
	Others	0	0	0	1	0	1	2
	Total	1	7	10	6	4	10	38
KWC	Accident & Emergency	1	3	1	1	0	3	9
	Anaesthesia	0	0	1	2	0	0	3
	Family Medicine	1	2	0	0	2	0	5
	Medicine	0	1	2	3	1	3	10
	Obstetrics & Gynaecology	0	0	0	0	1	0	1
	Ophthalmology	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	1	2	0	2	0	2	7
	Paediatrics	0	0	0	1	0	1	2
	Pathology	0	1	0	0	0	2	3
	Psychiatry	0	1	1	0	2	3	7
	Radiology	0	0	0	2	0	2	4
	Surgery	0	0	0	3	1	1	5
	Others	0	0	1	0	0	0	1
		Total	3	10	6	14	8	17
NTEC	Accident & Emergency	0	2	0	1	0	1	4
	Anaesthesia	0	0	0	0	1	1	2

Cluster	Major Speciality	2019-20						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Family Medicine	0	3	1	0	1	0	5
	Intensive Care Unit	0	2	1	1	0	0	4
	Medicine	1	3	0	1	1	1	7
	Obstetrics & Gynaecology	0	0	0	1	0	0	1
	Ophthalmology	0	0	0	2	1	0	3
	Orthopaedics & Traumatology	0	0	0	1	0	1	2
	Paediatrics	0	0	0	0	1	0	1
	Pathology	0	2	0	1	0	0	3
	Psychiatry	0	0	3	0	0	2	5
	Radiology	0	0	2	0	1	1	4
	Surgery	0	1	0	2	0	0	3
	Others	1	0	1	0	2	2	6
	Total	2	13	8	10	8	9	50
NTWC	Accident & Emergency	0	2	0	2	0	1	5
	Anaesthesia	0	0	0	1	1	1	3
	Family Medicine	0	1	1	0	1	0	3
	Medicine	0	5	0	0	0	1	6
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	2	2
	Pathology	0	2	1	2	1	1	7
	Radiology	0	1	3	2	0	1	7
	Surgery	0	1	0	0	0	1	2
	Others	0	1	0	0	0	0	1
	Total	0	13	6	8	3	8	38

2020-21 (Rolling 12 months from 1 January 2020 to 31 December 2020)

Cluster	Major Speciality	2020-21 (Rolling 12 months from 1 January 2020 to 31 December 2020)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	1	0	1	0	0	2
	Anaesthesia	0	0	0	0	0	2	2
	Family Medicine	0	1	1	0	2	0	4
	Medicine	1	0	0	0	1	1	3
	Obstetrics & Gynaecology	0	1	1	0	0	0	2
	Ophthalmology	0	0	0	1	0	0	1
	Radiology	0	1	2	0	0	0	3
	Surgery	0	0	0	0	1	0	1
	Others	0	1	0	0	1	1	3
	Total	1	5	4	2	5	4	21
HKWC	Accident & Emergency	0	0	0	1	0	0	1
	Anaesthesia	0	1	0	0	1	1	3
	Family Medicine	0	1	0	0	0	0	1
	Intensive Care Unit	0	0	0	0	1	1	2
	Medicine	0	2	2	1	2	2	9
	Neurosurgery	0	0	0	1	0	1	2
	Ophthalmology	0	1	1	0	0	1	3
	Paediatrics	0	0	1	0	0	1	2
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	1	1	2	0	0	4
	Radiology	0	0	2	1	0	1	4
	Surgery	0	1	0	2	1	0	4
	Total	0	7	7	8	5	9	36
KCC	Accident & Emergency	0	0	0	2	0	1	3
	Anaesthesia	0	0	0	0	0	1	1
	Family Medicine	0	3	1	2	1	2	9
	Medicine	0	2	0	1	0	6	9
	Neurosurgery	0	1	0	0	0	0	1
	Obstetrics & Gynaecology	0	1	1	1	0	1	4

Cluster	Major Specialty	2020-21 (Rolling 12 months from 1 January 2020 to 31 December 2020)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Ophthalmology	0	0	3	1	0	1	5
	Paediatrics	1	2	0	1	0	4	8
	Pathology	0	1	0	1	0	1	3
	Psychiatry	0	0	0	0	0	1	1
	Radiology	0	0	0	1	0	0	1
	Surgery	0	0	0	3	0	1	4
	Others	0	0	0	0	0	3	3
	Total	1	10	5	13	1	22	52
KEC	Accident & Emergency	1	3	0	0	0	2	6
	Anaesthesia	0	1	0	1	0	2	4
	Family Medicine	0	0	2	0	1	0	3
	Intensive Care Unit	0	0	0	0	0	1	1
	Medicine	0	2	0	0	0	1	3
	Obstetrics & Gynaecology	0	0	0	0	0	1	1
	Orthopaedics & Traumatology	0	0	0	0	0	1	1
	Paediatrics	0	1	0	0	0	0	1
	Psychiatry	0	0	0	0	0	3	3
	Radiology	0	0	2	0	0	0	2
	Surgery	0	0	0	1	0	0	1
	Others	0	0	0	0	0	1	1
	Total	1	7	4	2	1	12	27
KWC	Accident & Emergency	1	2	0	0	0	1	4
	Anaesthesia	0	0	1	2	1	0	4
	Family Medicine	0	1	0	0	1	0	2
	Medicine	0	4	0	1	0	5	10
	Obstetrics & Gynaecology	0	1	0	0	0	0	1
	Ophthalmology	0	1	0	0	1	0	2
	Orthopaedics & Traumatology	0	0	0	0	0	1	1
	Paediatrics	0	0	0	0	0	2	2
	Pathology	0	0	0	0	0	3	3
	Radiology	0	0	0	0	0	1	1
	Surgery	0	0	0	2	0	0	2
		Total	1	9	1	5	3	13
NTEC	Accident & Emergency	1	1	0	0	0	1	3
	Anaesthesia	1	1	0	0	0	1	3
	Family Medicine	0	0	0	0	1	0	1
	Intensive Care Unit	0	1	1	1	0	0	3
	Medicine	0	2	1	0	0	3	6
	Neurosurgery	0	0	1	0	0	0	1
	Ophthalmology	0	1	0	0	0	0	1
	Orthopaedics & Traumatology	0	0	0	1	1	1	3
	Paediatrics	0	0	0	0	1	2	3
	Pathology	0	0	0	1	0	1	2
	Psychiatry	0	0	0	1	0	0	1
	Radiology	0	0	1	0	0	1	2
	Surgery	0	0	0	2	0	1	3
	Others	0	1	1	0	1	0	3
		Total	2	7	5	6	4	11
NTWC	Accident & Emergency	0	1	0	0	0	1	2
	Anaesthesia	0	0	1	1	0	2	4
	Family Medicine	0	1	2	0	1	0	4
	Medicine	0	2	0	0	0	2	4
	Obstetrics & Gynaecology	0	1	0	1	0	1	3
	Ophthalmology	0	0	2	0	0	0	2
	Orthopaedics & Traumatology	0	0	0	0	0	1	1
	Paediatrics	0	1	0	0	0	0	1
	Pathology	0	2	0	1	1	0	4
	Psychiatry	0	0	0	0	1	1	2
	Radiology	0	1	0	1	0	1	3
	Surgery	0	1	0	0	0	0	1

Cluster	Major Specialty	2020-21 (Rolling 12 months from 1 January 2020 to 31 December 2020)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Others	0	0	0	0	0	1	1
	Total	0	10	5	4	3	10	32

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 -

CONTROLLING OFFICER'S REPLY

FHB(H)023

(Question Serial No. 2652)

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:

Please tabulate in the format below the cross-district attendance rate of the Hospital Authority in 2019-20, 2020-21 and 2021-22 (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 2019-20 and 2020-21 (up to 31 December 2020), are set out in the following tables. Corresponding figures for 2021-22 are not yet available.

(a)

Number of attendances of SOP service provided by HA in 2019-20 and 2020-21 (up to 31 December 2020)

2019-20

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	673 175	130 313	18 695	6 058	6 921	7 537	2 314	845 013
Central & Western, Southern	HKWC	42 508	520 610	11 339	2 472	4 372	4 785	1 741	587 827
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	20 114	45 466	897 776	49 077	132 658	32 347	8 118	1 185 556
Kwun Tong, Sai Kung	KEC	41 493	51 564	220 309	753 425	30 736	34 391	6 135	1 138 053
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	19 235	64 011	193 657	13 142	1 096 228	37 022	19 569	1 442 864
Sha Tin, Tai Po, North	NTEC	12 996	31 264	77 087	14 074	28 870	1 070 461	13 499	1 248 251
Tuen Mun, Yuen Long	NTWC	9 294	32 429	44 821	5 319	35 880	37 513	1 016 156	1 181 412
Others (e.g. Macau, Mainland China, etc.)		224	4 395	2 165	178	750	3 925	1 107	12 744
Overall		819 039	880 052	1 465 849	843 745	1 336 415	1 227 981	1 068 639	7 641 720

2020-21 (up to 31 December 2020) [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	489 301	94 797	13 989	4 139	4 854	5 120	1 593	613 793
Central & Western, Southern	HKWC	31 731	377 832	8 911	1 785	3 122	3 167	1 239	427 787
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	15 199	33 087	633 268	34 875	97 132	22 821	6 189	842 571
Kwun Tong, Sai Kung	KEC	31 306	38 753	161 052	540 774	22 367	24 357	4 468	823 077
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	14 837	48 117	138 531	9 959	794 785	26 784	14 845	1 047 858
Sha Tin, Tai Po, North	NTEC	9 677	22 836	54 799	9 851	20 525	793 355	10 327	921 370
Tuen Mun, Yuen Long	NTWC	7 277	24 443	33 029	3 753	25 714	26 541	745 207	865 964
Others (e.g. Macau, Mainland China, etc.)		149	349	1 019	87	476	1 127	470	3 677
Overall		599 477	640 214	1 044 598	605 223	968 975	903 272	784 338	5 546 097

(b)

Number of attendances of GOP service provided by HA in 2019-20 and 2020-21 (up to 31 December 2020)

2019-20

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	465 977	16 697	6 519	4 043	3 153	2 351	1 587	500 327
Central & Western, Southern	HKWC	33 485	316 413	4 542	1 903	2 234	1 635	1 417	361 629
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	11 695	7 225	864 616	52 427	22 954	9 982	4 956	973 855
Kwun Tong, Sai Kung	KEC	22 715	9 334	81 274	836 771	15 251	10 154	4 100	979 599
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	11 572	9 304	83 604	8 783	932 492	11 622	11 382	1 068 759
Sha Tin, Tai Po, North	NTEC	8 349	4 663	43 077	13 462	17 147	935 874	8 882	1 031 454
Tuen Mun, Yuen Long	NTWC	5 664	4 141	15 760	3 431	18 013	14 563	835 217	896 789
Others (e.g. Macau, Mainland China, etc.)		213	102	621	174	207	1 407	544	3 268
Overall		559 670	367 879	1 100 013	920 994	1 011 451	987 588	868 085	5 815 680

2020-21 (up to 31 December 2020) [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	329 396	11 588	4 504	2 660	2 150	1 341	1 120	352 759
Central & Western, Southern	HKWC	23 124	226 012	3 191	1 233	1 562	923	1 018	257 063
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	7 783	5 336	614 612	34 451	16 396	6 601	3 916	689 095
Kwun Tong, Sai Kung	KEC	16 575	6 769	60 540	564 252	11 454	7 160	2 968	669 718
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	8 265	6 679	60 765	6 186	684 072	7 888	8 524	782 379
Sha Tin, Tai Po, North	NTEC	5 296	3 252	29 720	8 501	11 876	685 779	6 572	750 996
Tuen Mun, Yuen Long	NTWC	3 617	2 949	10 695	2 332	12 791	10 221	607 420	650 025
Others (e.g. Macau, Mainland China, etc.)		138	63	395	97	162	474	303	1 632
Overall		394 194	262 648	784 422	619 712	740 463	720 387	631 841	4 153 667

(c)

Number of attendances of A&E service provided by HA in 2019-20 and 2020-21 (up to 31 December 2020)

2019-20

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	154 411	9 551	2 926	1 984	2 594	1 692	1 090	174 248
Central & Western, Southern	HKWC	16 523	91 297	1 959	895	1 644	1 046	942	114 306
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	5 607	3 633	209 917	19 310	18 146	6 994	3 575	267 182
Kwun Tong, Sai Kung	KEC	8 058	3 610	22 173	234 626	9 209	6 278	2 845	286 799
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	4 560	4 327	28 225	3 469	396 760	7 310	6 477	451 128
Sha Tin, Tai Po, North	NTEC	3 174	2 093	10 054	3 505	9 697	299 714	5 599	333 836
Tuen Mun, Yuen Long	NTWC	2 532	2 086	6 382	1 788	12 254	9 074	371 297	405 413
Others (e.g. Macau, Mainland China, etc.)		1 456	1 616	3 568	909	3 274	2 251	2 053	15 127
Overall		196 321	118 213	285 204	266 486	453 578	334 359	393 878	2 048 039

2020-21 (up to 31 December 2020) [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	91 478	5 758	1 749	1 266	1 456	866	715	103 288
Central & Western, Southern	HKWC	9 721	57 328	1 278	591	1 116	596	545	71 175
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	3 304	2 334	135 052	11 919	10 305	3 966	2 400	169 280
Kwun Tong, Sai Kung	KEC	5 004	2 446	14 178	145 622	5 398	3 589	1 842	178 079
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	2 983	2 761	17 720	2 328	235 310	4 146	4 274	269 522
Sha Tin, Tai Po, North	NTEC	1 953	1 259	6 286	2 202	5 774	184 696	3 737	205 907
Tuen Mun, Yuen Long	NTWC	1 522	1 362	3 978	1 152	7 657	5 224	218 781	239 676
Others (e.g. Macau, Mainland China, etc.)		813	812	1 591	537	1 217	791	1 248	7 009
Overall		116 778	74 060	181 832	165 617	268 233	203 874	233 542	1 243 936

(d)

(i) Number of inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2019-20 and 2020-21 (up to 31 December 2020)

2019-20

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	93 113	12 167	1 535	645	769	770	349	109 348
Central & Western, Southern	HKWC	6 589	74 847	942	305	529	497	298	84 007
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 855	4 463	156 296	8 400	5 721	3 225	1 180	181 140
Kwun Tong, Sai Kung	KEC	3 621	4 787	20 962	118 791	2 759	3 298	912	155 130
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 701	6 150	22 189	1 230	183 007	3 800	2 014	220 091
Sha Tin, Tai Po, North	NTEC	1 125	2 802	6 257	1 469	2 953	159 891	1 663	176 160
Tuen Mun, Yuen Long	NTWC	845	3 312	4 611	635	3 758	4 300	139 304	156 765
Others (e.g. Macau, Mainland China, etc.)		404	1 252	1 425	286	1 032	1 015	690	6 104
Overall		109 253	109 780	214 217	131 761	200 528	176 796	146 410	1 088 745

2020-21 (up to 31 December 2020) [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	59 025	7 818	960	450	654	402	298	69 607
Central & Western, Southern	HKWC	4 259	50 019	691	203	485	239	210	56 106
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 430	2 989	100 497	5 437	3 987	2 015	1 031	117 386
Kwun Tong, Sai Kung	KEC	2 376	3 251	14 270	75 141	2 059	1 980	709	99 786
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 201	4 380	13 763	909	116 636	2 166	1 596	140 651
Sha Tin, Tai Po, North	NTEC	808	1 775	3 887	920	2 122	104 174	1 298	114 984
Tuen Mun, Yuen Long	NTWC	595	2 462	2 999	404	2 739	2 599	89 856	101 654
Others (e.g. Macau, Mainland China, etc.)		316	364	728	220	742	332	577	3 279
Overall		70 010	73 058	137 795	83 684	129 424	113 907	95 575	703 453

(ii) Number of day inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2019-20 and 2020-21 (up to 31 December 2020)

2019-20

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	59 269	14 028	1 306	362	302	590	151	76 008
Central & Western, Southern	HKWC	3 152	55 419	1 042	103	156	338	84	60 294
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 584	6 480	84 893	4 027	3 588	2 941	640	104 153
Kwun Tong, Sai Kung	KEC	3 526	7 735	22 120	61 585	2 248	3 822	488	101 524
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 393	8 399	16 439	806	82 303	3 167	1 252	113 759
Sha Tin, Tai Po, North	NTEC	868	4 605	5 759	651	1 399	109 302	1 171	123 755
Tuen Mun, Yuen Long	NTWC	592	5 460	4 091	310	2 741	3 844	85 594	102 632
Others (e.g. Macau, Mainland China, etc.)		20	607	188	9	44	268	62	1 198
Overall		70 404	102 733	135 838	67 853	92 781	124 272	89 442	683 323

2020-21 (up to 31 December 2020) [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	41 410	10 605	1 095	254	264	419	103	54 150
Central & Western, Southern	HKWC	2 489	40 683	884	72	103	247	54	44 532
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 162	4 513	59 044	3 313	2 807	2 277	435	73 551
Kwun Tong, Sai Kung	KEC	2 519	5 928	15 554	44 689	1 458	2 601	283	73 032
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 041	6 114	11 736	827	61 548	2 659	934	84 859
Sha Tin, Tai Po, North	NTEC	548	3 187	4 099	462	1 119	84 961	824	95 200
Tuen Mun, Yuen Long	NTWC	502	4 317	3 238	237	1 869	2 910	63 254	76 327
Others (e.g. Macau, Mainland China, etc.)		9	9	70	6	19	75	6	194
Overall		49 680	75 356	95 720	49 860	69 187	96 149	65 893	501 845

(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 2019-20 and 2020-21 (up to 31 December 2020)

2019-20

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	585 866	87 875	11 575	3 564	4 465	5 681	1 985	701 011
Central & Western, Southern	HKWC	42 483	458 996	7 204	1 293	3 416	3 054	1 819	518 265
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	10 988	39 277	1 163 506	52 253	29 904	24 877	9 309	1 330 114
Kwun Tong, Sai Kung	KEC	19 540	39 546	202 574	766 161	14 429	25 223	6 496	1 073 969
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	8 605	49 653	144 960	6 116	1 051 167	27 808	13 960	1 302 269
Sha Tin, Tai Po, North	NTEC	5 029	25 793	39 370	7 762	16 069	1 119 685	10 079	1 223 787
Tuen Mun, Yuen Long	NTWC	4 072	27 106	31 301	2 883	19 830	32 355	934 782	1 052 329
Others (e.g. Macau, Mainland China, etc.)		3 470	11 781	11 971	1 947	6 266	8 642	7 919	51 996
Overall		680 053	740 027	1 612 461	841 979	1 145 546	1 247 325	986 349	7 253 740

2020-21 (up to 31 December 2020) [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	389 132	54 846	8 218	2 768	4 652	3 172	2 585	465 373
Central & Western, Southern	HKWC	29 408	309 128	4 846	1 125	3 304	1 719	2 108	351 638
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	9 132	26 888	775 127	37 682	25 431	14 928	8 894	898 082
Kwun Tong, Sai Kung	KEC	13 864	27 341	144 265	523 895	12 672	15 805	5 802	743 644
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	7 051	33 553	98 294	5 254	714 698	17 516	11 809	888 175
Sha Tin, Tai Po, North	NTEC	5 043	17 743	29 826	5 680	12 802	775 561	9 002	855 657
Tuen Mun, Yuen Long	NTWC	3 531	22 249	20 946	2 160	15 555	19 921	641 707	726 069
Others (e.g. Macau, Mainland China, etc.)		2 609	4 694	6 822	1 613	6 714	3 175	8 097	33 724
Overall		459 770	496 442	1 088 344	580 177	795 828	851 797	690 004	4 962 362

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 1 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.

In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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

FHB(H)024

(Question Serial No. 2653)

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:

- (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 2016-17 to 2020-21.
- (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 2016-17 to 2020-21.
- (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 2016-17 to 2020-21.

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, 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 2016-17 to 2020-21 (as at 31 December 2020).

Financial Years	Psychiatric Doctors ^{1,2}	Psychiatric Nurses ^{1,3} (including Community Psychiatric Nurses)	Allied Health Professionals		
			Clinical Psychologists ¹	Medical Social Workers ⁴	Occupational Therapists ¹
2016-17	349	2 493	90	243	257
2017-18	347	2 588	86	243	263
2018-19	351	2 670	90	246	263
2019-20	370	2 814	93	249	278
2020-21 (as at 31 December 2020)	390	2 905	105	258	301

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 table below sets out the total number of attendances of psychiatric specialist outpatient clinics (SOPCs) in HA from 2016-17 to 2020-21 (up to 31 December 2020).

	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 December 2020) [provisional figures]
Total number of attendances of psychiatric SOPCs	859 338	873 141	897 777	901 284	675 096

The table below sets out the expenditure for providing mental health services by HA from 2016-17 to 2020-21.

	Expenditure on Mental Health Services (\$ million)				
	2016-17	2017-18	2018-19	2019-20	2020-21 (Revised Estimate)
In-patient	2,501	2,577	2,712	2,923	3,052
Out-patient	1,174	1,249	1,356	1,483	1,535
Community Outreach	611	621	671	697	725
Day Hospital	293	309	312	305	322
Total	4,579	4,756	5,051	5,408	5,634

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 2016-17 to 2020-21 (up to 31 December 2020).

Financial Years	Number of Hospital Admissions to Psychiatry Specialty via A&E Department
2016-17	7 539
2017-18	7 561
2018-19	7 777
2019-20	7 176
2020-21 (up to 31 December 2020) [provisional figures]	4 875

Remark:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)025****(Question Serial No. 2654)**

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:

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 numbers 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 2020-21 (up to 31 December 2020).

Number of patient days in 2020-21 (up to 31 December 2020) [Provisional figures]	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary	112 933	29 550	57 542	22 682	31 326	65 401	21 055	340 489
Mentally Ill	72 280	16 093	90 596	13 435	174 250	116 758	193 184	676 596
Mentally Handicapped *	—	—	—	—	15 781	—	119 800	135 581

* 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 1 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, transfers etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested data on patient headcount are not 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 2020-21.

Type of Beds	Estimated Service Costs (\$ million)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Infirmary	343	74	132	60	96	153	48	906
Mentally Ill	388	144	408	102	685	501	824	3,052
Mentally Handicapped *	–	–	–	–	66	–	309	375

* 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 conditions 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 2020. 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.

2020-21 (As at 31 December 2020)

Staff Group	Cluster	Psychiatry	Medicine
Doctors	HKEC	40	171
	HKWC	28	158
	KCC	40	290
	KEC	45	182
	KWC	82	227
	NTEC	71	235
	NTWC	83	181
Doctors Total		390	1 445
Nursing	HKEC	283	997
	HKWC	148	774
	KCC	269	1 483
	KEC	207	1 216
	KWC	762	1 152
	NTEC	480	1 529
	NTWC	756	1 011
Nursing Total		2 905	8 162

Note:

1. The manpower figures above are calculated on a FTE basis including permanent, contract and temporary staff in HA. 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.

(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 2020-21 (up to 31 December 2020).

2020-21 (up to 31 December 2020) [Provisional figures]

Inpatient Length of Stay (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
25 th percentile	8	11	13	14	14	6	13	11
50 th percentile	18	25	22	25	24	20	28	23
75 th percentile	44	45	41	42	48	42	59	46
90 th percentile	102	86	80	72	106	86	161	98

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.

Infirmatory 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 2020-21 (up to 31 December 2020).

2020-21 (up to 31 December 2020) [Provisional figures]

Number of Attendances	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
GOP	394 194	262 648	784 422	619 712	740 463	720 387	631 841	4 153 667
SOP	599 477	640 214	1 044 598	605 223	968 975	903 272	784 338	5 546 097

Note:

In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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

FHB(H)026

(Question Serial No. 2655)

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 policy area of healthcare is mentioned in paragraph 172 of the Budget Speech. Will the Government please inform this Committee of the following:

(1) The recurrent expenditure of \$95.943 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.: 19)

Reply:

(1)

The recurrent expenditure of \$95.943 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 2021-22:

Head of Expenditure	2021-22 Estimate (\$million)
Head 140 – Food and Health Bureau (Health Branch)	81,985.5
Head 37 – Department of Health	13,873.4
Head 48 – Government Laboratory	68.5
Head 155 – Government Secretariat : Innovation and Technology Commission	4.5
Total :	(Note) 95,931.9

(Note) The total recurrent expenditure for Policy Area Group (PAG): Health amounts to \$95,943 million per Appendix B of the Budget Speech. It has included \$11 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

FHB(H)027

(Question Serial No. 2656)

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:

Regarding the manpower of doctors in 2020-21, 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.: 21)

Reply:

(a) and (b)

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving 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 2021-22, HA plans to recruit about 480 doctors.

As at 31 December 2020, there were 588 part-time doctors working in HA, providing support equivalent to about 215 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 2020-21 (as at 31 December 2020).

Cluster	Specialty	2020-21 (as at 31 December 2020)			
		Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	8	29	27	64
	Anaesthesia	6	14	16	36
	Family Medicine	2	13	41	57
	Intensive Care Unit	2	5	11	18
	Medicine	21	60	90	171
	Neurosurgery	2	2	8	12
	Obstetrics & Gynaecology	6	6	10	22
	Ophthalmology	4	5	11	20
	Orthopaedics & Traumatology	6	13	17	36
	Paediatrics	6	7	18	31
	Pathology	8	6	8	22
	Psychiatry	7	13	20	40
	Radiology	10	10	25	45
	Surgery	8	16	31	55
	Others	5	9	17	31
	Total	100	208	351	659
	HKWC	Accident & Emergency	3	12	17
Anaesthesia		16	25	32	73
Cardiothoracic Surgery		4	2	4	10
Family Medicine		3	19	22	44
Intensive Care Unit		2	4	7	13
Medicine		25	54	79	158
Neurosurgery		4	3	7	13
Obstetrics & Gynaecology		7	9	14	30
Ophthalmology		2	4	7	13
Orthopaedics & Traumatology		5	9	21	35
Paediatrics		7	10	23	40
Pathology		10	7	17	34
Psychiatry		3	10	15	28
Radiology		9	10	19	38
Surgery		13	19	48	80
Others		6	8	17	31
Total		119	204	349	672
KCC	Accident & Emergency	7	28	42	77
	Anaesthesia	16	39	53	108
	Cardiothoracic Surgery	5	9	7	21
	Family Medicine	5	26	86	117
	Intensive Care Unit	5	10	9	24
	Medicine	35	116	140	290
	Neurosurgery	8	9	19	35
	Obstetrics & Gynaecology	11	16	29	56
	Ophthalmology	6	12	19	37
	Orthopaedics & Traumatology	14	22	30	66
	Paediatrics	31	59	71	161
	Pathology	23	18	20	61
	Psychiatry	6	9	26	40
	Radiology	22	25	38	86
	Surgery	23	37	73	133
	Others	13	17	22	52
	Total	227	452	683	1 362

Cluster	Specialty	2020-21 (as at 31 December 2020)			
		Consultant	SMO/AC	MO/R	Total
KEC	Accident & Emergency	7	26	40	73
	Anaesthesia	7	21	26	53
	Family Medicine	2	33	64	98
	Intensive Care Unit	2	5	6	13
	Medicine	29	60	94	182
	Obstetrics & Gynaecology	7	9	12	28
	Ophthalmology	2	10	11	23
	Orthopaedics & Traumatology	8	14	31	53
	Paediatrics	8	17	23	47
	Pathology	10	7	11	28
	Psychiatry	5	18	22	45
	Radiology	12	9	12	33
	Surgery	10	24	35	69
	Others	3	12	12	27
	Total	112	265	397	774
KWC	Accident & Emergency	10	44	74	127
	Anaesthesia	7	34	26	66
	Family Medicine	4	33	87	124
	Intensive Care Unit	3	12	18	33
	Medicine	30	81	116	227
	Neurosurgery	2	3	9	14
	Obstetrics & Gynaecology	5	9	13	27
	Ophthalmology	3	11	12	26
	Orthopaedics & Traumatology	12	20	42	73
	Paediatrics	9	20	24	54
	Pathology	16	12	19	47
	Psychiatry	10	32	40	82
	Radiology	13	11	16	40
	Surgery	17	30	54	101
	Others	10	15	23	48
Total	151	367	572	1 090	
NTEC	Accident & Emergency	8	31	37	76
	Anaesthesia	9	34	28	71
	Cardiothoracic Surgery	2	3	9	14
	Family Medicine	4	28	71	103
	Intensive Care Unit	5	11	19	35
	Medicine	33	69	132	235
	Neurosurgery	3	3	6	12
	Obstetrics & Gynaecology	6	11	18	36
	Ophthalmology	3	7	19	29
	Orthopaedics & Traumatology	12	17	41	70
	Paediatrics	9	19	32	60
	Pathology	8	12	17	37
	Psychiatry	8	26	37	71
	Radiology	14	12	23	49
	Surgery	20	24	49	93
Others	9	18	30	57	
Total	151	326	569	1 046	

Cluster	Specialty	2020-21 (as at 31 December 2020)			
		Consultant	SMO/AC	MO/R	Total
NTWC	Accident & Emergency	8	30	54	92
	Anaesthesia	8	12	31	51
	Cardiothoracic Surgery	1	1	0	2
	Family Medicine	3	25	65	94
	Intensive Care Unit	2	10	9	21
	Medicine	29	56	96	181
	Neurosurgery	3	4	8	15
	Obstetrics & Gynaecology	8	9	16	33
	Ophthalmology	5	7	14	26
	Orthopaedics & Traumatology	7	14	33	55
	Paediatrics	8	11	24	44
	Pathology	8	7	9	24
	Psychiatry	11	27	46	83
	Radiology	12	6	24	42
	Surgery	18	17	49	84
	Others	8	12	20	40
	Total	141	248	498	887

(c)

As at 2020-21, the cumulative number of doctor shortfall is around 260. At the same time, HA is also facing the challenge of attrition of doctors. On top of retirement, drainage to the private market is another major reason of doctor attrition. In 2020-21, the attrition rate is 3.9% (rolling 12 months from 1 January to 31 December 2020), equivalent to 237 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 and 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

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)028

(Question Serial No. 2657)

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:

(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 2019-20, 2020-21 and 2021-22 (estimates);

(b) the names of drugs to be incorporated into the Formulary in 2021-22, numbers of patients using and expected to use these drugs in 2019-20, 2020-21 and 2021-22, 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 2021-22, numbers of patients using and expected to use these drugs in 2019-20, 2020-21 and 2021-22, and the estimated expenditure involved in extending the use of these drugs.

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

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 2021-22.

(a)

The table below sets out the number of drugs newly incorporated into and those removed from HADF in 2019-20 and 2020-21.

	2019-20	2020-21
Number of new drugs incorporated into HADF	57	48
Number of drugs removed from HADF	19	22

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 2019-20 and 2020-21 (projection based on expenditure figure as at 31 December 2020) are \$6,223 million and \$6,431 million respectively. In 2021-22, the additional recurrent financial requirement for widening the indications of Special drugs and re-positioning Self-financed drugs as Special drugs for treating cancers, multiple sclerosis, diabetes mellitus, tuberous sclerosis complex, cardiovascular, genito-urinary and renal diseases is \$127.02 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 2021-22, the patient headcount prescribed with these drugs, and the total amount of patients' contribution to purchase these drugs in 2019-20 and 2020-21 (up to 31 December 2020).

Drug Name / Class	Patient Headcount Prescribed with the Drug		Amount of Patients' Contribution (\$ million)	
	2019-20	2020-21 (Up to 31 December 2020)	2019-20	2020-21 (Up to 31 December 2020)
i) Everolimus	270	222	15.54	11.51
ii) PCSK9 inhibitors	320	424	9.44	9.79
iii) Alemtuzumab	4	2	1.64	0.95

The patient headcount and the amount of patients' contribution included 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 2021-22.

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 2021-22.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved (\$ million)	Estimated Number of Patients Benefited
i) Everolimus for seizures associated with tuberous	26.03	123

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved (\$ million)	Estimated Number of Patients Benefited
sclerosis complex		
ii) PCSK9 inhibitors for familial hypercholesterolemia	27.85	840
iii) Alemtuzumab for relapsing remitting multiple sclerosis with active disease	7.19	15

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 4 Special drugs / drug classes in HADF in 2021-22. The table below sets out the patient headcount prescribed with this drug in 2019-20 and 2020-21 (up to 31 December 2020).

Drug Name / Class	2019-20	2020-21 (Up to 31 December 2020)
i) Erythropoiesis-stimulating agents	9 450	9 438
ii) Alpha blockers	41 729	40 691
iii) Selective sodium-glucose cotransporter 2 (SGLT2) inhibitors	22 333	28 797
iv) Denozumab	197	214

The patient headcount included 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 these Special drugs / drug classes in 2021-22.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved (\$ million)	Estimated Number of Patients Benefited
i) Erythropoiesis-stimulating agents for chronic kidney disease	10.49	3 330
ii) Alpha blockers for benign prostatic hyperplasia (GOPC)	5.69	13 679
iii) Selective sodium-glucose cotransporter 2 (SGLT2) inhibitors for diabetes mellitus	46.7	24 450
iv) Denozumab for patients with lung cancer and chronic renal impairment	3.07	66

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)029****(Question Serial No. 2658)**

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:

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 2019-20 and 2020-21.

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

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 2019-20. The actual expenditure for 2020-21 will only be available after the close of the current financial year.

Rank	Number (as at 31 March 2020)	Remuneration
Chief Executive (including former and current incumbents)	1	\$8.1 million
Directors / Heads / Cluster Chief Executives	14	\$69.0 million
Hospital Chief Executives	16	\$67.5 million
Deputy Hospital Chief Executives (DHCE)	38	Not applicable

Note :

1. During the year ended 31 March 2020, the former Chief Executive started his terminal leave from 1 August 2019, and the current incumbent was appointed as the Chief Executive with effect from 1 August 2019. The remuneration figure shown in the

table includes remuneration of both the former and incumbent Chief Executives in 2019-20.

2. DHCE is a concurrent appointment with the incumbent taking up the role of DHCE in addition to his/her clinical duties.
3. 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.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)030****(Question Serial No. 2660)**

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:

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 2019-20, 2020-21 and 2021-22 (Estimate).

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 25)

Reply:

The table below sets out the recurrent budget allocation in respect of each cluster of the Hospital Authority (HA) in 2019-20 and 2020-21. The recurrent budget allocation to individual clusters for 2021-22 is being worked out by HA and hence not yet available.

Cluster	2019-20 (\$ billion)	2020-21 (projection as of 31 December 2020) (\$ billion)
HKEC	6.91	7.60
HKWC	7.18	7.57
KCC	14.16	15.32
KEC	7.33	8.06
KWC	11.05	12.11
NTEC	10.73	11.56
NTWC	9.52	10.31
Total for Clusters	66.88	72.53

The tables below set out the population and the population aged 65 or above in respect of each cluster of HA in 2019, 2020 and 2021.

Population Estimates in 2019 (as at mid-2019)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	765 300	140 900
Central & Western, Southern	HKWC	515 300	93 500
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 179 700	212 400
Kwun Tong, Sai Kung	KEC	1 169 200	207 400
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 403 300	244 500
Sha Tin, Tai Po, North	NTEC	1 320 300	229 300
Tuen Mun, Yuen Long	NTWC	1 153 200	193 900
Overall Hong Kong		7 507 400	1 322 000

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

Projected Population in 2021 (as at mid-2021)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	752 300	150 300
Central & Western, Southern	HKWC	503 800	98 900
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 179 600	232 300
Kwun Tong, Sai Kung	KEC	1 193 600	228 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 438 500	269 600
Sha Tin, Tai Po, North	NTEC	1 369 300	259 000
Tuen Mun, Yuen Long	NTWC	1 170 200	214 600
Overall Hong Kong		7 608 400	1 453 700

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 2019-20 and 2020-21 (as at 31 December 2020). Relevant information for 2021-22 is not yet available.

2019-20

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	4.5	2 947	10.2%	3.9	20.9	878	10.5%	1.1	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	659	10.7%	1.3	7.0	3 060	10.6%	5.9	32.7	1 004	12.0%	1.9	10.7	Central & Western, Southern
KCC	1 272	20.6%	1.0	5.4	5 970	20.6%	4.8	26.8	1 798	21.6%	1.4	7.7	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	727	11.8%	0.6	3.5	3 321	11.5%	2.8	16.0	902	10.8%	0.8	4.3	Kwun Tong, Sai Kung
KWC	1 038	16.8%	0.7	4.2	4 955	17.1%	3.5	20.3	1 316	15.8%	0.9	5.4	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 004	16.2%	0.8	4.4	4 696	16.2%	3.6	20.5	1 357	16.3%	1.0	5.9	Sha Tin, Tai Po, North
NTWC	844	13.7%	0.7	4.4	3 968	13.7%	3.4	20.5	1 088	13.0%	0.9	5.6	Tuen Mun, Yuen Long
Cluster Total	6 183	100%	0.8	4.7	28 919	100%	3.9	21.9	8 343	100%	1.1	6.3	

2020-21 (as at 31 December 2020)

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	659	10.2%	0.9	4.5	3 049	10.4%	4.0	21.0	906	10.4%	1.2	6.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	672	10.4%	1.3	7.0	3 058	10.4%	6.0	31.8	1 020	11.7%	2.0	10.6	Central & Western, Southern
KCC	1 362	21.0%	1.0	5.4	6 066	20.6%	4.8	25.5	1 861	21.3%	1.4	7.5	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	774	11.9%	0.7	3.6	3 411	11.6%	2.9	15.7	959	11.0%	0.8	4.4	Kwun Tong, Sai Kung
KWC	1 090	16.8%	0.8	4.2	4 950	16.8%	3.5	19.3	1 423	16.3%	1.0	5.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 046	16.1%	0.8	4.3	4 797	16.3%	3.6	19.9	1 407	16.1%	1.0	5.8	Sha Tin, Tai Po, North
NTWC	887	13.7%	0.8	4.3	4 074	13.9%	3.5	19.8	1 153	13.2%	1.0	5.6	Tuen Mun, Yuen Long
Cluster Total	6 490	100%	0.9	4.7	29 405	100%	3.9	21.2	8 729	100%	1.2	6.3	

The tables below set out the number and ratio of general beds in HA per 1 000 population by hospital clusters in 2019-20, 2020-21 and 2021-22.

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	2 248	9.7%	2.9	16.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 846	12.3%	5.5	30.4	Central & Western, Southern
KCC	5 137	22.3%	4.2	23.3	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 604	11.3%	2.2	12.6	Kwun Tong, Sai Kung
KWC	3 559	15.4%	2.5	14.6	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 886	16.8%	2.9	16.9	Sha Tin, Tai Po, North
NTWC	2 787	12.1%	2.4	14.4	Tuen Mun, Yuen Long
Overall HA	23 067	100.0%	3.1	17.4	

[#] Hospital beds as at 31 March 2020

2020-21

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	2 273	9.7%	3.0	15.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 797	11.9%	5.5	29.1	Central & Western, Southern
KCC	5 278	22.5%	4.3	22.5	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 674	11.4%	2.3	12.3	Kwun Tong, Sai Kung
KWC	3 633	15.5%	2.5	14.1	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 960	16.9%	2.9	16.4	Sha Tin, Tai Po, North
NTWC	2 851	12.1%	2.5	13.9	Tuen Mun, Yuen Long
Overall HA	23 466	100.0%	3.1	16.9	

[^] Hospital beds as at 31 December 2020

2021-22

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	2 280	9.6%	3.0	15.2	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 794	11.7%	5.5	28.3	Central & Western, Southern
KCC	5 293	22.2%	4.3	21.7	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 766	11.6%	2.3	12.1	Kwun Tong, Sai Kung
KWC	3 682	15.4%	2.6	13.7	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	4 095	17.2%	3.0	15.8	Sha Tin, Tai Po, North
NTWC	2 933	12.3%	2.5	13.7	Tuen Mun, Yuen Long
Overall HA	23 843	100.0%	3.1	16.4	

* Hospital beds as at 31 March 2022

Note:

- 1) 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. The 2020-21 budget allocation to clusters has also incorporated the additional Government funding to HA to combat the Coronavirus Disease 2019 epidemic. 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.
- 2) 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.
- 3) 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.

- 4) 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.
- 5) 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.
- 6) 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.
- 7) 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.
- 8) 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.
- 9) 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

FHB(H)031

(Question Serial No. 2661)

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:

(a) Please list by specialty and cluster (including all clusters as a whole and a breakdown by cluster) the number of general beds, 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 2019-20, 2020-21 and 2021-22 (estimate).

(b) Please list the bed occupancy rate of each hospital and specialty under various clusters in the past 1 year.

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

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 2019-20 and 2020-21 (up to 31 December 2020). For 2021-22, estimates of relevant information for all general specialties are also provided below, but the figures by specialty are not available.

2019-20

	Cluster							HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall
All general specialties (acute & convalescent)								
Number of hospital beds #	2 248	2 846	5 137	2 604	3 559	3 886	2 787	23 067
IP bed occupancy rate	87%	74%	88%	94%	92%	87%	100%	89%
IP D&D	109 253	109 780	214 217	131 761	200 528	176 796	146 410	1 088 745
DP D&D	70 404	102 733	135 838	67 853	92 781	124 272	89 442	683 323
Patient days	680 053	740 027	1 612 461	841 979	1 145 546	1 247 325	986 349	7 253 740
IP ALOS (days)	5.6	5.8	6.9	5.9	5.3	6.4	6.2	6.1
Major specialties								
Gynaecology								
Number of hospital beds #	38	78	72	81	95	52	64	480
IP bed occupancy rate	91%	58%	70%	67%	86%	75%	105%	75%
IP D&D	3 321	3 976	7 390	4 438	6 303	3 673	5 853	34 954
DP D&D	2 160	5 342	3 911	1 969	2 459	4 238	8 851	28 930
Patient days	10 454	17 046	20 799	12 981	13 433	13 610	20 003	108 326
IP ALOS (days)	2.5	2.8	2.3	2.4	1.8	2.5	1.9	2.2
Medicine								
Number of hospital beds #	1 050	974	1 939	1 310	1 694	1 692	1 308	9 967
IP bed occupancy rate	93%	89%	100%	105%	101%	100%	109%	100%
IP D&D	50 658	47 013	88 862	62 091	91 307	75 823	52 018	467 772
DP D&D	24 952	49 100	56 632	41 215	41 729	48 935	33 828	296 391
Patient days	330 471	330 877	709 279	479 921	618 536	629 703	489 859	3 588 646
IP ALOS (days)	5.6	5.7	7.2	6.7	6.2	7.6	8.6	6.8
Obstetrics								
Number of hospital beds #	62	89	224	81	103	124	76	759
IP bed occupancy rate	66%	57%	61%	50%	58%	64%	86%	63%
IP D&D	3 201	5 380	12 176	4 696	5 739	7 921	7 602	46 715
DP D&D	822	1 384	8 772	1 013	1 268	3 124	3 383	19 766
Patient days	11 952	16 669	48 299	14 403	16 187	29 779	25 476	162 765
IP ALOS (days)	3.5	2.8	3.2	2.8	2.6	3.3	2.9	3.1
Orthopaedics & Traumatology								
Number of hospital beds #	216	334	432	278	429	498	359	2 546
IP bed occupancy rate	90%	67%	107%	98%	94%	81%	88%	90%
IP D&D	9 994	8 733	16 075	13 433	20 400	19 178	12 819	100 632
DP D&D	6 493	1 811	4 460	1 410	1 811	3 229	2 188	21 402
Patient days	64 801	65 724	167 210	101 699	147 946	150 384	111 750	809 514
IP ALOS (days)	5.6	7.2	9.7	6.8	7.0	7.6	8.2	7.5

	Cluster							HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall
Paediatrics								
Number of hospital beds #	54	150	322	110	208	169	100	1 113
IP bed occupancy rate	73%	62%	69%	74%	71%	70%	83%	71%
IP D&D	3 985	4 684	13 544	9 821	13 262	10 614	8 576	64 486
DP D&D	406	5 327	11 823	789	3 718	5 059	1 325	28 447
Patient days	13 435	31 105	75 554	29 073	46 556	39 944	30 695	266 362
IP ALOS (days)	3.0	4.9	4.4	3.0	2.9	3.1	3.3	3.5
Surgery								
Number of hospital beds #	284	593	617	369	448	513	389	3 213
IP bed occupancy rate	86%	65%	81%	89%	91%	91%	104%	86%
IP D&D	16 761	19 034	30 227	22 555	34 652	25 702	23 894	172 825
DP D&D	14 153	19 580	18 421	10 430	22 034	22 712	16 536	123 866
Patient days	88 201	124 173	166 886	112 591	153 823	166 783	143 566	956 023
IP ALOS (days)	4.2	5.0	4.6	4.2	3.7	5.3	5.0	4.5

Number of hospital beds as at 31 March 2020

2020-21 (up to 31 December 2020) [Provisional Figures]

	Cluster							HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall
<u>All general specialties (acute & convalescent)</u>								
Number of hospital beds ^	2 273	2 797	5 278	2 674	3 633	3 960	2 851	23 466
IP bed occupancy rate	77%	66%	78%	87%	84%	79%	91%	80%
IP D&D	70 010	73 058	137 795	83 684	129 424	113 907	95 575	703 453
DP D&D	49 680	75 356	95 720	49 860	69 187	96 149	65 893	501 845
Patient days	459 770	496 442	1 088 344	580 177	795 828	851 797	690 004	4 962 362
IP ALOS (days)	5.9	5.8	7.2	6.3	5.6	6.6	6.5	6.3
<u>Major specialties</u>								
Gynaecology								
Number of hospital beds ^	38	78	72	82	95	52	64	481
IP bed occupancy rate	67%	48%	61%	73%	69%	64%	94%	66%
IP D&D	1 873	2 322	4 649	2 835	3 662	2 459	3 762	21 562
DP D&D	1 394	4 050	2 567	1 510	1 276	2 894	6 770	20 461
Patient days	5 836	10 579	13 678	8 794	7 851	8 842	14 247	69 827
IP ALOS (days)	2.3	2.7	2.3	2.5	1.8	2.3	2.0	2.2

	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Medicine								
Number of hospital beds ^	1 070	974	1 983	1 350	1 730	1 739	1 327	10 173
IP bed occupancy rate	81%	79%	88%	97%	92%	97%	102%	91%
IP D&D	32 164	33 921	61 305	41 940	60 885	53 330	38 181	321 726
DP D&D	19 313	38 447	41 420	31 920	33 221	38 913	25 664	228 898
Patient days	225 900	241 451	493 996	345 622	431 338	458 128	364 392	2 560 827
IP ALOS (days)	5.7	5.8	7.1	7.2	6.3	7.5	8.4	6.9
Obstetrics								
Number of hospital beds ^	62	89	224	81	103	124	76	759
IP bed occupancy rate	54%	46%	47%	41%	44%	50%	69%	49%
IP D&D	1 704	3 040	7 041	2 811	3 184	4 470	4 644	26 894
DP D&D	497	1 095	5 528	655	898	2 115	2 158	12 946
Patient days	6 729	9 933	28 634	8 678	9 292	16 648	15 375	95 289
IP ALOS (days)	3.7	2.9	3.3	2.8	2.6	3.2	2.8	3.0
Orthopaedics & Traumatology								
Number of hospital beds ^	216	334	460	289	429	498	361	2 587
IP bed occupancy rate	81%	60%	91%	89%	82%	65%	72%	78%
IP D&D	6 636	5 105	10 357	8 910	12 708	11 960	8 023	63 699
DP D&D	4 263	999	2 406	878	869	2 580	1 113	13 108
Patient days	42 161	31 971	105 838	68 416	95 637	89 019	65 684	498 726
IP ALOS (days)	5.5	5.7	9.2	7.2	7.1	7.0	8.9	7.4
Paediatrics								
Number of hospital beds ^	54	111	375	110	198	169	100	1 117
IP bed occupancy rate	52%	51%	54%	52%	63%	39%	57%	52%
IP D&D	1 455	1 864	6 242	3 784	4 155	3 527	2 677	23 704
DP D&D	304	2 661	10 928	678	1 871	2 826	907	20 175
Patient days	7 129	15 731	51 793	15 247	20 540	17 951	14 707	143 098
IP ALOS (days)	4.8	7.3	6.2	4.1	4.3	3.8	4.4	5.0
Surgery								
Number of hospital beds ^	284	593	620	386	476	529	404	3 292
IP bed occupancy rate	76%	64%	71%	85%	88%	84%	97%	80%
IP D&D	12 120	13 761	20 652	14 987	24 267	17 886	16 547	120 220
DP D&D	9 724	13 498	10 402	7 005	14 642	17 209	12 178	84 658
Patient days	59 590	87 914	111 673	73 762	111 428	116 177	102 419	662 963
IP ALOS (days)	3.8	4.8	4.6	4.2	3.7	5.3	5.1	4.5

^ Number of hospital beds as at 31 December 2020

2021-22 (Estimate)

All general specialties (acute & convalescent)	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Number of hospital beds ^Δ	2 280	2 794	5 293	2 766	3 682	4 095	2 933	23 843
IP bed occupancy rate	87%	74%	88%	94%	92%	87%	100%	89%
IP D&D	120 100	116 260	236 300	144 800	216 990	199 630	162 020	1 196 100
DP D&D	76 180	103 590	152 330	75 970	94 850	139 570	104 810	747 300
Patient days	719 580	769 890	1 725 830	923 670	1 218 450	1 371 670	1 067 210	7 796 300
IP ALOS (days)	5.6	5.8	6.9	5.9	5.3	6.4	6.2	6.1

^Δ Number of hospital beds as at 31 March 2022

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 2019-20.

2019-20

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Average cost per IP D&D – General specialties (acute & convalescent) (\$)								
Obstetrics & Gynaecology	26,710	20,040	18,650	26,980	17,430	21,390	11,650	19,110
Medicine	28,730	28,640	29,490	29,250	26,890	30,470	36,380	29,820
Orthopaedics & Traumatology	35,220	56,300	51,320	42,990	40,560	43,190	47,230	44,890
Paediatrics	28,450	57,910	52,200	28,580	27,270	30,650	32,130	37,260
Surgery	28,390	39,190	34,570	28,490	23,280	33,780	31,560	30,970
Overall average cost	31,280	36,980	36,500	31,060	27,950	32,370	31,390	32,550
Average cost per patient day – General specialties (acute & convalescent) (\$)								
Obstetrics & Gynaecology	10,600	9,250	8,350	11,510	9,470	8,650	7,460	8,990
Medicine	5,190	5,790	4,400	4,570	4,590	4,350	4,480	4,660
Orthopaedics & Traumatology	6,790	7,920	5,210	5,840	5,730	5,760	5,640	5,890
Paediatrics	9,260	10,630	10,760	8,530	7,730	7,650	7,690	9,090
Surgery	7,950	8,780	8,040	7,010	7,350	7,160	6,830	7,560
Overall average cost	6,340	7,600	5,830	5,790	5,840	5,730	5,690	6,020

The table below sets out the projected average cost (general (acute & convalescent)) per patient day by hospital cluster in 2020-21. Cost per inpatient discharged for 2020-21 and breakdown by different specialties are not available.

2020-21 Revised Estimate

General specialties (acute & convalescent)	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Overall average cost per patient day (\$)	6,890	8,070	6,450	6,260	6,250	6,040	6,080	6,480

2021-22 Estimate

The estimated average cost (general (acute & convalescent)) per patient day for 2021-22 is \$6,310. Cost per inpatient discharged for 2021-22, 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, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested data on patient headcount are not 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 may vary depending on the length of stay of discharged patients which is highly variable year by year and across clusters. The average cost per patient day is a better indicator to reflect the average cost of the services involved. The average cost per IP D&D is not available from 2020-21 onwards.
- (9) In view of the emergence of the Coronavirus Disease 2019 (COVID-19) epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years. With such impact of COVID-19 on unit cost (if any) incorporated in 2019-20 costing information and 2020-21 costing projection, costing information may not be directly comparable across years.

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

FHB(H)032

(Question Serial No. 2669)

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) (Thomas CHAN)

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.: 34)

Reply:

Regarding the commissioning of independent consultants, the requested information is provided at the 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 2018-19 to 2020-21

Name of studies	Name of institutions	Expenditure (\$ million)		
		2018-19	2019-20	2020-21
1. Consultancy Study on the Implementation Details of Underwriting and Service Guidelines under the Voluntary Health Insurance Scheme [@]	Deloitte Advisory (Hong Kong) Limited	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	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	2.77

Name of studies	Name of institutions	Expenditure (\$ million)		
		2018-19	2019-20	2020-21
7. Project to update Hong Kong's Domestic Health Accounts 2018/19 to 2019/20	The University of Hong Kong	-	-	0.78
8. Privacy Impact Assessment and Related Consultancy Services on Stage Two of the Electronic Health Record Programme	Ernst & Young Advisory Services Limited	-	-	0.48

@ Study has been completed.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)033

(Question Serial No. 2670)

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:

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.: 36)

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 (HA) provide a wide range of comprehensive multi-disciplinary primary healthcare services, including medical consultations, health risk factors assessments for chronic disease patients, as well as disease prevention and patient empowerment services. Similar to other general outpatient clinics (GOPCs) under the HA which provide basic primary healthcare services, patients under the care of CHCs mainly comprise two categories: chronic disease patients with stable medical conditions (such as patients with diabetes mellitus or hypertension), and episodic disease patients with relatively mild symptoms (such as those suffering from influenza, cold, fever, gastroenteritis, etc.).

The multi-disciplinary primary 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 2020) are set out in the table below. The anticipated overall GOPC services of the CHCs in 2021-22 will be comparable to that of the prior year.

CHC	2018-19	2019-20	2020-21 (up to 31 December 2020) [Provisional figures]
Tin Shui Wai (Tin Yip Road) CHC	120 924	122 524	79 690
North Lantau CHC	66 583	66 368	49 650
Kwun Tong CHC	233 814	217 386	144 383

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)034****(Question Serial No. 2671)**

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:

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 2019-20, 2020-21 and 2021-22 (Estimate).

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

Reply:

The tables below set out the numbers 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 2019-20 and 2020-21 (up to 31 December 2020). For 2021-22, estimates of relevant information are also provided below, but the figures by specialty are not available.

2019-20

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP first attendances	HKEC	6 949	4 064	16 838	3 087	11 736	6 818	920	3 073	11 220	70 375
	HKWC	6 452	4 699	14 846	9 226	8 144	8 466	2 953	4 124	13 505	83 559
	KCC	10 784	9 106	20 967	14 647	24 523	11 677	3 487	1 988	28 311	147 081
	KEC	7 224	6 661	17 300	4 214	15 387	12 776	3 189	5 615	19 036	104 773
	KWC	9 476	5 958	19 969	6 745	17 407	11 684	4 659	11 424	22 780	117 933
	NTEC	13 514	9 791	24 527	12 815	18 811	17 526	3 888	7 779	24 082	149 314
	NTWC	10 940	5 787	14 994	11 022	18 334	9 653	1 746	6 438	17 736	103 131
	Overall	65 339	46 066	129 441	61 756	114 342	78 600	20 842	40 441	136 670	776 166

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP follow-up attendances	HKEC	36 208	20 180	286 982	14 370	102 993	52 755	13 603	85 654	76 741	748 664
	HKWC	28 052	36 951	262 116	29 173	80 987	54 237	30 458	67 111	113 459	796 493
	KCC	42 507	58 819	394 992	84 385	223 930	94 306	57 151	66 997	151 928	1 318 768
	KEC	28 125	33 778	209 852	24 661	111 388	74 497	31 142	106 147	91 226	738 972
	KWC	40 687	20 184	437 138	11 932	152 461	99 170	30 998	230 910	124 688	1 218 482
	NTEC	43 900	28 881	342 573	32 029	151 996	100 829	30 010	139 606	96 493	1 078 667
	NTWC	27 999	26 813	291 917	31 909	157 926	76 713	27 184	164 418	88 550	965 508
	Overall	247 478	225 606	2 225 570	228 459	981 681	552 507	220 546	860 843	743 085	6 865 554
SOP total attendances	HKEC	43 157	24 244	303 820	17 457	114 729	59 573	14 523	88 727	87 961	819 039
	HKWC	34 504	41 650	276 962	38 399	89 131	62 703	33 411	71 235	126 964	880 052
	KCC	53 291	67 925	415 959	99 032	248 453	105 983	60 638	68 985	180 239	1 465 849
	KEC	35 349	40 439	227 152	28 875	126 775	87 273	34 331	111 762	110 262	843 745
	KWC	50 163	26 142	457 107	18 677	169 868	110 854	35 657	242 334	147 468	1 336 415
	NTEC	57 414	38 672	367 100	44 844	170 807	118 355	33 898	147 385	120 575	1 227 981
	NTWC	38 939	32 600	306 911	42 931	176 260	86 366	28 930	170 856	106 286	1 068 639
	Overall	312 817	271 672	2 355 011	290 215	1 096 023	631 107	241 388	901 284	879 755	7 641 720

2020-21 (up to 31 December 2020) [Provisional Figures]

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP first attendances	HKEC	4 619	2 675	13 696	1 811	8 095	5 435	467	2 585	8 712	52 240
	HKWC	4 201	3 129	12 303	6 005	5 802	5 860	1 726	2 467	9 347	58 730
	KCC	7 431	6 426	14 733	9 883	14 347	8 283	2 897	1 748	20 896	101 701
	KEC	5 503	4 851	12 454	2 618	10 043	9 109	2 080	4 220	13 824	73 847
	KWC	6 856	4 755	13 375	4 230	13 682	7 803	2 564	8 708	17 235	85 121
	NTEC	9 311	7 001	16 277	7 927	13 542	11 699	2 237	5 862	18 707	105 142
	NTWC	8 325	4 036	10 943	6 240	13 767	6 752	1 198	4 451	12 753	73 395
	Overall	46 246	32 873	93 781	38 714	79 278	54 941	13 169	30 041	101 474	550 176
SOP follow-up attendances	HKEC	24 296	14 436	215 968	8 495	74 154	37 337	8 461	64 661	55 445	547 237
	HKWC	20 188	27 391	199 413	18 478	57 569	39 041	17 910	51 530	81 289	581 484
	KCC	28 435	42 704	284 355	52 173	158 537	67 467	42 161	50 745	107 346	942 897
	KEC	20 899	23 966	157 645	14 950	73 622	55 478	18 662	80 504	64 718	531 376
	KWC	20 002	14 375	319 149	7 247	116 337	71 564	18 181	170 248	92 624	883 854
	NTEC	32 930	19 845	252 128	21 745	111 602	70 892	19 341	107 519	73 696	798 130
	NTWC	21 148	18 821	222 180	19 744	118 553	54 012	17 458	119 848	64 981	710 943
	Overall	167 898	161 538	1 650 838	142 832	710 374	395 791	142 174	645 055	540 099	4 995 921
SOP total attendances	HKEC	28 915	17 111	229 664	10 306	82 249	42 772	8 928	67 246	64 157	599 477
	HKWC	24 389	30 520	211 716	24 483	63 371	44 901	19 636	53 997	90 636	640 214
	KCC	35 866	49 130	299 088	62 056	172 884	75 750	45 058	52 493	128 242	1 044 598
	KEC	26 402	28 817	170 099	17 568	83 665	64 587	20 742	84 724	78 542	605 223
	KWC	26 858	19 130	332 524	11 477	130 019	79 367	20 745	178 956	109 859	968 975
	NTEC	42 241	26 846	268 405	29 672	125 144	82 591	21 578	113 381	92 403	903 272
	NTWC	29 473	22 857	233 123	25 984	132 320	60 764	18 656	124 299	77 734	784 338
	Overall	214 144	194 411	1 744 619	181 546	789 652	450 732	155 343	675 096	641 573	5 546 097

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.

2021-22 (Estimate)

	Cluster	All specialties
SOP first attendances	HKEC	78 500
	HKWC	92 900
	KCC	157 800
	KEC	122 300
	KWC	135 200
	NTEC	162 600
	NTWC	114 700
	Overall	864 000
SOP follow-up attendances	HKEC	784 800
	HKWC	839 000
	KCC	1 368 000
	KEC	803 900
	KWC	1 275 600
	NTEC	1 145 600
	NTWC	1 008 100
	Overall	7 225 000
SOP total attendances	HKEC	863 300
	HKWC	931 900
	KCC	1 525 800
	KEC	926 200
	KWC	1 410 800
	NTEC	1 308 200
	NTWC	1 122 800
	Overall	8 089 000

The table below sets out the average cost per SOP attendance by hospital cluster under HA for 2019-20. For the projected average cost per SOP attendance in 2020-21, the breakdown by different specialties is not available.

2019-20

Specialty	Average cost per SOP attendance (\$)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
ENT	1,020	1,110	1,490	1,150	855	1,220	1,180	1,150
MED	2,020	2,120	2,740	2,620	2,270	2,420	2,300	2,360
O&G	1,470	1,300	1,110	1,270	1,340	1,220	1,100	1,220
OPH	810	620	710	775	655	830	670	725
ORT	1,200	1,270	1,180	1,240	1,220	1,310	1,220	1,240
PAE	1,910	2,350	3,050	1,570	2,010	2,500	1,560	2,260

Specialty	Average cost per SOP attendance (\$)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
PSY	1,440	1,600	1,600	1,510	1,510	1,860	1,740	1,620
SUR	1,640	1,780	1,690	1,640	1,400	1,740	1,550	1,630
SOP (overall)	1,390	1,530	1,500	1,340	1,490	1,510	1,400	1,460

2020-21 (Revised Estimate)

Projected average cost per SOP attendance of all specialties (\$)							
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
1,430	1,580	1,600	1,380	1,520	1,520	1,440	1,500

2021-22 (Estimate)

The estimated average cost per SOP attendance is \$1,490 in 2021-22. The breakdown by hospital cluster and specialty is not available.

Note:

- (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.
- (4) In view of the emergence of the Coronavirus Disease 2019 (COVID-19) epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput

across a wide range of services provided by HA might have been reduced when compared with that of previous years. With such impact of COVID-19 on unit cost (if any) incorporated into 2019-20 costing information and 2020-21 costing projection, costing information may not be directly comparable across years.

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 -

CONTROLLING OFFICER'S REPLY

FHB(H)035

(Question Serial No. 2672)

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:

It is mentioned in the Budget Speech that the “Government will provide additional recurrent funding of around \$147 million to enhance child and adolescent psychiatric, community psychiatric and psychogeriatric services of the Hospital Authority, and support the enhanced service of Kwai Chung Hospital upon its redevelopment.” In this connection, please provide this Committee with:

1. a detailed breakdown of the estimated expenditures to be covered by the additional funding, such as those on publicity, medical equipment, drug subsidy and manpower.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 39)

Reply:

The Hospital Authority (HA) has earmarked additional funding of around \$156 million (including additional recurrent funding of around \$147 million) in 2021-22 for addressing the escalating demand for psychiatric services across different age groups in both hospitals and community settings, including –

- (i) enhancing mental health services for children and adolescents by developing specialised child and adolescent psychiatric service in Hong Kong East Cluster and Kowloon Central Cluster in phases, enhancing the collaboration with paediatricians, training up multidisciplinary expertise, and expanding the Student Mental Health Support Scheme to more schools;
- (ii) enhancing community psychiatric service by recruiting additional case managers;
- (iii) addressing elderly mental health needs by enhancing psychogeriatric outreach services;
- (iv) supporting the upcoming service commencement of the new Kwai Chung Hospital; and

(v) enhancing the psychiatric in-patient services.

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**FHB(H)036****(Question Serial No. 2673)**

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:

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.: 40)

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 will be paid to employees who join SHS outside normal work hours on a voluntary basis.

The table below sets out the total expenditure on SHS by staff group in 2020-21 (full year projection).

Staff Group	Total Expenditure on SHS (\$ million)
Medical	301.6
Nursing	212.1
Allied Health	55.7
Care-related Support Staff	71.9
Management Personnel	0.1
Professionals/ Administrator	3.3
Other Support Staff	61.9

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. 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 2020-21 represents full-year projection.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)037

(Question Serial No. 2674)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that “the Government has allocated \$4.7 billion from the Anti-epidemic Fund to support the anti-epidemic work of the Hospital Authority, ensuring sufficient support and protection for frontline healthcare staff”. Please tabulate the programme contents, manpower and expenditure involved with regard to the personnel-related expenditure for frontline staff, procuring additional personal protective equipment, enhancing support for laboratory testing, procuring drug and medical equipment, etc.

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

Reply:

The Government allocated \$4.7 billion from the Anti-epidemic Fund (AEF) to provide additional resources for the Hospital Authority (HA) in tackling the Coronavirus Disease 2019 (COVID-19) epidemic, in particular for ensuring sufficient support and protection for frontline healthcare staff.

The HA has been flexibly deploying the additional resources on various fronts including:

- (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 the Emergency Response Level in response to the 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 (PPE) 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) hospital support services and supplies, etc.

As of 28 February 2021, around \$4,351 million has been utilised or committed by the HA on different areas of its anti-epidemic work, including around \$1,918 million for personnel related expenditure; around \$2,147 million for purchasing PPE, drugs and medical equipment, and spending on enhancing support for laboratory testing; and around \$286 million for other expenses such as hospital supplies and other support services.

The financial impact of the measures will be absorbed by the AEF, which does not form part of the Appropriation Bill or the estimates of the General Revenue Account.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)038

(Question Serial No. 2675)

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) (Thomas CHAN)

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; (ii) can only access and view the information contained in the eHRSS; (iii) 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 and the attendance rates of its members over the past 3 years.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 42)

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))
2018-19 (actual)	236.5	62.4	317
2019-20 (actual)	241.8	88.1	324
2020-21 (revised estimate)	259.5	117.2	327
2021-22 (estimate)	272.7	138.0	324

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/centres of the Department of Health (DH) to the eHRSS as at 28 February 2021 is provided below –

Status of connection with the eHRSS	Number of DH clinics/centres
(i) Capable of viewing and sharing health records on the eHRSS	156
(ii) Capable of viewing health records on the eHRSS (other than those in (i))	22#
(iii) Not connected to the eHRSS	nil

Including the 3 quarantine centres for close contacts of confirmed cases of COVID-19

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 the New Clinical Information Management System (CMIS2) of DH. Upon full implementation of CIMS2, 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 mid-March 2021, close to 1.5 million patients had joined the eHRSS. As for HCPs, participation in the eHRSS is on an organisational basis. HA, DH and over 2 130 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 ^(Note 1)
(ii) Private hospitals	13 ^(Note 2)
(iii) Private clinics or groups	2 002
(iv) Elderly centres/elderly service providers	84
(v) Others	34

Note:

(1) Public HCPs include HA, DH, Labour Department and Correctional Services Department.

(2) Private hospitals include all 13 in Hong Kong –

- Canossa Hospital
- CUHK Medical Centre
- Evangel Hospital
- Gleneagles Hong Kong Hospital
- Hong Kong Adventist Hospital (Stubbs Road)
- Hong Kong Adventist Hospital (Tsuen Wan)
- Hong Kong Baptist Hospital
- Hong Kong Sanatorium & Hospital
- Matilda International Hospital
- Precious Blood Hospital
- St Paul's Hospital
- St Teresa's Hospital
- Union Hospital

Under the above registered HCPs, about 13 700 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 -

CONTROLLING OFFICER'S REPLY**FHB(H)039****(Question Serial No. 2677)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide the numbers of 'doctors with limited registration' employed by the following institutions in each of the years from 2016 to 2020:

	Number of doctors practising with limited registration				
	2016	2017	2018	2019	2020
The University of Hong Kong					
The Chinese University of Hong Kong					
Hospital Authority					
Department of Health					
Others (please specify)					
Total					

2. Please provide the numbers of 'doctors with limited registration' employed by the Hospital Authority (HA) in each of the years from 2016 to 2020:

Year	Number of registrants with first registration	Number of registrants as at year end
2016		
2017		
2018		
2019		
2020		
Total		

3. Please provide the numbers of job applications from non-locally trained doctors received by the HA and the numbers of applications for limited registration from 2016-17 to 2020-21:

	2016-17	2017-18	2018-19	2019-20	2020-21
Number of job applications from non-locally trained doctors received by the HA					
Number of applications for limited registration submitted by the HA to the Medical Council of Hong Kong (MCHK)					
Number of applications approved by the MCHK					
Number of non-locally trained doctors who accepted the job offer of the HA					
Number of applicants for renewal of registration					
Number of applicants granted renewal of registration					

4. Please provide in table form the countries/regions where ‘doctors with limited registration’ obtained their medical qualification and the institutions for which they are serving.

	United Kingdom	Australia/ New Zealand	United States	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)							
Total							

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

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)				
	2016	2017	2018	2019	2020
No. 2	93	110	92	125	102
- University of Hong Kong	(27)	(48)	(30)	(41)	(25)
- The Chinese University of Hong Kong	(52)	(48)	(50)	(57)	(38)
- Hospital Authority	(14)	(14)	(12)	(24)	(33)
- Department of Health	(-)	(-)	(-)	(3)	(6)
No. 3					
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	27	22	22	21	20
No. 4					
- Clinics registered under the Medical Clinics Ordinance	12	10	9	8	6
No. 9					
- Works contractor commissioned by the Highways Department under contract number HY/2012/08	2	2	-	-	-
No. 10					
- A firm of solicitors registered by the Law Society of Hong Kong	-	-	1	-	-
Total	134	144	124	154	128

(2)

The number of non-locally trained doctors employed by the Hospital Authority (“HA”) with limited registration to address manpower shortage in the past five years is set out in the table below –

Year	Number of registrants with first registration	Number of registrants as at year end ^{Note 1}
2016	6	12
2017	5 ^{Note 2}	12
2018	5	10
2019	13 ^{Note 3}	22
2020	11 ^{Note 4}	30 ^{Note 5}
Total	40	N/A

^{Note 1} The number refers to the non-locally trained doctors employed under the Limited Registration Scheme launched since 2011-12.

Note² 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.

Note³ 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 limited registration was approved by MCHK and came into force in April 2019.

Note⁴ Including one non-locally trained doctor, who was previously employed by HA from February 2018 to January 2020 as Service Resident. The doctor was employed by HA as Associate Consultant afterwards. Relevant application for limited registration was approved by MCHK and came into force in February 2020.

Note⁵ Excluding one non-locally trained doctor with limited registration application already approved by MCHK, and is expected to report duty in HA in the fourth quarter of 2021.

(3)

Information on recruiting non-locally trained doctors to practise in Hong Kong with limited registration by HA from 2016-17 to 2020-21 to address manpower shortage is set out in the following table –

	2016-17	2017-18	2018-19	2019-20	2020-21 (As at 31 December 2020)
Number of job applications from non-locally trained doctors received by HA	33	90	154	157	121
Number of applications for limited registration from HA to MCHK	1	4	14 ^{Note 6}	18 ^{Note 6}	3 ^{Note 6}
Number of applications approved by MCHK	1	4	14	18	3
Number of non-locally trained doctors who accepted job offers from HA	1	4	13	12 ^{Note 7}	0 ^{Note 7}
Number of applicants for renewal of registration	1	3	3 submitted + 10 not yet completed first 2-3 years of contract service	1 submitted + 10 not yet completed first 2-3 years of contract service	-

Number of applicants granted renewal of registration	1	3	3	1	-
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Note 6 HA is preparing to further submit 11 limited registration applications from the 2018-19 to 2020-21 exercises for non-locally trained doctors by batches according to their intended dates of reporting duty.

Note 7 Nine non-locally trained doctors with their limited registration application already approved are expected to report duty by the fourth quarter of 2021.

(4)

Based on the information provided by MCHK, countries / regions where doctors under limited registration received medical training (as at 31 December 2020) are set out in the following table –

Promulgation	United Kingdom	Australia / New Zealand	United States	Canada	Mainland China	Others	Total no. of doctors (as at 31 December 2020)
No. 2							
- University of Hong Kong	6	0	4	3	3	9	25
- The Chinese University of Hong Kong	7	1	3	3	5	19	38
- Hospital Authority	19	4	1	0	1	8	33
- Department of Health	4	1	0	0	0	1	6
No. 3							
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	-	-	-	-	20	-	20
No. 4							
- Clinics registered under the Medical Clinics Ordinance	-	-	-	-	5	1	6
Total	36	6	8	6	34	38	128

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)040

(Question Serial No. 2678)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form as below the respective numbers of non-locally trained doctors sitting and passing the Licensing Examination as well as the passing rates in 2019 and 2020, 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		
	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%
2019 (1st sitting)	(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		
	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%
2019 (2nd sitting)	(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		
	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%
2020 (1st sitting)	(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		
	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%
2020 (2nd sitting)	(e.g. United Kingdom: the number) ...								
Total									

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

Reply:

The numbers of candidates who sat and passed the Licensing Examination of the Medical Council of Hong Kong in 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	%
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 are specified in brackets.

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 are specified in brackets.

The two sittings of the Licensing Examination of the Medical Council of Hong Kong originally scheduled for 2020 were cancelled due to the COVID-19 pandemic.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)041

(Question Serial No. 2679)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government “provides an additional allocation of \$3,044 million mainly for the Hospital Authority to establish and operate the Community Treatment Facility at the AsiaWorld-Expo and the Hong Kong Infection Control Centre at the North Lantau Hospital.” Please provide a detailed breakdown of the expenditure involved in establishing and operating the Community Treatment Facility and the Hong Kong Infection Control Centre mentioned above, the manpower planning (specifying the number of full-time and part-time staff by grade and by rank), and the number of beds to be provided.

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

Reply:

To enhance the Hospital Authority's (HA's) capacity in preparation for the fourth wave of Coronavirus Disease 2019 (COVID-19) epidemic and winter surge, the Government allocated an additional funding of \$3,044 million for HA to establish and operate the Community Treatment Facility (CTF) at the AsiaWorld-Expo (AWE) and the North Lantau Hospital Hong Kong Infection Control Centre (HKICC), to procure additional personal protective equipment for frontline staff providing services in the CTF and the HKICC, and to sustain HA's anti-epidemic measures and ensure support for frontline healthcare staff.

The CTF in AWE, which was established to manage clinically stable COVID-19 patients aged 16 to 60 who are independent with activities of daily living, first commenced services on 1 August 2020, providing 1 900 beds in full capacity. As at 12 March 2021, a total of 3 761 patients were admitted to the CTF at AWE. As the CTF at AWE is operated according to the service need, the number of beds provided and the manpower of healthcare workers deployed to the CTF for handling service demand arising from the COVID-19 epidemic is adjusted as and when necessary.

The HKICC comprises 6 two-storey ward buildings with a total capacity of 816 isolation beds. Depending on the evolving epidemic situation, the independent ward buildings can

be activated in phases to help alleviate the pressure on isolation facilities in public hospitals. A ward with 48 isolation beds was first opened on 26 February 2021 to admit COVID-19 patients aged between 16 and 65 with mild or moderate clinical conditions. As at mid-March 2021, around 200 beds were available in the HKICC. Following the HKICC's commencement of service, patients staying in the CTF were transferred to the HKICC. The CTF at AWE has been in standby mode since 13 March 2021. As at 17 March 2021, HA has deployed around 22 doctors, 84 nurses, 30 laboratory staff and other supporting staff from various hospital clusters to support the operation of the HKICC. HA will continue to flexibly deploy manpower and other resources to meet the service and operational needs of the HKICC.

The HKICC and the CTF in Halls 8 to 11 of AWE are projects supported by the Central Government for the Government of the Hong Kong Special Administrative Region to fight against the COVID-19 epidemic. The relevant construction and set-up costs are fully borne by the Central Government.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)042

(Question Serial No. 2683)

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:

Please inform this Committee of the following information 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, the staff establishment and staff vacancy rates of NEATS; and
- (2) the respective numbers of patients in each hospital who used NEATS for follow-up appointments or for discharge from hospital, the usage rates of and the numbers of people who were rejected by NEATS.

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

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 as 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
2016-17	212	674
2017-18	217	697
2018-19	231	760
2019-20	238	890
2020-21	262	944

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
2016-17	257 145	177 384
2017-18	244 759	188 737
2018-19	232 433	189 960
2019-20 (<i>Note</i>)	209 858	193 731
2020-21 (<i>Note</i>)	99 419 (projection as at 31 December 2020)	177 650 (projection as at 31 December 2020)

Note:

In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)043****(Question Serial No. 2684)**

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 dental services provided for people with disabilities, please advise of the service locations, quotas, service contents, numbers of beneficiaries and costs per capita in the past 3 years.

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

Reply:

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 disabilities.

School Dental Care Service (SDCS)

The 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. Starting from the 2013/2014 school year, the Service is extended to cover students with intellectual disability (ID) and/or physical disability studying in special schools until they reach the age of 18. Dental services are provided to the participating students through 8 school dental clinics over the territory including 1 located in Hong Kong Island, 3 in Kowloon and 4 in the New Territories. Figures on the expenditure 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.

The number of participating students with ID and/or physical disability studying in special schools in the past 3 years is set out below –

Service Year ^{Note 1}	2017-18	2018-19	2019-20
Number of participants	5 973	6 178	6 331

Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.

Dandelion Oral Care Action

Noting that concerted efforts from parents and schools are necessary to facilitate children with ID to practise good oral hygiene themselves, the Oral Health Education Division (OHED) of the DH has been conducting a special oral health promotion programme named the “Dandelion Oral Care Action” (the Dandelion Programme) since 2005 where a train-the-trainer approach is adopted to train and equip school nurses, teachers and parents of the participating special schools with special tooth cleaning skills. The OHED trains at least 1 school nurse or teacher nominated by each school to be the Oral Health Trainers (OHTs). They will be equipped with certain basic oral care knowledge/technique. The OHTs, in turn, will train all teachers in school and conduct workshops to train the parents to take care of their children at home using the same oral care technique. The long-term goal of the Dandelion Programme is to enable children with ID to brush and floss their own teeth competently and independently by the time they leave school. The oral care skill has become part of the self-care curriculum of the schools. Parents who participated on a voluntary basis have found that the tooth brushing and flossing skills of their children have improved. Currently, 28 schools in Hong Kong have subscribed to the Dandelion Programme.

Figures on expenditure of the Dandelion Programme 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) and Special Oral Care Service (SOCS)

Besides, the 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 7 public hospitals are Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Prince of Wales Hospital, North District Hospital and Tuen Mun Hospital.

The number of attendances of patients with ID in the past 3 years is set out below –

Year	2018	2019	2020
Number of attendance	1 010	909	513

In order to improve the oral health of children with ID, the DH has set up a SOCS in September 2019 in collaboration with the Hospital Authority at the Hong Kong Children’s Hospital (HKCH) for pre-school children under 6 years old with ID for early intervention and prevention of common oral diseases. SOCS has also implemented an outreach dental service since September 2019 to provide free onsite dental check-up and oral health education for the eligible children at Special Child Care Centres under the Social Welfare Department. If necessary, children can be referred to the HKCH for follow-up dental treatment, including treatment under sedation/general anaesthesia. Since September 2019

up to end-January 2021, about 550 pre-school children have received dental check-up by the SOCS team and about 120 of them were referred to HKCH.

Figures on the expenditure for providing services to persons with ID under DH's OMS&DCs and SOCS are not available as it has been absorbed within the provision for dental services under its respective Programme.

Dental Service for Adult Patients with ID

Besides, the Government launched a three-year programme named "Healthy Teeth Collaboration" (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with ID. The Government will continue the programme for another 3 years. As at end-January 2021, about 3 000 adults with ID have registered under HTC. Among them, about 2 800 have received their first consultation. There are 5 non-governmental organisation dental clinics under HTC, 2 located on Hong Kong Island, 1 in Kowloon and 2 in the New Territories.

The annual expenditure of HTC in financial years in the past 3 years is as follows -

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Actual)	12.8
2020-21 (Revised estimate)	17.7

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)044

(Question Serial No. 2685)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in table form the following information on the Hospital Authority clusters in the past 5 years:

- (1) the annual intake, attrition and vacancies of doctors;
- (2) the annual intake, attrition and vacancies of nurses;
- (3) the annual intake, attrition and vacancies of occupational therapists;
- (4) the annual intake, attrition and vacancies of physiotherapists;
- (5) the annual intake, attrition and vacancies of speech therapists;
- (6) the annual intake, attrition and vacancies of pharmacists;
- (7) the annual intake, attrition and vacancies of medical social workers;
- (8) the annual intake, attrition and vacancies of health care assistants;
- (9) the annual intake, attrition and vacancies of ward attendants;
- (10) the annual intake, attrition and vacancies of patient care assistants;
- (11) the annual intake, attrition and vacancies of radiographers;
- (12) the annual intake, attrition and vacancies of medical laboratory technologists/medical laboratory technicians.

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

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving 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.

The tables below set out the intake and attrition number of doctors, nurses, AH professionals and care-related support staff in each hospital cluster from 2016-17 to 2020-21 (April – December 2020).

2016-17

Cluster	Staff Group / Major Grade		Intake Number	Attrition (Wastage) Number	
				FT	PT
HKEC	Doctors		47	41	8
	Nursing		212	147	0
	Allied Health	Medical Laboratory Technologist	7	5	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	9	9	0
		Social Workers	4	4	0
		Occupational Therapist	6	1	0
		Physiotherapist	8	5	0
		Pharmacist	3	2	0
		Speech Therapist	0	0	0
Care-related Support Staff		276	250	0	
HKWC	Doctors		64	33	6
	Nursing		206	211	10
	Allied Health	Medical Laboratory Technologist	23	15	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	11	3	0
		Social Workers	2	2	0
		Occupational Therapist	15	2	0
		Physiotherapist	16	6	0
		Pharmacist	3	3	1
		Speech Therapist	2	0	0
Care-related Support Staff		212	243	0	
KCC	Doctors		54	30	5
	Nursing		241	206	0
	Allied Health	Medical Laboratory Technologist	17	10	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	18	5	0
		Social Workers	2	1	0
		Occupational Therapist	11	5	0
		Physiotherapist	21	16	0
		Pharmacist	6	3	0
		Speech Therapist	0	0	0
Care-related Support Staff		405	323	0	
KEC	Doctors		44	39	2
	Nursing		190	145	5
	Allied Health	Medical Laboratory Technologist	8	3	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	5	1	0
		Social Workers	3	7	0
		Occupational Therapist	9	5	0
		Physiotherapist	9	4	3
		Pharmacist	4	0	0
		Speech Therapist	0	0	0
Care-related Support Staff		269	191	0	
KWC	Doctors		97	70	10
	Nursing		370	294	0
	Allied Health	Medical Laboratory Technologist	17	12	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	18	6	0
		Social Workers	5	6	0
		Occupational Therapist	16	11	0
		Physiotherapist	22	5	1
		Pharmacist	8	3	0
		Speech Therapist	0	0	0
Care-related Support Staff		382	366	1	
NTEC	Doctors		79	45	9
	Nursing		245	202	0
	Allied Health	Medical Laboratory Technologist	17	7	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	10	5	0
		Social Workers	5	5	0
		Occupational Therapist	13	8	0
		Physiotherapist	21	10	1
		Pharmacist	4	1	0
		Speech Therapist	3	2	0
Care-related Support Staff		539	435	1	
NTWC	Doctors		82	27	11
	Nursing		293	148	0
	Allied Health	Medical Laboratory Technologist	20	4	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	10	4	0
		Social Workers	1	0	0
		Occupational Therapist	12	8	0
		Physiotherapist	21	9	0
		Pharmacist	7	0	0
		Speech Therapist	3	1	0
Care-related Support Staff		382	301	0	

2017-18

Cluster	Staff Group / Major Grade		Intake Number	Attrition (Wastage) Number	
				FT	PT
HKEC	Doctors		58	32	10
	Nursing		244	140	7
	Allied Health	Medical Laboratory Technologist	8	1	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	12	1	0
		Social Workers	4	2	0
		Occupational Therapist	8	7	0
		Physiotherapist	8	2	0
		Pharmacist	6	1	0
		Speech Therapist	0	0	0
	Care-related Support Staff		254	250	0
HKWC	Doctors		60	45	10
	Nursing		250	175	12
	Allied Health	Medical Laboratory Technologist	11	9	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	6	3	0
		Social Workers	2	1	1
		Occupational Therapist	10	10	0
		Physiotherapist	10	6	0
		Pharmacist	7	3	0
		Speech Therapist	1	0	1
	Care-related Support Staff		224	239	0
KCC	Doctors		88	58	10
	Nursing		412	285	3
	Allied Health	Medical Laboratory Technologist	12	3	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	14	8	0
		Social Workers	5	2	0
		Occupational Therapist	10	6	0
		Physiotherapist	24	27	0
		Pharmacist	18	6	0
		Speech Therapist	2	0	2
	Care-related Support Staff		456	413	0
KEC	Doctors		65	46	11
	Nursing		261	119	3
	Allied Health	Medical Laboratory Technologist	5	2	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	3	6	1
		Social Workers	5	4	0
		Occupational Therapist	8	4	1
		Physiotherapist	17	10	1
		Pharmacist	3	1	0
		Speech Therapist	2	1	0
	Care-related Support Staff		226	232	1
KWC	Doctors		78	59	18
	Nursing		387	205	2
	Allied Health	Medical Laboratory Technologist	17	8	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	12	4	0
		Social Workers	8	3	0
		Occupational Therapist	21	9	0
		Physiotherapist	19	8	1
		Pharmacist	8	5	0
		Speech Therapist	0	0	0
	Care-related Support Staff		312	279	0
NTEC	Doctors		93	53	10
	Nursing		391	210	0
	Allied Health	Medical Laboratory Technologist	11	6	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	8	1	0
		Social Workers	7	1	0
		Occupational Therapist	12	5	0
		Physiotherapist	19	17	0
		Pharmacist	12	5	0
		Speech Therapist	1	0	0
	Care-related Support Staff		454	420	1
NTWC	Doctors		76	43	19
	Nursing		269	167	0
	Allied Health	Medical Laboratory Technologist	12	3	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	12	3	0
		Social Workers	2	0	0
		Occupational Therapist	13	7	0
		Physiotherapist	22	9	0
		Pharmacist	5	3	0
		Speech Therapist	3	1	0
	Care-related Support Staff		430	341	1

2018-19

Cluster	Staff Group / Major Grade		Intake Number	Attrition (Wastage) Number	
				FT	PT
HKEC	Doctors		59	36	9
	Nursing		239	178	6
	Allied Health	Medical Laboratory Technologist	8	6	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	5	6	0
		Social Workers	5	4	0
		Occupational Therapist	8	6	0
		Physiotherapist	11	7	0
		Pharmacist	6	5	0
		Speech Therapist	0	0	0
	Care-related Support Staff		257	235	0
HKWC	Doctors		61	47	7
	Nursing		262	207	12
	Allied Health	Medical Laboratory Technologist	24	17	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	5	7	0
		Social Workers	5	2	2
		Occupational Therapist	12	11	0
		Physiotherapist	12	10	0
		Pharmacist	3	3	1
		Speech Therapist	4	2	0
	Care-related Support Staff		212	218	3
KCC	Doctors		120	69	20
	Nursing		451	343	6
	Allied Health	Medical Laboratory Technologist	15	7	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	13	10	0
		Social Workers	3	4	0
		Occupational Therapist	16	11	0
		Physiotherapist	34	26	0
		Pharmacist	17	8	0
		Speech Therapist	1	0	0
	Care-related Support Staff		505	435	0
KEC	Doctors		76	53	9
	Nursing		316	172	3
	Allied Health	Medical Laboratory Technologist	10	4	1
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	6	2	0
		Social Workers	7	1	1
		Occupational Therapist	11	5	1
		Physiotherapist	16	8	0
		Pharmacist	6	3	0
		Speech Therapist	2	2	0
	Care-related Support Staff		276	232	0
KWC	Doctors		86	51	11
	Nursing		460	264	3
	Allied Health	Medical Laboratory Technologist	16	11	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	11	5	0
		Social Workers	8	6	0
		Occupational Therapist	11	13	0
		Physiotherapist	11	11	2
		Pharmacist	10	8	0
		Speech Therapist	0	1	0
	Care-related Support Staff		355	298	1
NTEC	Doctors		92	70	12
	Nursing		389	220	2
	Allied Health	Medical Laboratory Technologist	18	8	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	10	10	0
		Social Workers	3	4	0
		Occupational Therapist	16	12	0
		Physiotherapist	21	10	0
		Pharmacist	6	1	0
		Speech Therapist	3	1	0
	Care-related Support Staff		504	397	1
NTWC	Doctors		76	48	8
	Nursing		306	201	1
	Allied Health	Medical Laboratory Technologist	19	5	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	10	10	0
		Social Workers	1	1	0
		Occupational Therapist	13	9	0
		Physiotherapist	14	11	0
		Pharmacist	7	6	0
		Speech Therapist	2	2	0
	Care-related Support Staff		356	309	0

2019-20

Cluster	Staff Group / Major Grade		Intake Number	Attrition (Wastage) Number	
				FT	PT
HKEC	Doctors		52	26	10
	Nursing		256	193	3
	Allied Health	Medical Laboratory Technologist	8	3	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	10	5	0
		Social Workers	1	2	0
		Occupational Therapist	10	11	0
		Physiotherapist	14	9	0
		Pharmacist	6	3	0
		Speech Therapist	1	0	0
	Care-related Support Staff		353	247	0
HKWC	Doctors		65	28	3
	Nursing		333	154	18
	Allied Health	Medical Laboratory Technologist	17	4	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	5	6	0
		Social Workers	7	4	1
		Occupational Therapist	9	7	0
		Physiotherapist	10	2	0
		Pharmacist	5	1	1
		Speech Therapist	1	1	0
	Care-related Support Staff		150	147	3
KCC	Doctors		112	82	17
	Nursing		536	360	4
	Allied Health	Medical Laboratory Technologist	31	9	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	13	7	0
		Social Workers	9	4	0
		Occupational Therapist	18	8	1
		Physiotherapist	33	13	0
		Pharmacist	15	3	0
		Speech Therapist	3	2	0
	Care-related Support Staff		611	411	0
KEC	Doctors		66	38	6
	Nursing		318	159	10
	Allied Health	Medical Laboratory Technologist	13	4	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	9	4	0
		Social Workers	7	0	0
		Occupational Therapist	10	6	0
		Physiotherapist	14	6	1
		Pharmacist	9	1	0
		Speech Therapist	5	3	0
	Care-related Support Staff		352	207	1
KWC	Doctors		86	58	3
	Nursing		374	274	1
	Allied Health	Medical Laboratory Technologist	21	7	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	8	8	0
		Social Workers	10	6	0
		Occupational Therapist	24	19	0
		Physiotherapist	25	11	1
		Pharmacist	13	4	0
		Speech Therapist	0	0	0
	Care-related Support Staff		364	259	2
NTEC	Doctors		109	50	12
	Nursing		335	215	4
	Allied Health	Medical Laboratory Technologist	18	13	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	16	16	0
		Social Workers	3	4	0
		Occupational Therapist	19	9	0
		Physiotherapist	36	18	0
		Pharmacist	9	3	0
		Speech Therapist	2	1	1
	Care-related Support Staff		519	393	1
NTWC	Doctors		98	38	4
	Nursing		385	187	4
	Allied Health	Medical Laboratory Technologist	12	5	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)	12	7	0
		Social Workers	4	1	0

Cluster	Staff Group / Major Grade		Intake Number	Attrition (Wastage) Number	
				FT	PT
		Occupational Therapist	6	5	0
		Physiotherapist	21	11	1
		Pharmacist	6	3	0
		Speech Therapist	3	2	0
	Care-related Support Staff		505	344	2

2020-21 (April – December 2020)

Cluster	Staff Group / Major Grade		Intake Number	Attrition (Wastage) Number		
				FT	PT	
HKEC	Doctors		42	17	5	
	Nursing		247	129	5	
	Allied Health	Medical Laboratory Technologist		7	2	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)		7	4	0
		Social Workers		2	0	0
		Occupational Therapist		10	4	0
		Physiotherapist		5	3	0
		Pharmacist		3	1	0
		Speech Therapist		2	1	0
	Care-related Support Staff		293	167	1	
HKWC	Doctors		54	27	2	
	Nursing		231	132	12	
	Allied Health	Medical Laboratory Technologist		13	8	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)		12	2	0
		Social Workers		5	1	0
		Occupational Therapist		8	4	1
		Physiotherapist		6	6	0
		Pharmacist		5	2	0
		Speech Therapist		4	2	1
	Care-related Support Staff		115	101	0	
KCC	Doctors		123	39	6	
	Nursing		452	231	3	
	Allied Health	Medical Laboratory Technologist		30	19	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)		14	14	0
		Social Workers		3	2	0
		Occupational Therapist		10	5	0
		Physiotherapist		15	9	0
		Pharmacist		5	1	0
		Speech Therapist		3	0	0
	Care-related Support Staff		369	275	0	
KEC	Doctors		72	22	5	
	Nursing		259	95	8	
	Allied Health	Medical Laboratory Technologist		14	4	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)		8	2	0
		Social Workers		4	2	0
		Occupational Therapist		15	4	0
		Physiotherapist		14	6	0
		Pharmacist		3	2	0
		Speech Therapist		3	1	0
	Care-related Support Staff		247	140	0	
KWC	Doctors		90	19	5	
	Nursing		436	173	4	
	Allied Health	Medical Laboratory Technologist		15	6	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)		11	4	0
		Social Workers		10	7	0
		Occupational Therapist		35	7	0
		Physiotherapist		24	4	0
		Pharmacist		9	2	0
		Speech Therapist		7	3	0
	Care-related Support Staff		303	186	1	
NTEC	Doctors		74	22	7	
	Nursing		385	198	1	
	Allied Health	Medical Laboratory Technologist		17	11	0
		Radiographer (Diagnostic Radiographer & Radiation Therapist)		17	9	0
		Social Workers		5	3	0
		Occupational Therapist		22	5	0
		Physiotherapist		23	13	0
		Pharmacist		6	5	0
		Speech Therapist		1	0	0
	Care-related Support Staff		377	283	2	
NTWC	Doctors		70	22	4	
	Nursing		276	163	6	
	Allied Health	Medical Laboratory Technologist	17	4	0	

Cluster	Staff Group / Major Grade	Intake Number	Attrition (Wastage) Number	
			FT	PT
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	13	3	0
	Social Workers	1	1	0
	Occupational Therapist	15	5	0
	Physiotherapist	21	5	1
	Pharmacist	6	3	0
	Speech Therapist	6	5	0
	Care-related Support Staff	291	193	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 are not regarded as Intake.
2. Intake number of Doctors includes number of Interns appointed as Residents. Intake number of Pharmacists includes number of Interns appointed as Resident Pharmacists.
3. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis. Temporary staff such as Pharmacy Interns and Trainee Nurses are not included.
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. "Care-related support staff" includes health care assistants, ward attendants, patient care assistants, etc. Supporting jobs in HA are generally grouped into 3 job streams, namely Patient Support, Operation Support and Executive Support, and the job incumbents are mainly hired as patient care assistants, operation assistants and executive assistants respectively.
7. 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

FT – Full-time

PT – Part-time

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)045****(Question Serial No. 2686)**

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:

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, the total provisions, the total number of doctors, nurses, allied health professionals and general beds, and their respective percentage shares over the past 3 years.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 54)

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 2018 to 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

Population Estimates in 2019 (as at mid-2019)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	765 300	140 900
Central & Western, Southern	HKWC	515 300	93 500
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 179 700	212 400
Kwun Tong, Sai Kung	KEC	1 169 200	207 400
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 403 300	244 500
Sha Tin, Tai Po, North	NTEC	1 320 300	229 300
Tuen Mun, Yuen Long	NTWC	1 153 200	193 900
Overall Hong Kong		7 507 400	1 322 000

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 in 2018-19, 2019-20 and 2020-21 (as at 31 December 2020).

2018-19

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total					
	Doctors	% of Cluster Overall	Nurses	% of Cluster Overall	Allied Health Staff	% of Cluster Overall
HKEC	622	10.5%	2 855	10.5%	847	10.6%
HKWC	630	10.6%	2 891	10.6%	971	12.2%
KCC	1 235	20.8%	5 522	20.3%	1 695	21.2%
KEC	698	11.7%	3 120	11.5%	847	10.6%
KWC	1 000	16.8%	4 506	16.6%	1 275	16.0%
NTEC	963	16.2%	4 565	16.8%	1 310	16.4%
NTWC	802	13.5%	3 756	13.8%	1 037	13.0%
Cluster Total	5 952	100%	27 214	100%	7 982	100%

2019-20

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total					
	Doctors	% of Cluster Overall	Nurses	% of Cluster Overall	Allied Health Staff	% of Cluster Overall
HKEC	640	10.3%	2 947	10.2%	878	10.5%
HKWC	659	10.7%	3 060	10.6%	1 004	12.0%
KCC	1 272	20.6%	5 970	20.6%	1 798	21.6%
KEC	727	11.8%	3 321	11.5%	902	10.8%
KWC	1 038	16.8%	4 955	17.1%	1 316	15.8%
NTEC	1 004	16.2%	4 696	16.2%	1 357	16.3%
NTWC	844	13.7%	3 968	13.7%	1 088	13.0%
Cluster Total	6 183	100.0%	28 919	100.0%	8 343	100.0%

2020-21 (as at 31 December 2020)

Cluster	Number of doctors, nurses and allied health staff, their % of clusters total					
	Doctors	% of Cluster Overall	Nurses	% of Cluster Overall	Allied Health Staff	% of Cluster Overall
HKEC	659	10.2%	3 049	10.4%	906	10.4%
HKWC	672	10.4%	3 058	10.4%	1 020	11.7%
KCC	1 362	21.0%	6 066	20.6%	1 861	21.3%
KEC	774	11.9%	3 411	11.6%	959	11.0%
KWC	1 090	16.8%	4 950	16.8%	1 423	16.3%
NTEC	1 046	16.1%	4 797	16.3%	1 407	16.1%
NTWC	887	13.7%	4 074	13.9%	1 153	13.2%
Cluster Total	6 490	100.0%	29 405	100.0%	8 729	100.0%

The tables below set out the number of general beds in HA by hospital clusters and their respective percentage of the HA total from 2018-19 to 2020-21.

2018-19

Hospital Cluster	Number of general beds [#]	% of overall HA
HKEC	2 177	9.6%
HKWC	2 866	12.7%
KCC	4 949	21.9%
KEC	2 531	11.2%
KWC	3 531	15.7%
NTEC	3 819	16.9%
NTWC	2 688	11.9%
Overall HA	22 561	100.0%

Hospital beds as at 31 March 2019

2019-20

Hospital Cluster	Number of general beds [#]	% of overall HA
HKEC	2 248	9.7%
HKWC	2 846	12.3%
KCC	5 137	22.3%

Hospital Cluster	Number of general beds [#]	% of overall HA
KEC	2 604	11.3%
KWC	3 559	15.4%
NTEC	3 886	16.8%
NTWC	2 787	12.1%
Overall HA	23 067	100.0%

Hospital beds as at 31 March 2020

2020-21

Hospital Cluster	Number of general beds [^]	% of overall HA
HKEC	2 273	9.7%
HKWC	2 797	11.9%
KCC	5 278	22.5%
KEC	2 674	11.4%
KWC	3 633	15.5%
NTEC	3 960	16.9%
NTWC	2 851	12.1%
Overall HA	23 466	100.0%

[^] Hospital beds as at 31 December 2020

The table below sets out the recurrent budget allocation for each cluster of the HA in the past 3 years from 2018-19 to 2020-21.

Year	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Cluster Total
	(\$ billion)							
2018-19	6.31	6.58	12.25	6.59	10.01	9.82	8.57	60.13
2019-20	6.91	7.18	14.16	7.33	11.05	10.73	9.52	66.88
2020-21 (projection as of 31 December 2020)	7.60	7.57	15.32	8.06	12.11	11.56	10.31	72.53

Note:

- (1) 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. The 2020-21 budget allocation to clusters has also incorporated the additional Government funding to HA to combat the COVID-19 epidemic. 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.
- (2) 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.

- (3) 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.
- (4) 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.
- (5) 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.
- (6) 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**FHB(H)046****(Question Serial No. 2932)**

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:

Adjustment to the fees and charges for a number of public hospital services took effect on 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 of various triage categories in the A&E departments of public hospitals in each month of 2018-19, 2019-20 and 2020-21 in table form as shown below.

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					
May 2018					
June 2018					
July 2018					
August 2018					
September 2018					
October 2018					
November 2018					
December 2018					
January 2019					
February 2019					
March 2019					

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 comparing the figures on A&E attendance of Triages 4 and 5 categories with the corresponding figures in the past 3 years? If yes, what are the details? If not, what are the reasons?

3. The average unit cost of A&E service.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 10)

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 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

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
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

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	60 811	94 950	5 265
December 2019	2 244	4 774	65 788	98 918	5 889
January 2020	2 156	4 574	59 389	94 174	5 761
February 2020	2 012	3 563	37 444	55 089	3 536
March 2020	1 769	3 608	43 068	66 807	4 168

2020-21 (Up to 31 December 2020) [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 2020	1 704	3 627	42 461	60 480	3 432
May 2020	1 806	4 095	52 070	75 380	3 799
June 2020	1 748	4 102	55 590	81 903	3 777
July 2020	1 740	3 814	48 388	82 585	6 765
August 2020	1 859	3 823	44 162	65 663	4 132
September 2020	1 716	4 048	50 375	72 117	3 209
October 2020	1 826	4 127	55 222	82 015	4 139
November 2020	1 842	4 154	54 987	83 127	4 758
December 2020	2 249	4 223	48 441	63 416	3 124

Note:

In view of the emergence of the Coronavirus Disease 2019 (COVID-19) epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

(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.

For the period from July 2019 to June 2020, the total number of Triage 1 (Critical), Triage 2 (Emergency) and Triage 3 (Urgent) attendances had decreased by 7.8%, while the numbers of Triage 4 (Semi-urgent) and Triage 5 (Non-urgent) attendances had decreased by 18.4% and 45.5% respectively when compared with the corresponding period before the fee revision 3 years ago.

While the decrease in the number of A&E attendances from July 2019 to June 2020 partly reflected the impact of the COVID-19 epidemic, taking also into account the number of

A&E attendances during the periods from July 2017 to June 2018, and July 2018 to June 2019, the fee revision may to some extent lead to certain behavioural change of patients with less urgent conditions (i.e. Triage 4 and 5) in seeking medical consultation. The Government and HA will continue to monitor the utilisation and quality of A&E service to ensure timely treatment for patients in need.

(3)

The table below set out the average cost per attendance of A&E services provided by HA from 2018-19 to 2020-21.

Year	Average cost per attendance (\$)
2018-19	1,530
2019-20	1,780
2020-21 (Revised Estimate)	1,920

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.

Note:

In view of the emergence of COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years. With such impact of COVID-19 on unit cost (if any) incorporated in 2019-20 costing information and 2020-21 costing projection, costing information may not be directly comparable across years.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)047

(Question Serial No. 2933)

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:

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 2020-21.

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 (25th percentile), median (50th percentile), upper quartile (75th percentile) and longest (90th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2020-21 (up to 31 December 2020).

2020-21 (up to 31 December 2020) [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)			
				25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th
percentile				percentile				percentile											
HKEC	ENT	369	5%	<1	<1	<1	<1	1 696	24%	2	7	7	7	5 139	71%	13	35	96	105
	MED	840	8%	<1	1	1	2	2 707	26%	3	5	7	7	6 982	66%	12	30	66	107
	GYN	498	14%	<1	<1	<1	1	321	9%	2	5	7	7	2 699	77%	22	30	40	42
	OPH	3 358	35%	<1	<1	<1	1	1 481	16%	4	7	8	8	4 665	49%	13	48	73	76
	ORT	908	11%	<1	1	1	2	1 223	15%	3	5	7	7	6 089	74%	19	47	90	116
	PAE	81	14%	<1	<1	1	1	426	73%	2	3	5	8	78	13%	6	8	10	14
	PSY	177	7%	<1	1	1	1	730	28%	1	3	4	7	1 708	65%	4	14	26	33
	SUR	743	7%	<1	1	1	2	2 670	25%	5	7	7	8	7 424	68%	18	52	73	76

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)			
				25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th
				percentile						percentile						percentile			
HKWC	ENT	1 020	20%	<1	<1	<1	1	1 594	32%	3	6	7	7	2 401	48%	13	26	65	89
	MED	1 886	14%	<1	<1	1	1	1 317	10%	2	3	6	7	9 814	73%	16	30	63	115
	GYN	926	21%	<1	<1	1	1	517	12%	4	5	6	7	2 927	67%	17	42	58	61
	OPH	2 457	36%	<1	1	1	2	1 094	16%	4	5	7	8	3 242	48%	55	55	58	60
	ORT	904	12%	<1	1	1	2	907	12%	2	3	5	7	5 777	76%	8	18	35	74
	PAE	86	7%	<1	<1	1	1	189	16%	1	3	5	7	869	76%	11	12	15	16
	PSY	391	15%	<1	1	1	1	857	32%	3	4	6	7	1 419	53%	12	18	58	72
	SUR	2 101	19%	<1	<1	1	2	1 926	17%	2	4	6	7	7 169	64%	8	26	63	96
KCC	ENT	1 137	9%	<1	<1	1	1	1 554	12%	3	4	6	7	10 497	80%	15	78	101	147
	MED	1 046	6%	<1	1	1	2	2 569	14%	4	5	7	7	14 229	79%	35	76	99	110
	GYN	729	9%	<1	<1	1	1	1 911	23%	3	5	7	7	5 561	68%	14	20	34	36
	OPH	5 673	31%	<1	<1	<1	<1	3 860	21%	2	2	3	5	8 997	49%	115	123	127	132
	ORT	1 442	13%	<1	<1	1	1	1 541	14%	3	4	6	7	8 410	74%	15	51	101	140
	PAE	930	28%	<1	<1	1	1	700	21%	3	3	5	6	1 712	51%	3	9	12	17
	PSY	278	13%	<1	1	1	1	918	43%	2	4	6	7	922	44%	9	14	16	36
	SUR	2 363	9%	<1	1	1	2	4 245	16%	3	5	6	7	19 180	74%	16	34	75	83
KEC	ENT	1 389	15%	<1	<1	1	1	1 843	20%	6	7	7	8	5 923	65%	16	83	86	91
	MED	1 138	6%	<1	1	1	2	3 473	19%	3	6	7	8	13 376	74%	23	70	144	147
	GYN	1 004	17%	<1	1	1	1	650	11%	3	5	7	7	4 321	72%	15	41	47	94
	OPH	3 909	31%	<1	<1	<1	1	1 726	14%	5	7	7	7	6 992	55%	11	23	87	131
	ORT	2 181	19%	<1	<1	<1	1	2 244	20%	3	6	7	7	6 867	61%	24	79	100	114
	PAE	575	21%	<1	<1	<1	1	331	12%	3	6	7	7	1 827	67%	9	10	20	51
	PSY	190	3%	<1	1	1	2	1 696	29%	1	3	6	7	3 857	66%	15	46	91	94
	SUR	1 309	7%	<1	1	1	1	4 109	23%	5	7	7	8	12 816	70%	31	53	65	109
KWC	ENT	1 590	14%	<1	<1	1	1	1 502	13%	3	5	7	8	8 062	72%	20	82	99	107
	MED	1 256	8%	<1	1	1	2	4 054	25%	4	5	7	8	10 463	64%	39	80	105	113
	GYN	220	3%	<1	<1	1	2	1 156	17%	3	5	7	7	5 413	79%	15	31	56	63
	OPH	4 671	34%	<1	<1	<1	<1	4 530	33%	<1	1	2	3	4 598	33%	<1	13	117	118
	ORT	1 355	11%	<1	1	1	1	1 897	15%	3	3	5	7	8 955	73%	34	55	64	104
	PAE	916	29%	<1	<1	<1	1	668	21%	2	3	5	7	1 509	48%	5	11	14	18
	PSY	286	3%	<1	<1	1	1	820	8%	1	4	6	7	9 092	89%	2	16	50	79
	SUR	1 702	8%	<1	1	1	2	4 859	23%	4	6	7	7	14 825	69%	18	37	45	61
NTEC	ENT	2 390	17%	<1	<1	1	2	3 613	25%	3	5	6	8	8 463	59%	13	69	81	92
	MED	1 760	8%	<1	<1	1	1	2 345	11%	5	6	7	8	16 452	78%	23	88	109	133
	GYN	1 780	20%	<1	<1	<1	1	807	9%	4	5	7	7	5 944	66%	23	47	72	83
	OPH	4 613	27%	<1	<1	1	1	2 495	15%	3	4	6	8	9 751	58%	16	30	72	77
	ORT	3 161	21%	<1	<1	<1	1	1 169	8%	3	5	7	7	10 530	71%	24	59	102	121
	PAE	103	4%	<1	1	1	2	253	10%	4	5	6	7	2 226	86%	4	12	23	26
	PSY	826	12%	<1	1	1	1	1 807	27%	3	4	6	7	4 075	61%	18	54	93	99
	SUR	1 718	7%	<1	1	1	2	2 527	11%	4	6	7	8	18 865	80%	18	35	69	78

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)						
				25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th			
				percentile						percentile						percentile						
NTWC	ENT	2 516	24%	<1	<1	<1	1	1 170	11%	3	4	6	7	6 897	65%	17	40	76	79			
	MED	703	6%	<1	<1	1	1	2 433	22%	4	5	7	7	7 919	71%	18	87	105	117			
	GYN	1 003	20%	<1	<1	<1	1	241	5%	4	6	8	11	3 699	75%	20	71	72	73			
	OPH	6 502	45%	<1	<1	<1	1	2 115	15%	2	3	4	5	5 793	40%	3	10	61	65			
	ORT	1 357	12%	<1	1	1	2	1 313	12%	4	6	7	8	8 368	76%	51	79	85	97			
	PAE	174	10%	<1	1	1	1	499	30%	5	6	7	7	999	60%	15	23	28	29			
	PSY	386	7%	<1	1	1	1	1 242	23%	1	3	5	7	3 736	70%	9	33	59	64			
	SUR	1 559	8%	<1	1	1	2	3 735	19%	4	6	8	13	13 956	72%	22	59	62	118			
Overall HA	ENT	10 411	15%	<1	<1	1	1	12 972	18%	3	5	7	8	47 382	67%	16	59	88	103			
	MED	8 629	8%	<1	1	1	2	18 898	17%	4	5	7	7	79 235	73%	22	67	105	133			
	GYN	6 160	14%	<1	<1	1	1	5 603	13%	3	5	7	7	30 564	71%	17	34	56	73			
	OPH	31 183	34%	<1	<1	<1	1	17 301	19%	2	3	5	7	44 038	48%	12	53	83	126			
	ORT	11 308	15%	<1	<1	1	1	10 294	13%	3	4	7	7	54 996	72%	19	58	88	115			
	PAE	2 865	19%	<1	<1	1	1	3 066	20%	2	4	6	7	9 220	61%	6	11	18	26			
	PSY	2 534	7%	<1	1	1	1	8 070	23%	2	3	6	7	24 809	70%	9	26	60	91			
	SUR	11 495	9%	<1	1	1	2	24 071	18%	4	6	7	8	94 235	72%	18	40	64	81			

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.

In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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

FHB(H)048

(Question Serial No. 2934)

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:

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 2018-19, 2019-20 and 2020-21.

	2018-19	2019-20	2020-21
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.

	2018-19	2019-20	2020-21
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 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

	2018-19	2019-20	2020-21 (up to 31 December 2020)
Number of surgeries			
HKEC	2 908	1 838	1 181
HKWC	3 526	3 416	1 999
KCC	6 091	5 710	2 780
KEC	3 537	2 756	832
KWC	2 503	2 198	1 281
NTEC	4 002	3 513	3 380
NTWC	3 263	2 870	1 816

	2018-19	2019-20	2020-21 (up to 31 December 2020)
Number of patients on the waiting list (as at 31 March of financial year end)			
HKEC	4 370	6 237	7 086
HKWC	2 996	3 244	3 961
KCC	11 298	13 122	14 747
KEC	2 637	2 874	4 484
KWC	6 109	7 685	9 122
NTEC	7 436	8 308	7 570
NTWC	8 365	9 631	10 957
90 th percentile waiting time (months) for patients who have received operations in the past 12 months	(1 April 2018 to 31 March 2019)	(1 April 2019 to 31 March 2020)	(1 January 2020 to 31 December 2020)
HKEC	16	18	26
HKWC	10	10	13
KCC	25	26	29
KEC	12	12	15
KWC	27	29	35
NTEC	23	25	26
NTWC	30	33	39

The costs for an ambulatory cataract surgery (mainly day cases) were estimated to be \$19,210 and \$23,060 in 2018-19 and 2019-20 respectively, and are projected to be around \$24,490 in 2020-21. 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.

Note:

1. The waiting time for cataract surgeries is the 90th percentile waiting time for patients who have received operations in the past 12 months.
2. In view of the emergence of the Coronavirus Disease 2019 (COVID-19) epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years. With such impact of COVID-19 on unit cost (if any) incorporated in 2019-20 costing information and 2020-21 costing projection, costing information may not be directly comparable across years.

(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 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

	2018-19	2019-20	2020-21 (up to 31 December 2020)
Number of surgeries under the Cataract Surgeries Programme	514	604	583
Projected time for patient to receive surgery in the Cataract Surgeries Programme after they listed in HA for cataract surgery (months)	24	24	24 (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

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)049

(Question Serial No. 2937)

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:

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.: 38)

Reply:

(1)

The table below sets out the numbers of inpatient cases and outpatient attendances with medical fee waivers granted to the recipients of the Comprehensive Social Security Assistance (CSSA), non-CSSA recipients¹ who are Eligible Persons² (EP) in the Hospital Authority (HA), and older Old Age Living Allowance (OALA) recipients with more financial needs³ (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.

		2018-19	2019-20	2020-21 (Up to 31 December 2020)
CSSA recipients	Number of inpatient cases granted with medical fee waivers	292 461	278 409	195 912
	Number of outpatient attendances granted with medical fee waivers	2 940 071	2 691 125	1 812 140
	Medical fee waived amount (\$ million) ⁴	501.9	473.6	322.8
Non-CSSA recipients	Number of inpatient cases granted with medical fee waivers	36 077	36 597	28 111
	Number of outpatient attendances granted with medical fee waivers	205 069	212 831	261 229
	Medical fee waived amount (\$ million) ⁴	88.5	96.2	78.9
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	194 034	208 946	141 091
	Number of outpatient attendances granted with medical fee waivers	1 710 294	1 895 155	1 331 222
	Medical fee waived amount (\$ million) ⁴	326.2	358.6	249.0

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 the 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 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
2018-19	276	463	833	220
2019-20	288	471	833	220
2020-21 (up to 31 December 2020)	299	493	830	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 the MSWs and SWs of SWD are provided by SWD.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)050

(Question Serial No. 2938)

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:

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 CHAN Pierre (LegCo internal reference no.: 50)

Reply:

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.

1. 2. & 4.

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 financial years. HA does not maintain statistics on the applicants' districts of residence.

	2016-17 [^]		2017-18		2018-19		2019-20		2020-21 (up to 31 December 2020) [Provisional figures]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Number of patients on active central waiting list (as at 31 March)	3	5	1	2	1	4	2	6	2	5
Number of new applications	9	12	12	8	9	12	13	10	13	5
Number of withdrawals / not-eligible applications	3	2	3	1	2	1	1	2	2	0
Number of patients on inactive central waiting list (as at 31 March)	22	15	19	12	20	11	19	12	18	11
Number of inpatient admissions*	313	214	325	273	256	278	244	190	171	149
Median waiting time (months)	12.5		2.1		1.0		0.7		NA [@]	
90 th percentile waiting time (months) [#]	36.6		23.1		7.5		1.1		NA [@]	

Note:

[^] 20 additional beds have been put into operation since December 2016.

* Including patients admitted from general hospital after management of physical problems.

[#] HA uses 90th percentile to denote the longest waiting time.

[@] In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong, the eligibility assessment and admission were suspended.

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, 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 5 financial years.

	Psychiatric Doctors ^{1 & 2}	Psychiatric Nurses ^{1 & 3} (including Community Psychiatric Nurses)	Clinical Psychologists ¹	Occupational Therapists ¹
2016-17	83	726	13	60
2017-18	82	737	14	59
2018-19	81	747	13	59
2019-20	83	762	14	60

	Psychiatric Doctors^{1 & 2}	Psychiatric Nurses^{1 & 3} (including Community Psychiatric Nurses)	Clinical Psychologists¹	Occupational Therapists¹
2020-21 (as at 31 December 2020)	83	756	16	64

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 Castle Peak Hospital and SLH.

The table below sets out the average cost per patient day and the average cost per inpatient discharged for providing mentally handicapped service in SLH from 2016-17 to 2019-20. Since the financial year of 2020-21 has just ended, corresponding cost information is not available at the moment.

	2016-17	2017-18	2018-19	2019-20
Average cost per patient day (\$)	1,552	1,547	1,670	1,828
Average cost per inpatient discharged (\$)	495,287	432,260	506,549	678,806

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 pharmacy); 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 average cost per inpatient discharged represent an average computed with reference to its total costs of the service and the activities (in terms of patient days and inpatient discharged) provided.

Most mentally handicapped patients require lengthy hospital stay. The cost per inpatient discharged will vary depending on the actual length of stay of individual patients which is highly variable. The cost per patient day is a better indicator for reflecting the average cost of the services involved.

5.

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 5 financial years. Breakdown by gender, age and districts of residence is not available.

	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 December 2020) [Provisional figures]
Number of patients received respite care	0	0	0	1	2

No patient application for respite care in SLH was rejected in the past 5 financial years.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)051

(Question Serial No. 2846)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise this Committee of the targets and dates of the blitz operations for compulsory Covid-19 testing in all the areas and buildings locked down by the Government in the past year, the numbers of buildings and residents affected, and the actual expenditure incurred for such operations.

Please advise this Committee of the estimated manpower and expenditure involved for relevant operations to be conducted this year.

Asked by: Hon CHENG Chung-tai (LegCo internal reference no.: 111)

Reply:

The Government has been refining its anti-epidemic strategies according to the development of the epidemic, amongst which, extensive COVID-19 testing helps to achieve "early identification, early isolation and early treatment" and cut the transmission chains in the community as far as possible. By virtue of the power under the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J), the Government may make restriction-testing declarations (RTDs), delineating restricted areas within which persons are required to stay in their premises and undergo compulsory testing in accordance with the arrangements by the Government. Persons inside the restricted area can only leave after the relevant test results are mostly ascertained.

From 23 January to 22 March 2021, the Government made RTDs and delineated 36 restricted areas in multiple districts (including Yau Tsim Mong District, Eastern District, Kwun Tong District, Yuen Long District, Sham Shui Po District, Kowloon City District, Tuen Mun District, Sha Tin District, Wong Tai Sin District, Central & Western District and Sai Kung District), and carried out enforcement operations to verify that all people in the restricted areas had undergone compulsory testing. Details of RTDs for restricted areas issued by the Government (including dates) can be found at https://www.coronavirus.gov.hk/pdf/compulsorytestingnotice_premises_ENG.pdf.

According to the Home Affairs Department, which is responsible for co-ordinating the enforcement operations for compulsory testing notices and operations for RTDs, nearly 12 700 man-time of civil servants were mobilised in the relevant operations from 23 January to 24 February, during which about 25 000 people were tested in the 27 designated restricted areas.

Since the expenses for the operations are absorbed within the overall provision of related government bureaux/departments, the actual expenses or the relevant manpower and financial provision in 2021-22 cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)052****(Question Serial No. 2915)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the actual expenditure and the number of attendances for the Kwai Tsing District Health Centre (DHC) last year.

Please set out the locations, the commissioning schedules, the services to be provided and the service capacities of DHCs to be set up in Sham Shui Po, Wong Tai Sin, Wan Chai, Eastern District, Yau Tsim Mong, Kwun Tong, Tai Po, Sai Kung, North District and Central and Western District.

Asked by: Hon CHENG Chung-tai (LegCo internal reference no.: 120)

Reply:

In 2019-20, the expenditure on rental and operation service contract for K&TDHC was \$43.6 million. The number of attendances of the K&TDHC in 2019-20 and 2020-21 are detailed in the following table –

	Number of Attendances	
	2019-20	2020-21 (up to December 2020) (Provisional figure)
Primary Prevention	9 000	32 000
Secondary Prevention	3 000	10 200
Tertiary Prevention	400	2 500
Total	12 300	44 600

(Note: Figures are rounded to the nearest hundred.)

Following K&TDHC, the Sham Shui Po (SSP) DHC, located in Shek Kip Mei Estate Phase 6 Redevelopment, is expected to commence operation in the second quarter of 2021, while the Wong Tai Sin (WTS) DHC, located in Diamond Hill Public Housing Development Phase I, is expected to commence operation in the second quarter of 2022. The target average annual attendances for the upcoming SSP DHC and WTS DHC will be over 69 900 and 69 300 each. Similar to the K&TDHC, DHCs in SSP and WTS would 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.

Apart from SSP and WTS, the eight other DHCs will be set up in accordance with the timelines of the respective works projects. The location of the DHCs are listed in the following table. The actual services to be provided in and the service capacities of these DHCs will be finalised closer to the time of service commencement taking into account district demographics and healthcare needs.

District	Location of DHC
Wan Chai	Caroline Hill Road Site
Eastern District	Junction of Siu Sai Wan Road and Harmony Road
Yau Tsim Mong	Ex-Mong Kok Market Site
Kwun Tong	Site near MTR Kwun Tong Station
Tai Po	Ex-Jockey Club Swimming Pool Site at On Pong Road
Sai Kung	Area 67, Tseung Kwan O
North District	Area 4 and 30 of Site 1, Sheung Shui
Central and Western	Junction of Chung Kong Road, Western Fire Services Street and Connaught Road West

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)053****(Question Serial No. 1064)**

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:

1. Regarding the financial provision allocated to the Hospital Authority (HA) in 2020-21 for its recurrent expenditure, please provide a breakdown, including the expenditure spent on equipment and salaries.
2. Please set out the respective median salaries of HA general practitioners and specialists of various specialties.
3. What factors are considered by the Government in formulating the remuneration for HA doctors? Has the Government made reference to the median salaries of overseas doctors? If yes, please provide the statistics of the countries in question. If not, what are the reasons?

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 17)

Reply:

1.

The table below sets out the total recurrent operating expenditure of the Hospital Authority (HA) in 2020-21:

	2020-21 (projection as of 31 December 2020) (\$ billion)
Staff Costs	57.61
Drug Expenditure	8.62
Other Expenditure	14.88
Total Recurrent Operating Expenditure	81.11

Note:

1) 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, drug expenditure (including self-financed items), medical supplies and utilities charges, etc. It also includes expenditure incurred to combat the Coronavirus Disease 2019 epidemic which is supported by additional funding from the Government.

2.

The table below sets out the median monthly salaries of doctors by rank with the respective pay point and pay scale in HA in 2020-21 (as at 31 December 2020)-

Rank	Basic Salary		
	Median (\$)	Pay Point	Pay Scale (\$)
Consultant	184,850	HGPS point 50 - 53A	150,950 – 243,800
Senior Medical Officer/Associate Consultant	135,470	HGPS point 45 - 49	117,580 – 135,470
Medical Officer/Resident	78,385	HGPS point 30 - 44B	64,270 – 121,790

Note:

1) The basic salaries for 2020-21 are based on actual figures as at December 2020.

2) Salaries of doctors from different specialties under the same rank adopt the same pay scale in HA.

3) The above figures refer to basic salary only. Total remuneration includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit, and death and disability benefit.

3.

HA's staff establishment and rank structures were originally inherited from the civil service, including in respect of the medical grade which has comparable/similar ranks in the civil service. HA, as empowered by the HA Ordinance, is vested with the authority to determine the remuneration and the terms and conditions of employment of its employees. Subject to operational needs, market situation and financial sustainability, HA reviews from time to time the remuneration of its staff, including medical staff, taking into account adjustments to relevant pay levels and scales in the civil service as and when appropriate, with a view to improving their remuneration under limited resources in accordance with HA's service priority.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)054

(Question Serial No. 1072)

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:

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 2020-21, and their respective manpower shortfall in the same year;
2. in table form, the turnover rates of doctors in 2019-20 and 2020-21 by department;
3. in table form, the numbers of non-locally trained doctors recruited under limited registration in 2020-21 by department;
4. in table form, the respective salary expenditures on doctors, nursing staff, allied health professionals and care-related support staff in 2020-21; and
5. the remunerations of key management personnel in 2019-20 and 2020-21 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.: 25)

Reply:

(1)

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving 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 2020-21 (revised estimate), HA has 6 430 doctors, 29 580 nurses and 8 880 AH staff. The attrition rate for full time doctor in 2020-21 is 3.9% (rolling 12 months from 1 January to 31 December 2020), equivalent to 237 full-time doctors.

In regard to nursing manpower, the attrition rate for full-time nurse in 2020-21 is 5.7% (rolling 12 months from 1 January to 31 December 2020), equivalent to 1 533 full-time

nurses. For manpower of AH grades, the attrition rate for full-time AH staff in 2020-21 is 4.2% (rolling 12 months from 1 January to 31 December 2020), equivalent to 352 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 2019-20 and 2020-21 (rolling 12 months from 1 January to 31 December 2020).

Table 1: Attrition rates of full-time doctors by department and by rank in 2019-20 and 2020-21 (rolling 12 months from 1 January to 31 December 2020)

Department	2019-20				2020-21 (rolling 12 months from 1 January to 31 December 2020)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	14.5%	4.2%	5.8%	5.9%	4.6%	4.1%	4.1%	4.2%
Anaesthesia	6.3%	8.2%	2.0%	5.1%	11.0%	4.7%	2.9%	4.8%
Cardiothoracic Surgery	0.0%	15.4%	0.0%	4.9%	0.0%	0.0%	0.0%	0.0%
Family Medicine	0.0%	2.5%	7.8%	6.1%	0.0%	2.5%	4.8%	4.0%
Intensive Care Unit	5.3%	3.6%	5.7%	4.9%	5.1%	3.6%	4.1%	4.0%
Medicine	5.3%	5.9%	3.9%	4.8%	6.3%	3.2%	2.5%	3.2%
Neurosurgery	5.9%	7.9%	5.7%	6.3%	5.7%	8.3%	1.9%	4.2%
Obstetrics & Gynaecology	9.3%	9.8%	2.7%	6.0%	11.7%	4.6%	2.7%	5.0%
Ophthalmology	10.0%	19.6%	1.2%	8.7%	14.8%	8.8%	6.7%	8.4%
Orthopaedics & Traumatology	10.3%	7.9%	1.5%	4.8%	3.4%	3.8%	0.0%	1.6%
Paediatrics	7.5%	3.8%	3.1%	4.1%	13.6%	3.0%	1.9%	4.2%
Pathology	12.4%	10.9%	3.0%	8.0%	5.4%	9.4%	2.9%	5.4%
Psychiatry	10.1%	4.8%	4.8%	5.4%	4.7%	4.8%	1.5%	3.0%
Radiology	8.0%	15.4%	2.1%	7.4%	6.4%	8.3%	2.7%	5.1%
Surgery	4.5%	8.0%	1.0%	3.6%	3.1%	6.7%	0.6%	2.8%
Others	9.3%	5.8%	4.4%	5.8%	13.0%	1.1%	3.5%	4.5%
Overall	7.7%	6.8%	3.9%	5.4%	7.0%	4.3%	2.7%	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. 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 2020-21.

Table 2: Number of Non-locally Trained Doctors in HA in 2020-21 (up to 31 December 2020)

Cluster	Specialty	2020-21 (up to 31 December 2020)
HKEC	Family Medicine	1
HKWC	Anaesthesia	4
	Emergency Medicine	1
	Paediatrics	1
	Pathology	1
	Radiology	1
	Surgery	1
KCC	Paediatrics	1
	Radiology	1
KEC	Emergency Medicine	1
	Family Medicine	3
	Internal Medicine	2
	Ophthalmology	1
KWC	Internal Medicine	1
	Radiology	1
NTEC	Anaesthesia	1
	Cardiothoracic Surgery	1
	Emergency Medicine	1
	Family Medicine	1
	Internal Medicine	1
	Neurosurgery	1
	Obstetrics & Gynaecology	1
	Radiology	1
Surgery	2	
NTWC	Emergency Medicine	1
	Radiology	1
Total		33

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, AH professionals and care-related support staff of HA in 2020-21 (full year projection):

Staff Group	Total Salary Expenditure (\$ million) (Full Year Projection)
Doctors	14,047
Nursing	22,475
AH Professionals	7,534
Care-related Support Staff	4,766

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 “AH Professionals” group includes Radiographers, Medical Technologists / Medical Laboratory Technicians, Occupational Therapists, Physiotherapists, Pharmacists, Medical Social Workers, etc.
4. The “Care-related Support Staff” group 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 2020-21 represent full-year projection.

(5)

The table below sets out the remuneration of the key management personnel of HA for 2019-20. The actual expenditure for 2020-21 will only be available after the close of the financial year and therefore estimated expenditure for 2020-21 is not available.

Year	Remuneration Expenditure (\$ million)	Percentage of HA's Overall Staff Costs
2019-20	77.1	0.14%

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 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 -

CONTROLLING OFFICER'S REPLY**FHB(H)055****(Question Serial No. 1076)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in tabular form the number of medical students pursuing undergraduate programmes in 2018, 2019 and 2020. Please also set out in tabular form the respective numbers of medical graduates of undergraduate programmes recruited by the Hospital Authority and engaged in private practice in 2018, 2019 and 2020.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 31)

Reply:

The Food and Health Bureau does not have the number of medical students pursuing undergraduate programmes in 2018, 2019 and 2020. The number of University Grants Committee (“UGC”)-funded first-year-first-degree (“FYFD”) training places in medicine from the 2018/19 to 2020/21 academic years is set out in the following table –

	Academic Year		
	2018/19	2019/20	2020/21
Number of UGC-funded FYFD Training Places in Medicine	470	530	530

In Hong Kong, people who wish 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, 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, arranges internship training for all medical graduates. The HA also offers employment to all qualified locally trained medical graduates and provide them with relevant specialist training.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)056****(Question Serial No. 1081)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the number of newly registered doctors who are not locally trained in the past 5 years.

	2016	2017	2018	2019	2020
Holders of a bachelor degree in medicine awarded by local universities					
Holders of overseas academic qualifications not required to sit the Licensing Examination of the Medical Council					
Holders of licenses issued by the Medical Council					

Asked by: Hon CHEUNG Yu-yau, Tommy (LegCo internal reference no.: 36)

Reply:

The number of doctors granted full registration in the past 5 years is as follows –

	2016	2017	2018	2019	2020
Holders of a bachelor degree in medicine awarded by local universities	319	342	420	430	422
Holders of non-local academic qualifications not required to sit the Licensing Examination of the Medical Council of Hong Kong	0	0	0	0	0
Holders of Licentiate of the Medical Council of Hong Kong	60	36	52	46	49

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)057****(Question Serial No. 1082)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the number of 'limited registered doctors' employed by the following institutions in the past 5 years.

	2016	2017	2018	2019	2020
The University of Hong Kong					
The Chinese University of Hong Kong					
Hospital Authority					
Department of Health					
Others (Please specify)					

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
2016		
2017		
2018		
2019		
2020		
Total		

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.

	2017-18	2018-19	2019-20	2020-21
No. of job applications from non-locally				

trained doctors received by the HA				
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				

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 Yu-yan, Tommy (LegCo internal reference no.: 37)

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)				
	2016	2017	2018	2019	2020
No. 2	93	110	92	125	102
- University of Hong Kong	(27)	(48)	(30)	(41)	(25)
- The Chinese University of Hong Kong	(52)	(48)	(50)	(57)	(38)
- Hospital Authority	(14)	(14)	(12)	(24)	(33)
- Department of Health	(-)	(-)	(-)	(3)	(6)
No. 3					
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	27	22	22	21	20
No. 4					
- Clinics registered under the Medical Clinics Ordinance	12	10	9	8	6
No. 9					
- Works contractor commissioned by the Highways Department under contract number HY/2012/08	2	2	-	-	-
No. 10					
- A firm of solicitors registered by the Law Society of Hong Kong	-	-	1	-	-
Total	134	144	124	154	128

(2)

The number of non-locally trained doctors employed by the Hospital Authority (“HA”) with limited registration to address manpower shortage in the past five years is set out in the table below –

Year	Number of registrants with first registration	Number of registrants as at year end ^{Note 1}
2016	6	12
2017	5 ^{Note 2}	12
2018	5	10
2019	13 ^{Note 3}	22
2020	11 ^{Note 4}	30 ^{Note 5}
Total	40	N/A

^{Note 1} The number refers to the non-locally trained doctors employed under the Limited Registration Scheme launched 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 limited registration was approved by MCHK and came into force in April 2019.

Note 4 Including one non-locally trained doctor, who was previously employed by HA from February 2018 to January 2020 as Service Resident. The doctor was employed by HA as Associate Consultant afterwards. Relevant application for limited registration was approved by MCHK and came into force in February 2020.

Note 5 Excluding one non-locally trained doctor with limited registration application already approved by MCHK, and is expected to report duty in HA in the fourth quarter of 2021.

(3)

Information on recruiting non-locally trained doctors to practise in Hong Kong with limited registration by HA from 2017-18 to 2020-21 to address manpower shortage is set out in the following table –

	2017-18	2018-19	2019-20	2020-21 (As at 31 December 2020)
Number of job applications from non-locally trained doctors received by HA	90	154	157	121
Number of applications approved by MCHK	4	14	18	3
Number of non-locally trained doctors who accepted job offers of HA	4	13	12 ^{Note 6}	0 ^{Note 6}
Number of applicants for renewal of registration	3	3 submitted + 10 not yet completed first 2-3 years of contract service	1 submitted + 10 not yet completed first 2-3 years contract of service	-
Number of applicants granted renewal of registration	3	3	1	-

Note 6 Nine non-locally trained doctors with their limited registration application already approved are expected to report duty by the fourth quarter of 2021.

(4)

Based on the information provided by MCHK, countries / regions where doctors under limited registration received medical training (as at 31 December 2020) are set out in the following table –

Promulgation	United Kingdom	Australia / New Zealand	United States	Canada	Mainland China	Others	Total no. of doctors (as at 31 December 2020)
No. 2							
- University of Hong Kong	6	0	4	3	3	9	25
- The Chinese University of Hong Kong	7	1	3	3	5	19	38
- Hospital Authority	19	4	1	0	1	8	33
- Department of Health	4	1	0	0	0	1	6
No. 3							
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	-	-	-	-	20	-	20
No. 4							
- Clinics registered under the Medical Clinics Ordinance	-	-	-	-	5	1	6
Total	36	6	8	6	34	38	128

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)058

(Question Serial No. 1083)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form as below the respective numbers of non-locally trained doctors sitting and passing the Licensing Examination as well as the passing rates in 2019 and 2020, 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		
	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%
2019 (1st sitting)	(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		
	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%
2019 (2nd sitting)	(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		
	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%
2020 (1st sitting)	(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		
	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%	Number of candidates	Number who passed	%
2020 (2nd sitting)	(e.g. Australia: the number)								
	(e.g. United Kingdom: the number) ...								
Total									

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 38)

Reply:

The numbers of candidates who sat and passed the Licensing Examination of the Medical Council of Hong Kong in 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	%
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 are specified in brackets.

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 are specified in brackets.

The two sittings of the Licensing Examination of the Medical Council of Hong Kong originally scheduled for 2020 were cancelled due to the COVID-19 pandemic.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)059****(Question Serial No. 1084)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide the numbers of registered physiotherapists, occupational therapists, speech therapists, prosthetist-orthotists, nurses, doctors, psychologists and health workers in Hong Kong in the past 5 years.

Doctor	Registration Type	Position as at 31 December				
		2016	2017	2018	2019	2020
	Full Registration					
	Limited Registration					
	Provisional Registration					

2. Please provide the numbers of practising physiotherapists, occupational therapists, speech therapists, prosthetist-orthotists, nurses, doctors, psychologists and health workers in Hong Kong in the past 5 years.

3. Further to the above, please provide the respective numbers of them who are practising in non-subvented service units, subvented residential care homes for the elderly, subvented residential care homes for persons with disabilities, public hospitals and schools in Hong Kong.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 39)

Reply:

1. & 2.

The numbers of doctors, nurses (registered and enrolled), occupational therapists and physiotherapists in the past five years are set out in the following table –

Profession	Registration Type	Position as at 31 December				
		2016	2017	2018	2019	2020
Doctor	Full Registration	14 013	14 290	14 651	15 004	15 298
	Limited Registration	136	144	124	154	128
	Provisional Registration	379	472	477	467	452

Profession	Registration Type	Position as at 31 December				
		2016	2017	2018	2019	2020
Nurse	Registered Nurse	39 178	40 505	42 485	44 601	46 168
	Enrolled Nurse	13 211	13 726	14 238	14 481	15 127
Occupational therapist		1 911	2 070	2 224	2 403	2 571
Physiotherapist		2 956	3 091	3 250	3 510	3 685

Note :

The table above 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.

The Food and Health Bureau does not have information on the 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 2021, 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	240
Hong Kong Association of Educational Psychologists	102
Hong Kong Institute of Clinical Psychologists	292

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 - 2018 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%
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%
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%
2018	Doctors	13 993	41.8%	5.1%	0.7%	2.8%	49.6%
2018	Enrolled Nurse	13 799 [†]	38.6%	4.7%	18.5%	0.6%	37.5%

Notes:

❖ The number of healthcare professionals is provided as at the reference dates of the surveys for the respective professions. 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 the respective proportion of economically active 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, 9.9% doctors, 17.1% enrolled nurses, 17.9% registered nurses, 7.3% occupational therapists and 9.0% physiotherapists were 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 -

CONTROLLING OFFICER'S REPLY

FHB(H)060

(Question Serial No. 1085)

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:

Please provide the intake and attrition numbers of healthcare personnel (including doctors and nurses) by rank in each hospital under the Hospital Authority in the past 5 years.

Cluster	Rank Group	Intake Number (include full-time and part-time)	Attrition Number	
			Full-time	Part-time
HKEC	Consultant			
	Senior Medical Officer/Associate Consultant			
	Medical Officer/Resident			
	Total			
HKWC	Consultant			
	Senior Medical Officer/Associate Consultant			
	Medical Officer/Resident			
	Total			
KCC	Consultant			
	Senior Medical Officer/Associate Consultant			
	Medical Officer/Resident			
	Total			
KEC	Consultant			
	Senior Medical Officer/Associate Consultant			
	Medical Officer/Resident			
	Total			
KWC	Consultant			
	Senior Medical Officer/Associate Consultant			
	Medical Officer/Resident			
	Total			
NTEC	Consultant			
	Senior Medical Officer/Associate Consultant			
	Medical Officer/Resident			
	Total			
NTWC	Consultant			
	Senior Medical Officer/Associate			

	Consultant			
	Medical Officer/Resident			
	Total			

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 CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 40)

Reply:

The tables below set out the intake number and attrition number of doctors by rank in each cluster in 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (April – December 2020) respectively.

2016-17

Cluster	Rank Group	Intake Number (including 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
	Medical Officer/Resident	84	35	4
	Total	97	70	10

Cluster	Rank Group	Intake Number (including full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
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 (including 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
	Medical Officer/Resident	61	21	6

Cluster	Rank Group	Intake Number (including full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
	Total	76	43	19

2018-19

Cluster	Rank Group	Intake Number (including 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

Cluster	Rank Group	Intake Number (including full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	Consultant	8	3	8
	Senior Medical Officer/Associate Consultant	2	9	2
	Medical Officer/Resident	42	14	0
	Total	52	26	10
HKWC	Consultant	5	5	2
	Senior Medical Officer/Associate Consultant	6	12	1
	Medical Officer/Resident	54	11	0
	Total	65	28	3
KCC	Consultant	18	16	7
	Senior Medical Officer/Associate Consultant	6	41	7
	Medical Officer/Resident	88	25	3
	Total	112	82	17
KEC	Consultant	10	7	1
	Senior Medical Officer/Associate Consultant	2	13	5
	Medical Officer/Resident	54	18	0
	Total	66	38	6
KWC	Consultant	5	10	1
	Senior Medical Officer/Associate Consultant	3	28	2
	Medical Officer/Resident	78	20	0
	Total	86	58	3
NTEC	Consultant	8	12	4
	Senior Medical Officer/Associate Consultant	5	19	3
	Medical Officer/Resident	96	19	5
	Total	109	50	12
NTWC	Consultant	10	12	3
	Senior Medical Officer/Associate Consultant	3	11	0
	Medical Officer/Resident	85	15	1
	Total	98	38	4

2020-21

Cluster	Rank Group	Intake Number (including full-time and part-time) (April-December 2020)	Attrition (Wastage) Number (April-December 2020)	
			Full-time	Part-time
HKEC	Consultant	2	4	3
	Senior Medical Officer/Associate Consultant	1	5	2
	Medical Officer/Resident	39	8	0
	Total	42	17	5
HKWC	Consultant	2	9	0
	Senior Medical Officer/Associate Consultant	5	9	2
	Medical Officer/Resident	47	9	0
	Total	54	27	2
KCC	Consultant	11	14	3
	Senior Medical Officer/Associate Consultant	4	15	2
	Medical Officer/Resident	108	10	1
	Total	123	39	6
KEC	Consultant	3	6	2
	Senior Medical Officer/Associate Consultant	3	6	2
	Medical Officer/Resident	66	10	1
	Total	72	22	5
KWC	Consultant	6	2	3
	Senior Medical Officer/Associate Consultant	5	7	0
	Medical Officer/Resident	79	10	2
	Total	90	19	5
NTEC	Consultant	6	5	3
	Senior Medical Officer/Associate Consultant	3	9	2
	Medical Officer/Resident	65	8	2
	Total	74	22	7
NTWC	Consultant	4	7	2
	Senior Medical Officer/Associate Consultant	2	5	2
	Medical Officer/Resident	64	10	0
	Total	70	22	4

The tables below set out the intake number and attrition number of nurses by rank in each cluster in 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (April – December 2020) respectively.

2016-17

Cluster	Rank Group	Intake Number (including 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
	Enrolled Nurse/ Others	41	25	0
	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 (including 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
	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 (including 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
	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

Cluster	Rank Group	Intake Number (including full-time and part-time)	Attrition (Wastage) Number	
			Full-time	Part-time
HKEC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	14	32	3
	Registered Nurse	206	123	0
	Enrolled Nurse/ Others	36	35	0
	Total	256	193	3
HKWC	DOM/SNO and above	0	4	0
	APN/NS/NO/WM	8	24	2
	Registered Nurse	290	107	15
	Enrolled Nurse/ Others	35	19	1
	Total	333	154	18
KCC	DOM/SNO and above	0	14	0
	APN/NS/NO/WM	12	37	3
	Registered Nurse	454	237	1
	Enrolled Nurse/ Others	70	72	0
	Total	536	360	4
KEC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	15	13	4
	Registered Nurse	267	114	5
	Enrolled Nurse/ Others	36	29	1
	Total	318	159	10
KWC	DOM/SNO and above	0	2	0
	APN/NS/NO/WM	6	38	0
	Registered Nurse	328	184	1
	Enrolled Nurse/ Others	40	50	0
	Total	374	274	1
NTEC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	5	28	3
	Registered Nurse	293	132	1
	Enrolled Nurse/ Others	37	52	0
	Total	335	215	4
NTWC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	8	27	3
	Registered Nurse	334	114	1
	Enrolled Nurse/ Others	43	43	0
	Total	385	187	4

2020-21

Cluster	Rank Group	Intake Number (including full-time and part-time) (April-December 2020)	Attrition (Wastage) Number (April-December 2020)	
			Full-time	Part-time
HKEC	DOM/SNO and above	0	5	0
	APN/NS/NO/WM	15	21	5
	Registered Nurse	209	74	0
	Enrolled Nurse/ Others	23	29	0
	Total	247	129	5
HKWC	DOM/SNO and above	0	4	0
	APN/NS/NO/WM	7	25	3
	Registered Nurse	207	76	8
	Enrolled Nurse/ Others	17	27	1
	Total	231	132	12
KCC	DOM/SNO and above	0	4	0
	APN/NS/NO/WM	9	37	3
	Registered Nurse	424	160	0
	Enrolled Nurse/ Others	19	30	0
	Total	452	231	3
KEC	DOM/SNO and above	0	3	0
	APN/NS/NO/WM	10	21	5
	Registered Nurse	228	51	2
	Enrolled Nurse/ Others	21	20	1
	Total	259	95	8
KWC	DOM/SNO and above	0	7	0
	APN/NS/NO/WM	16	31	2
	Registered Nurse	396	107	1
	Enrolled Nurse/ Others	24	28	1
	Total	436	173	4
NTEC	DOM/SNO and above	0	4	0
	APN/NS/NO/WM	6	38	1
	Registered Nurse	354	122	0
	Enrolled Nurse/ Others	25	34	0
	Total	385	198	1
NTWC	DOM/SNO and above	0	4	0
	APN/NS/NO/WM	8	30	3
	Registered Nurse	245	95	3
	Enrolled Nurse/ Others	23	34	0
	Total	276	163	6

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 included 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 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
DOM – Department Operations Manager
SNO – Senior Nursing Officer
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer
WM – Ward Manager

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)061

(Question Serial No. 2977)

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:

1. Please list, by each cluster of the Hospital Authority, the average waiting time and longest waiting time for specialist outpatient services in the past 3 years (from 2018 to 2020).
2. Please list the additional quotas for consultation at general outpatient clinics, specialist outpatient clinics and Accident and Emergency departments in hospitals of all clusters in 2020-21.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 16)

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 (50th percentile), and longest (90th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

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)	
			50 th	90 th		50 th	90 th		50 th	90 th
			percentile			percentile			percentile	
HKEC	ENT	727	<1	<1	3 055	6	7	6 727	44	65
	MED	1 598	1	2	3 996	5	7	9 106	37	106
	GYN	808	<1	1	511	5	7	4 014	32	61
	OPH	5 711	<1	1	2 237	7	8	7 712	54	78
	ORT	1 420	1	1	1 555	5	7	7 579	85	107
	PAE	154	1	2	863	4	7	213	8	12
	PSY	201	1	1	747	3	7	2 271	24	55
	SUR	1 007	1	2	3 658	6	8	10 036	62	89
HKWC	ENT	869	<1	1	1 822	5	7	5 418	26	90
	MED	1 915	<1	1	1 674	4	7	11 778	43	120
	GYN	1 624	<1	1	1 032	5	7	4 997	30	58
	OPH	3 748	<1	2	1 320	6	8	5 006	59	63
	ORT	1 345	<1	1	1 316	4	7	7 848	23	180
	PAE	193	<1	2	634	4	8	1 400	11	13
	PSY	402	1	1	820	3	6	2 495	63	99
	SUR	2 330	<1	2	2 650	5	7	10 249	25	84
KCC	ENT	1 874	<1	1	2 050	6	8	13 597	57	103
	MED	1 655	1	1	3 874	5	7	19 568	76	113
	GYN	1 078	<1	1	3 621	5	7	7 211	23	40
	OPH	8 741	<1	1	5 160	3	7	14 842	103	116
	ORT	2 065	1	1	2 501	4	7	12 829	60	138
	PAE	1 075	<1	1	734	3	5	2 661	16	22
	PSY	143	1	1	1 029	5	7	1 318	16	79
	SUR	3 158	1	2	5 158	5	7	25 721	48	70
KEC	ENT	1 892	<1	1	2 854	7	8	6 467	88	92
	MED	1 774	1	2	5 007	6	8	15 864	98	121
	GYN	1 459	1	1	882	5	7	6 509	51	72
	OPH	5 850	<1	1	327	5	7	12 544	13	158
	ORT	3 820	<1	1	3 834	7	8	9 317	117	134
	PAE	1 077	<1	1	787	3	7	2 408	9	31
	PSY	128	<1	1	1 497	3	7	5 437	56	131
	SUR	2 185	1	2	6 027	7	8	18 072	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)	
			50 th	90 th		50 th	90 th		50 th	90 th
			percentile			percentile			percentile	
KWC	ENT	2 992	<1	1	2 241	5	7	11 413	72	112
	MED	1 955	<1	2	4 995	6	8	13 287	61	99
	GYN	243	<1	1	1 326	6	7	6 943	56	88
	OPH	6 443	<1	<1	7 020	3	6	8 592	71	101
	ORT	1 999	1	2	2 705	3	7	11 476	53	106
	PAE	2 472	<1	1	986	6	7	2 641	16	25
	PSY	313	<1	1	872	4	7	12 306	18	94
	SUR	2 549	1	2	6 266	5	7	19 197	22	51
NTEC	ENT	3 672	<1	1	4 948	4	7	11 017	38	68
	MED	2 876	<1	1	3 404	6	8	22 572	81	117
	GYN	2 936	<1	1	940	5	7	8 436	63	88
	OPH	6 926	<1	1	3 385	4	7	14 979	39	80
	ORT	5 454	<1	1	2 709	5	8	16 585	89	145
	PAE	168	<1	2	537	5	7	3 856	13	32
	PSY	1 024	1	2	2 311	4	7	5 885	42	113
	SUR	1 934	1	2	3 615	6	8	24 502	38	76
NTWC	ENT	3 248	<1	1	1 729	4	7	10 207	64	70
	MED	1 220	1	2	3 603	4	7	9 858	52	119
	GYN	1 463	<1	1	243	5	8	5 122	45	124
	OPH	9 079	<1	1	2 671	4	9	10 637	74	88
	ORT	1 511	1	2	1 758	4	7	12 358	79	124
	PAE	128	1	1	738	7	7	1 957	35	37
	PSY	483	1	1	1 583	5	7	4 972	34	72
	SUR	2 033	1	1	4 030	5	7	21 254	52	88
HA Overall	ENT	15 274	<1	1	18 699	5	7	64 846	55	93
	MED	12 993	1	2	26 553	5	7	102 033	69	116
	GYN	9 611	<1	1	8 555	5	7	43 232	34	80
	OPH	46 498	<1	1	22 120	4	8	74 312	68	114
	ORT	17 614	<1	2	16 378	5	7	77 992	71	132
	PAE	5 267	<1	1	5 279	4	7	15 136	14	36
	PSY	2 694	1	1	8 859	4	7	34 684	30	96
	SUR	15 196	1	2	31 404	6	8	129 031	38	80

2019-20

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)	
			50 th	90 th		50 th	90 th		50 th	90 th
			percentile			percentile			percentile	
HKEC	ENT	569	<1	<1	2 733	5	7	6 499	26	92
	MED	1 311	1	2	3 668	5	8	8 611	35	118
	GYN	741	<1	1	429	5	7	3 646	26	51
	OPH	5 090	<1	1	1 837	7	8	6 802	59	101
	ORT	1 340	1	1	1 549	5	7	7 162	65	113
	PAE	139	<1	1	768	4	7	163	7	11
	PSY	244	<1	1	885	3	7	2 026	15	43
	SUR	941	1	2	3 434	7	8	9 498	53	89
HKWC	ENT	1 980	<1	<1	2 279	6	7	3 543	26	97
	MED	1 927	<1	1	1 701	4	7	10 824	39	164
	GYN	1 456	<1	1	889	5	7	4 475	38	64
	OPH	3 196	1	2	1 598	7	8	4 530	62	65
	ORT	1 019	<1	1	1 602	4	7	8 240	22	144
	PAE	157	<1	2	437	3	8	1 537	10	21
	PSY	557	1	2	735	4	7	2 019	56	96
	SUR	2 115	<1	1	2 513	4	7	9 956	19	83
KCC	ENT	1 460	<1	1	2 015	5	7	12 021	71	134
	MED	1 719	1	2	3 664	5	7	18 601	79	112
	GYN	1 057	<1	1	2 888	5	7	7 380	23	38
	OPH	8 114	<1	<1	4 779	2	6	13 476	120	125
	ORT	1 996	<1	1	1 917	5	7	11 848	57	133
	PAE	1 070	<1	1	822	4	7	2 596	17	22
	PSY	193	1	1	1 068	4	7	1 185	14	72
	SUR	2 806	1	2	5 220	5	8	24 659	44	78
KEC	ENT	1 971	<1	1	2 792	4	7	6 579	91	94
	MED	1 472	1	2	4 907	7	8	15 932	114	141
	GYN	1 347	1	1	891	5	7	5 825	45	92
	OPH	5 416	<1	1	738	6	7	11 712	15	164
	ORT	3 401	<1	1	3 302	6	8	9 015	56	138
	PAE	964	<1	1	702	4	7	2 552	12	70
	PSY	156	1	1	1 486	3	7	5 027	69	114
	SUR	1 639	1	1	5 188	6	7	16 288	51	111

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)	
			50 th	90 th		50 th	90 th		50 th	90 th
			percentile			percentile			percentile	
KWC	ENT	2 821	<1	1	2 257	5	8	10 363	60	149
	MED	2 009	1	2	5 151	5	7	12 592	72	103
	GYN	252	<1	1	1 395	6	8	6 549	51	73
	OPH	6 432	<1	<1	5 600	3	5	7 067	97	121
	ORT	1 983	1	2	2 653	3	7	11 666	57	104
	PAE	2 226	<1	1	957	4	7	2 740	15	25
	PSY	271	<1	1	701	3	7	11 839	21	117
	SUR	2 209	1	2	5 671	5	7	18 705	33	60
NTEC	ENT	3 155	<1	1	4 590	4	7	10 046	62	89
	MED	2 309	<1	1	3 210	6	8	21 249	83	131
	GYN	2 425	<1	1	1 094	5	7	7 712	64	87
	OPH	5 823	<1	1	3 127	4	7	13 962	50	87
	ORT	4 825	<1	1	2 047	5	7	14 922	79	132
	PAE	209	<1	2	468	6	8	3 422	17	33
	PSY	891	1	1	2 263	4	8	5 477	57	99
	SUR	1 952	1	2	3 252	5	8	24 071	36	80
NTWC	ENT	3 652	<1	1	1 568	4	7	8 962	47	83
	MED	1 140	1	2	3 473	4	7	9 829	81	103
	GYN	1 543	<1	2	214	5	7	5 025	66	82
	OPH	8 977	<1	1	2 864	4	8	8 794	68	93
	ORT	1 772	1	2	1 624	5	7	11 950	69	102
	PAE	203	1	1	775	7	8	1 731	37	39
	PSY	449	1	1	1 385	2	6	4 405	18	74
	SUR	1 822	1	2	4 341	6	13	19 154	59	117
HA Overall	ENT	15 608	<1	1	18 234	5	7	58 013	60	97
	MED	11 887	1	2	25 774	5	7	97 638	74	130
	GYN	8 821	<1	1	7 800	5	7	40 612	35	81
	OPH	43 048	<1	1	20 543	4	8	66 343	62	123
	ORT	16 336	<1	1	14 694	5	7	74 803	58	124
	PAE	4 968	<1	1	4 929	4	7	14 741	16	38
	PSY	2 761	1	1	8 523	3	7	31 978	27	100
	SUR	13 484	1	2	29 619	6	8	122 331	40	86

2020-21 (up to 31 December 2020) [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)	
			50 th	90 th		50 th	90 th		50 th	90 th
			percentile			percentile			percentile	
HKEC	ENT	369	<1	<1	1 696	7	7	5 139	35	105
	MED	840	1	2	2 707	5	7	6 982	30	107
	GYN	498	<1	1	321	5	7	2 699	30	42
	OPH	3 358	<1	1	1 481	7	8	4 665	48	76
	ORT	908	1	2	1 223	5	7	6 089	47	116
	PAE	81	<1	1	426	3	8	78	8	14
	PSY	177	1	1	730	3	7	1 708	14	33
	SUR	743	1	2	2 670	7	8	7 424	52	76
HKWC	ENT	1 020	<1	1	1 594	6	7	2 401	26	89
	MED	1 886	<1	1	1 317	3	7	9 814	30	115
	GYN	926	<1	1	517	5	7	2 927	42	61
	OPH	2 457	1	2	1 094	5	8	3 242	55	60
	ORT	904	1	2	907	3	7	5 777	18	74
	PAE	86	<1	1	189	3	7	869	12	16
	PSY	391	1	1	857	4	7	1 419	18	72
	SUR	2 101	<1	2	1 926	4	7	7 169	26	96
KCC	ENT	1 137	<1	1	1 554	4	7	10 497	78	147
	MED	1 046	1	2	2 569	5	7	14 229	76	110
	GYN	729	<1	1	1 911	5	7	5 561	20	36
	OPH	5 673	<1	<1	3 860	2	5	8 997	123	132
	ORT	1 442	<1	1	1 541	4	7	8 410	51	140
	PAE	930	<1	1	700	3	6	1 712	9	17
	PSY	278	1	1	918	4	7	922	14	36
	SUR	2 363	1	2	4 245	5	7	19 180	34	83
KEC	ENT	1 389	<1	1	1 843	7	8	5 923	83	91
	MED	1 138	1	2	3 473	6	8	13 376	70	147
	GYN	1 004	1	1	650	5	7	4 321	41	94
	OPH	3 909	<1	1	1 726	7	7	6 992	23	131
	ORT	2 181	<1	1	2 244	6	7	6 867	79	114
	PAE	575	<1	1	331	6	7	1 827	10	51
	PSY	190	1	2	1 696	3	7	3 857	46	94
	SUR	1 309	1	1	4 109	7	8	12 816	53	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)	
			50 th	90 th		50 th	90 th		50 th	90 th
		percentile				percentile				
KWC	ENT	1 590	<1	1	1 502	5	8	8 062	82	107
	MED	1 256	1	2	4 054	5	8	10 463	80	113
	GYN	220	<1	2	1 156	5	7	5 413	31	63
	OPH	4 671	<1	<1	4 530	1	3	4 598	13	118
	ORT	1 355	1	1	1 897	3	7	8 955	55	104
	PAE	916	<1	1	668	3	7	1 509	11	18
	PSY	286	<1	1	820	4	7	9 092	16	79
	SUR	1 702	1	2	4 859	6	7	14 825	37	61
NTEC	ENT	2 390	<1	2	3 613	5	8	8 463	69	92
	MED	1 760	<1	1	2 345	6	8	16 452	88	133
	GYN	1 780	<1	1	807	5	7	5 944	47	83
	OPH	4 613	<1	1	2 495	4	8	9 751	30	77
	ORT	3 161	<1	1	1 169	5	7	10 530	59	121
	PAE	103	1	2	253	5	7	2 226	12	26
	PSY	826	1	1	1 807	4	7	4 075	54	99
	SUR	1 718	1	2	2 527	6	8	18 865	35	78
NTWC	ENT	2 516	<1	1	1 170	4	7	6 897	40	79
	MED	703	<1	1	2 433	5	7	7 919	87	117
	GYN	1 003	<1	1	241	6	11	3 699	71	73
	OPH	6 502	<1	1	2 115	3	5	5 793	10	65
	ORT	1 357	1	2	1 313	6	8	8 368	79	97
	PAE	174	1	1	499	6	7	999	23	29
	PSY	386	1	1	1 242	3	7	3 736	33	64
	SUR	1 559	1	2	3 735	6	13	13 956	59	118
HA Overall	ENT	10 411	<1	1	12 972	5	8	47 382	59	103
	MED	8 629	1	2	18 898	5	7	79 235	67	133
	GYN	6 160	<1	1	5 603	5	7	30 564	34	73
	OPH	31 183	<1	1	17 301	3	7	44 038	53	126
	ORT	11 308	<1	1	10 294	4	7	54 996	58	115
	PAE	2 865	<1	1	3 066	4	7	9 220	11	26
	PSY	2 534	1	1	8 070	3	7	24 809	26	91
	SUR	11 495	1	2	24 071	6	8	94 235	40	81

Note:

1. HA uses 90th percentile to denote the longest waiting time for SOP service.
2. In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

(2)

HA has earmarked funding in 2020-21 to enhance service provision in general outpatient clinics, specialist outpatient clinics and Accident & Emergency (A&E) departments, as set out in the table below:

	2020-21
Number of additional general outpatient attendances	9 500 (KEC, NTEC & NTWC)
Number of additional specialist outpatient attendances	99 000 (All hospital clusters)
Total number of A&E support sessions (equivalent to number of 4-hour sessions) <i>(Note)</i>	Around 150 sessions (up to 31 December 2020) (HKEC & KWC)

Note:

HA has introduced various measures to alleviate 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 additional manpower is 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.

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**FHB(H)062****(Question Serial No. 2980)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services, please inform this Committee of the following:

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 in the past 3 years.

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					
	RH					
	SJH					
HKWC	QMH					
KCC	KWH					
	QEH					
KEC	TKOH					
	UCH					
KWC	CMC					
	NLTH					
	PMH					
	YCH					
NTEC	AHNH					
	NDH					
	PWH					
NTWC	POH					
	TMH					
	TSWH					
Overall HA						

Cluster	Hospital	Average of the daily number of A&E attendances		
		2018-19	2019-20	2020-21 (up to 31 December 2020)
HKEC	PYNEH			
	RH			
	SJH			
HKWC	QMH			
KCC	KWH			
	QEH			
KEC	TKOH			
	UCH			
KWC	CMC			
	NLTH			
	PMH			
	YCH			
NTEC	AHNH			
	NDH			
	PWH			
NTWC	POH			
	TMH			
	TSWH			
Overall HA				

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					
	RH					
	SJH					
HKWC	QMH					
KCC	KWH					
	QEH					
KEC	TKOH					
	UCH					
KWC	CMC					
	NLTH					
	PMH					
	YCH					
NTEC	AHNH					
	NDH					
	PWH					
NTWC	POH					
	TMH					
	TSWH					

Overall HA					
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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 in the past 3 years.

Age group	2018-19	2019-20	2020-2021 (up to 31 December 2020)
Age below 6			
Age 6 – 17			
Age 18 – 64			
Age 65 and above			

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 41)

Reply:

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 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

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
	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

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	1 580	2 998	39 645	69 726	3 009
	RH	972	1 656	15 745	41 710	3 067
	SJH	51	139	2 424	5 749	173
HKWC	QMH	1 057	3 368	40 719	67 557	2 250
KCC	KWH	1 807	3 211	49 923	47 573	2 655
	QEH	3 579	4 579	91 345	60 130	4 186
KEC	TKOH	973	2 388	47 206	55 660	1 388
	UCH	2 574	4 631	66 125	70 284	7 021
KWC	CMC	917	2 936	38 558	75 637	6 894
	NLTH	254	667	15 482	69 504	1 200
	PMH	1 520	2 780	58 093	47 295	2 162
	YCH	1 648	2 382	36 562	75 259	1 445
NTEC	AHNS	408	1 552	20 220	78 867	3 096
	NDH	979	2 083	38 573	45 427	2 382
	PWH	1 844	5 989	42 675	88 017	654
NTWC	POH	540	3 505	28 186	57 919	4 520
	TMH	1 307	5 497	57 501	86 142	3 598
	TSWH ^{Note 1}	325	1 650	22 762	90 537	17 481
Overall HA		22 335	52 011	711 744	1 132 993	67 181

2020-21 (up to 31 December 2020) [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	2 069	25 113	40 473	1 160
	RH	668	967	9 698	25 218	1 275
	SJH	23	96	1 505	3 323	79
HKWC	QMH	884	2 615	27 245	40 263	1 293
KCC	KWH	1 406	2 508	31 273	30 236	1 935
	QEH	2 567	3 021	57 782	38 315	3 466
KEC	TKOH	689	1 538	29 659	35 381	927
	UCH	1 826	2 957	41 251	41 835	4 577
KWC	CMC	769	2 003	25 861	42 073	2 822
	NLTH	182	486	8 622	35 477	1 336
	PMH	1 081	1 864	36 252	27 748	1 177
	YCH	1 150	1 682	24 797	44 755	628
NTEC	AHNS	338	927	12 954	42 410	1 470
	NDH	693	1 442	23 044	27 751	1 179
	PWH	1 453	3 886	25 985	58 709	620
NTWC	POH	362	2 382	18 042	33 465	2 654
	TMH	951	4 274	37 847	48 130	1 925

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}	278	1 296	14 766	51 124	8 612
Overall HA		16 490	36 013	451 696	666 686	37 135

The table below sets out the average daily number of attendances in each A&E department in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

Cluster	Hospital	Average of the daily number of A&E attendances		
		2018-19	2019-20	2020-21 (up to 31 December 2020) [Provisional figures]
HKEC	PYNEH	365	335	264
	RH	199	179	142
	SJH	25	23	18
HKWC	QMH	339	323	269
KCC	KWH	348	308	261
	QEH	508	471	401
KEC	TKOH	319	304	257
	UCH	456	424	345
KWC	CMC	364	348	272
	NLTH	255	245	173
	PMH	339	314	253
	YCH	341	332	277
NTEC	AHNH	315	286	212
	NDH	269	246	198
	PWH	393	382	331
NTWC	POH	302	268	214
	TMH	475	436	350
	TSWH ^{Note 1}	300	373	286
Overall HA		5 911	5 596	4 523

The tables below set out the average waiting time for A&E services in various triage categories in each A&E department in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

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

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)
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

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	139	168
	RH	0	8	21	106	165
	SJH	0	8	15	26	29
HKWC	QMH	0	9	24	82	137
KCC	KWH	0	8	42	168	166
	QEH	0	8	29	140	155
KEC	TKOH	0	7	23	124	139
	UCH	0	10	33	230	277
KWC	CMC	0	5	20	70	71
	NLTH	0	8	16	48	68
	PMH	0	8	18	107	132
	YCH	0	5	18	100	132
NTEC	AHNH	0	8	25	73	73
	NDH	0	7	25	138	185
	PWH	0	11	43	156	145
NTWC	POH	0	6	19	123	141
	TMH	0	5	21	129	137
	TSWH ^{Note 1}	0	4	12	66	72
Overall HA		0	7	25	113	125

2020-21 (up to 31 December 2020) [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	6	20	117	141
	RH	0	8	22	89	143
	SJH	0	8	14	26	29
HKWC	QMH	0	9	23	62	106
KCC	KWH	0	7	34	114	118
	QEH	0	8	23	93	119
KEC	TKOH	0	6	20	97	115
	UCH	0	11	30	205	246
KWC	CMC	0	5	23	73	70
	NLTH	0	9	16	33	55
	PMH	0	8	19	97	126
	YCH	0	5	18	88	113
NTEC	AHNS	0	8	24	63	66
	NDH	0	8	26	119	166
	PWH	0	10	27	106	122
NTWC	POH	0	6	19	125	160
	TMH	0	6	24	151	160
	TSWH ^{Note 1}	0	4	13	84	102
Overall HA		0	7	23	100	127

Figure on the longest waiting time at each A&E department is not readily available.

The table below sets out the number of A&E attendances by age group in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

Age group	2018-19	2019-20	2020-21 (up to 31 December 2020) [Provisional figures]
Age below 6	152 482	132 352	41 313
Age 6 – 17	133 158	124 317	51 535
Age 18 – 64	1 183 448	1 127 084	727 403
Age 65 and above	688 020	663 696	423 354

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 was then further extended to 24-hour since November 2018.

2. In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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

FHB(H)063

(Question Serial No. 2981)

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) (Thomas CHAN)

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 2020-21.

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	Waiting Time (weeks) 50th percentile	Waiting Time (weeks) 75th percentile	Waiting Time (weeks) 90th percentile	Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	Waiting Time (weeks) 50th percentile	Waiting Time (weeks) 75th percentile	Waiting Time (weeks) 90th percentile	Number of new cases	% of total new cases	Waiting Time (weeks) 25th percentile	Waiting Time (weeks) 50th percentile	Waiting Time (weeks) 75th percentile	Waiting Time (weeks) 90th percentile
	ENT																		
	MED																		
	GYN																		
	OPH																		
	ORT																		
	PAE																		
	PSY																		
	SUR																		
Overall HA	ENT																		
	MED																		
	GYN																		
	OPH																		
	ORT																		
	PAE																		
	PSY																		
	SUR																		

Abbreviations

Specialty:

ENT – Ear, Nose & Throat

MED – Medicine
 GYN – Gynaecology
 OPH – Ophthalmology
 ORT – Orthopaedics & Traumatology
 PAE – Paediatrics
 PSY – Psychiatry
 SUR – Surgery

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 42)

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 (25th percentile), median (50th percentile), upper quartile (75th percentile) and longest (90th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2020-21 (up to 31 December 2020).

2020-21 (up to 31 December 2020) [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)			
				25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th
				percentile						percentile						percentile			
HKEC	ENT	369	5%	<1	<1	<1	<1	1 696	24%	2	7	7	7	5 139	71%	13	35	96	105
	MED	840	8%	<1	1	1	2	2 707	26%	3	5	7	7	6 982	66%	12	30	66	107
	GYN	498	14%	<1	<1	<1	1	321	9%	2	5	7	7	2 699	77%	22	30	40	42
	OPH	3 358	35%	<1	<1	<1	1	1 481	16%	4	7	8	8	4 665	49%	13	48	73	76
	ORT	908	11%	<1	1	1	2	1 223	15%	3	5	7	7	6 089	74%	19	47	90	116
	PAE	81	14%	<1	<1	1	1	426	73%	2	3	5	8	78	13%	6	8	10	14
	PSY	177	7%	<1	1	1	1	730	28%	1	3	4	7	1 708	65%	4	14	26	33
	SUR	743	7%	<1	1	1	2	2 670	25%	5	7	7	8	7 424	68%	18	52	73	76
HKWC	ENT	1 020	20%	<1	<1	<1	1	1 594	32%	3	6	7	7	2 401	48%	13	26	65	89
	MED	1 886	14%	<1	<1	1	1	1 317	10%	2	3	6	7	9 814	73%	16	30	63	115
	GYN	926	21%	<1	<1	1	1	517	12%	4	5	6	7	2 927	67%	17	42	58	61
	OPH	2 457	36%	<1	1	1	2	1 094	16%	4	5	7	8	3 242	48%	55	55	58	60
	ORT	904	12%	<1	1	1	2	907	12%	2	3	5	7	5 777	76%	8	18	35	74
	PAE	86	7%	<1	<1	1	1	189	16%	1	3	5	7	869	76%	11	12	15	16
	PSY	391	15%	<1	1	1	1	857	32%	3	4	6	7	1 419	53%	12	18	58	72
	SUR	2 101	19%	<1	<1	1	2	1 926	17%	2	4	6	7	7 169	64%	8	26	63	96
KCC	ENT	1 137	9%	<1	<1	1	1	1 554	12%	3	4	6	7	10 497	80%	15	78	101	147
	MED	1 046	6%	<1	1	1	2	2 569	14%	4	5	7	7	14 229	79%	35	76	99	110
	GYN	729	9%	<1	<1	1	1	1 911	23%	3	5	7	7	5 561	68%	14	20	34	36
	OPH	5 673	31%	<1	<1	<1	<1	3 860	21%	2	2	3	5	8 997	49%	115	123	127	132
	ORT	1 442	13%	<1	<1	1	1	1 541	14%	3	4	6	7	8 410	74%	15	51	101	140
	PAE	930	28%	<1	<1	1	1	700	21%	3	3	5	6	1 712	51%	3	9	12	17
	PSY	278	13%	<1	1	1	1	918	43%	2	4	6	7	922	44%	9	14	16	36

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)			
				25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th
				percentile						percentile						percentile			
SUR	2 363	9%	<1	1	1	2	4 245	16%	3	5	6	7	19 180	74%	16	34	75	83	
KEC	ENT	1 389	15%	<1	<1	1	1	1 843	20%	6	7	7	8	5 923	65%	16	83	86	91
	MED	1 138	6%	<1	1	1	2	3 473	19%	3	6	7	8	13 376	74%	23	70	144	147
	GYN	1 004	17%	<1	1	1	1	650	11%	3	5	7	7	4 321	72%	15	41	47	94
	OPH	3 909	31%	<1	<1	<1	1	1 726	14%	5	7	7	7	6 992	55%	11	23	87	131
	ORT	2 181	19%	<1	<1	<1	1	2 244	20%	3	6	7	7	6 867	61%	24	79	100	114
	PAE	575	21%	<1	<1	<1	1	331	12%	3	6	7	7	1 827	67%	9	10	20	51
	PSY	190	3%	<1	1	1	2	1 696	29%	1	3	6	7	3 857	66%	15	46	91	94
SUR	1 309	7%	<1	1	1	1	4 109	23%	5	7	7	8	12 816	70%	31	53	65	109	
KWC	ENT	1 590	14%	<1	<1	1	1	1 502	13%	3	5	7	8	8 062	72%	20	82	99	107
	MED	1 256	8%	<1	1	1	2	4 054	25%	4	5	7	8	10 463	64%	39	80	105	113
	GYN	220	3%	<1	<1	1	2	1 156	17%	3	5	7	7	5 413	79%	15	31	56	63
	OPH	4 671	34%	<1	<1	<1	<1	4 530	33%	<1	1	2	3	4 598	33%	<1	13	117	118
	ORT	1 355	11%	<1	1	1	1	1 897	15%	3	3	5	7	8 955	73%	34	55	64	104
	PAE	916	29%	<1	<1	<1	1	668	21%	2	3	5	7	1 509	48%	5	11	14	18
	PSY	286	3%	<1	<1	1	1	820	8%	1	4	6	7	9 092	89%	2	16	50	79
SUR	1 702	8%	<1	1	1	2	4 859	23%	4	6	7	7	14 825	69%	18	37	45	61	
NTEC	ENT	2 390	17%	<1	<1	1	2	3 613	25%	3	5	6	8	8 463	59%	13	69	81	92
	MED	1 760	8%	<1	<1	1	1	2 345	11%	5	6	7	8	16 452	78%	23	88	109	133
	GYN	1 780	20%	<1	<1	<1	1	807	9%	4	5	7	7	5 944	66%	23	47	72	83
	OPH	4 613	27%	<1	<1	1	1	2 495	15%	3	4	6	8	9 751	58%	16	30	72	77
	ORT	3 161	21%	<1	<1	<1	1	1 169	8%	3	5	7	7	10 530	71%	24	59	102	121
	PAE	103	4%	<1	1	1	2	253	10%	4	5	6	7	2 226	86%	4	12	23	26
	PSY	826	12%	<1	1	1	1	1 807	27%	3	4	6	7	4 075	61%	18	54	93	99
SUR	1 718	7%	<1	1	1	2	2 527	11%	4	6	7	8	18 865	80%	18	35	69	78	
NTWC	ENT	2 516	24%	<1	<1	<1	1	1 170	11%	3	4	6	7	6 897	65%	17	40	76	79
	MED	703	6%	<1	<1	1	1	2 433	22%	4	5	7	7	7 919	71%	18	87	105	117
	GYN	1 003	20%	<1	<1	<1	1	241	5%	4	6	8	11	3 699	75%	20	71	72	73
	OPH	6 502	45%	<1	<1	<1	1	2 115	15%	2	3	4	5	5 793	40%	3	10	61	65
	ORT	1 357	12%	<1	1	1	2	1 313	12%	4	6	7	8	8 368	76%	51	79	85	97
	PAE	174	10%	<1	1	1	1	499	30%	5	6	7	7	999	60%	15	23	28	29
	PSY	386	7%	<1	1	1	1	1 242	23%	1	3	5	7	3 736	70%	9	33	59	64
SUR	1 559	8%	<1	1	1	2	3 735	19%	4	6	8	13	13 956	72%	22	59	62	118	
Overall HA	ENT	10 411	15%	<1	<1	1	1	12 972	18%	3	5	7	8	47 382	67%	16	59	88	103
	MED	8 629	8%	<1	1	1	2	18 898	17%	4	5	7	7	79 235	73%	22	67	105	133
	GYN	6 160	14%	<1	<1	1	1	5 603	13%	3	5	7	7	30 564	71%	17	34	56	73
	OPH	31 183	34%	<1	<1	<1	1	17 301	19%	2	3	5	7	44 038	48%	12	53	83	126
	ORT	11 308	15%	<1	<1	1	1	10 294	13%	3	4	7	7	54 996	72%	19	58	88	115
	PAE	2 865	19%	<1	<1	1	1	3 066	20%	2	4	6	7	9 220	61%	6	11	18	26
	PSY	2 534	7%	<1	1	1	1	8 070	23%	2	3	6	7	24 809	70%	9	26	60	91
SUR	11 495	9%	<1	1	1	2	24 071	18%	4	6	7	8	94 235	72%	18	40	64	81	

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.

In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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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CONTROLLING OFFICER'S REPLY

FHB(H)064

(Question Serial No. 1279)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

On recruiting non-locally trained doctors to practise in Hong Kong under limited registration, will the Government inform this Committee of:

1. the number of applications for positions submitted by non-locally trained doctors to the Hospital Authority (HA), the number of applications for limited registration submitted by the HA to the Medical Council of Hong Kong (MCHK), the number of applications for limited registration accepted by the MCHK, the number of letters of appointment issued by the HA, the number of non-locally trained doctors accepting the HA's appointment offer, the number of non-locally trained doctors who submitted resignation to the HA, as well as the manpower and expenditure involved in each of the past 5 years in table form;
2. the country/area of medical qualification held by doctors with limited registration and the institutions they serve in table form;
3. years of service in the HA of doctors with limited registration employed by the HA, their specialty and posts in the past 5 years;
4. the number of overseas recruitment exercises conducted by the Food and Health Bureau for recruiting non-locally trained doctors to practise in Hong Kong, as well as the places, manpower and expenditure involved in the past 5 years; and
5. the number of overseas recruitment exercises conducted by the HA for recruiting non-locally trained doctors to practise in Hong Kong, as well as the places, manpower and expenditure involved in the past 5 years?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 2)

Reply:

1.

Information on recruiting non-locally trained doctors to practise in Hong Kong under limited registration by the Hospital Authority (“HA”) to address manpower shortage from 2016-17 to 2020-21 is set out in the following table –

	2016-17	2017-18	2018-19	2019-20	2020-21 (as at 31 December 2020)
Number of job applications from non-locally trained doctors received by HA	33	90	154	157	121
Number of applications for limited registration from HA to the Medical Council of Hong Kong (“MCHK”)	1	4	14 ^{Note 1}	18 ^{Note 1}	3 ^{Note 1}
Number of applications approved by MCHK	1	4	14	18	3
Number of non-locally trained doctors who accepted job offers from HA	1	4	13	12 ^{Note 2}	0 ^{Note 2}
Number of non-locally trained doctors who resigned from HA	1	3	3	1	1

Note:

- HA is preparing to further submit 11 limited registration applications from the 2018-19 to 2020-21 exercises for non-locally trained doctors by batches according to their intended dates of reporting duty.
- Nine non-locally trained doctors with limited registration application already approved are expected to report duty by the fourth quarter of 2021.

The numbers of non-locally trained doctors employed by HA under limited registration and the respective expenditures on their remuneration in the past five financial years are set out in the following table –

	2016-17	2017-18	2018-19	2019-20	2020-21
Number of non-locally trained doctors ^{Note 3}	19	19	18	27	33 (Up to 31 December 2020)

Total remuneration (\$ million) ^{Note 4}	23.2	26.6	24.4	36.7	58.5 (Full-year projection)
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Note:

3. The numbers of non-locally trained doctors refer to the total number of non-locally trained doctors employed, including doctors who have completed or ended their contracts during the said period. The figure for 2020-21 represents the number of non-locally trained doctors employed up to 31 December 2020.
4. Total remuneration includes basic salary, allowance, gratuity and other on costs such as provision of home loan interest subsidy benefit and death & disability benefit. The figure for 2020-21 represents the full-year projection.

2.

According to the information provided by MCHK, countries / regions where doctors under limited registration received medical training (as at 31 December 2020) are set out in the following table –

Promulgation	United Kingdom	Australia / New Zealand	United States	Canada	Mainland China	Others	Total no. of doctors (as at 31 December 2020)
No. 2							
- University of Hong Kong	6	0	4	3	3	9	25
- The Chinese University of Hong Kong	7	1	3	3	5	19	38
- HA	19	4	1	0	1	8	33
- Department of Health (“DH”)	4	1	0	0	0	1	6
No. 3							
- Clinics exempted from the provisions of section 7 of the Medical Clinics Ordinance	-	-	-	-	20	-	20
No. 4							
- Clinics registered under the Medical Clinics Ordinance	-	-	-	-	5	1	6
Total	36	6	8	6	34	38	128

3.

The table below sets out the years of service of the non-locally trained doctors employed by HA under the limited registration scheme ^{Note 5}.

Specialty	Associate Consultant			Resident			Total
	<1 Year	1 - <6 Years	6 - <11 Years	<1 Year	1 - <6 Years	6 - <11 Years	
2016-17							
Anaesthesia	0	0	0	3	5	0	8
Emergency Medicine	0	0	0	0	2	0	2
Family Medicine	0	0	0	0	3	0	3
Internal Medicine	0	0	0	1	1	0	2
Paediatrics	0	0	0	1	0	0	1
Radiology	0	0	0	1	0	0	1
Total	0	0	0	6	11	0	17
2017-18							
Anaesthesia	0	0	0	2	3	2	7
Emergency Medicine	0	0	0	0	1	0	1
Family Medicine	0	0	0	0	3	0	3
Internal Medicine	0	0	0	1	2	0	3
Obstetrics & Gynaecology	0	0	0	1	0	0	1
Paediatrics	0	0	0	0	1	0	1
Radiology	0	0	0	0	1	0	1
Total	0	0	0	4	11	2	17
2018-19							
Anaesthesia	0	0	0	0	4	2	6
Cardiothoracic Surgery	1	0	0	0	0	0	1
Emergency Medicine	0	0	0	1	2	0	3
Family Medicine	0	0	0	0	2	1	3
Internal Medicine	0	0	0	0	2	0	2
Radiology	0	0	0	0	1	0	1
Total	1	0	0	1	11	3	16
2019-20							
Anaesthesia	0	1 ^{Note 6}	0	2	0	0	3
Cardiothoracic Surgery	0	1	0	0	0	0	1
Emergency Medicine	0	0	0	1	3	0	4
Family Medicine	0	0	0	2	2	1	5
Internal Medicine	0	0	0	2	2	0	4
Neurosurgery	0	0	0	1	0	0	1
Paediatrics	0	0	0	1	0	0	1
Radiology	3	1	0	0	0	0	4
Surgery	0	0	0	2	0	0	2
Total	3	3	0	11	7	1	25
2020-21 (up to 31 December 2020)							
Anaesthesia	1	1 ^{Note 6}	0	1	1	0	4
Cardiothoracic Surgery	0	1	0	0	0	0	1
Emergency Medicine	0	0	0	0	3	1	4
Family Medicine	0	0	0	1	4	0	5
Internal Medicine	0	0	0	0	4	0	4
Neurosurgery	0	0	0	0	1	0	1
Obstetrics & Gynaecology	1	0	0	0	0	0	1
Ophthalmology	1	0	0	0	0	0	1
Paediatrics	0	0	0	1	1	0	2
Radiology	2	3	0	0	0	0	5
Surgery	0	0	0	2	1	0	3
Total	5	5	0	5	15	1	31

Note:

5. The figures refer to the number of non-locally trained doctors employed by HA under the limited registration scheme to relieve manpower shortage since 2011-12.
6. The non-locally trained doctor was employed by HA from February 2018 to January 2020 as Service Resident, and has been subsequently employed by HA as Associate Consultant since February 2020.

4. & 5.

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 (“SFH”) had a sharing session with medical and healthcare students in the United Kingdom (“UK”) in May 2018 to encourage them to practise in Hong Kong after graduation. A seminar was held in Hong Kong in August 2018 by Hong Kong students studying medicine in UK, at which SFH and representatives from HA and DH were invited to speak on the opportunities for overseas medical students to practise in Hong Kong. In September 2018, the Chief Secretary for Administration and HA Chairman visited UK to promote HA’s recruitment scheme. In September 2019, SFH led a delegation (including representatives from HA) to Australia to recruit qualified non-locally trained healthcare professionals (including doctors). During the trip to Australia, HA delivered series of recruitment talks. The healthcare professionals and students from Hong Kong who were working or studying in Australia participated in the talks, during which the development of healthcare system and opportunities in Hong Kong as well as the limited registration recruitment scheme in HA were introduced.

FHB and HA, together with DH, have 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 under limited registration. For example, DH’s and HA’s recruitment advertisements for healthcare professionals are promulgated on the website of Toronto, Washington, New York, San Francisco, London, Brussels, Berlin and Tokyo ETOs, newsletters and / or social media platforms; promotional emails to convey recruitment message on healthcare professionals have been sent by Brussels and Singapore ETOs to their relevant contacts in Dublin and the six Association of Southeast Asian Nations countries; and talks and seminars in relation to overseas recruitment have been organised by London, Brussels, New York and Washington ETOs.

Due to the COVID-19 pandemic, overseas promotion was suspended in 2020. Alternatively, HA co-organised two web-conferences with the Hong Kong Medical Society of UK and the Hong Kong Medical Society of Australia in March 2020 and July 2020 respectively to communicate with the medical students and doctors interested in returning and working in Hong Kong. The limited registration recruitment scheme was introduced during the web-conferences.

The manpower and expenditure involved in the recruitment drives were absorbed by the Government and/or HA’s existing provisions.

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CONTROLLING OFFICER'S REPLY

FHB(H)065

(Question Serial No. 1280)

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:

Regarding the staffing arrangement of hospitals in different clusters of the Hospital Authority (HA), will the Government please set out:

1. by hospital cluster the required manpower of clerical and healthcare staff of each hospital in the clusters, the actual numbers employed, attrition numbers and retiree numbers in the past 3 years in table form;
2. by hospital cluster the required manpower of specialists and healthcare staff (including nurses and physiotherapists) of each specialty of hospitals in the clusters, the actual numbers employed, attrition numbers and retiree numbers in the past 3 years in table form; and
3. the measures of the HA to attract and retain staff, and the expenditure and budget involved?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 3)

Reply:

1.

The tables below set out the intake number, attrition number and number of retirees of doctors, nurses, allied health professionals and non-clinical staff in each cluster from 2018-19 to 2020-21 (April - December 2020).

**No. of Intake, Attrition & Retiree of Doctors by cluster from 2018-19 to 2020-21
(April-December 2020)**

2018-19

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	59	36	9	10
HKWC	61	47	7	10
KCC	120	69	20	15
KEC	76	53	9	8
KWC	86	51	11	9
NTEC	92	70	12	8
NTWC	76	48	8	3

2019-20

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	52	26	10	4
HKWC	65	28	3	3
KCC	112	82	17	13
KEC	66	38	6	4
KWC	86	58	3	13
NTEC	109	50	12	6
NTWC	98	38	4	3

2020-21 (April-December 2020)

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	42	17	5	3
HKWC	54	27	2	5
KCC	123	39	6	13
KEC	72	22	5	7
KWC	90	19	5	4
NTEC	74	22	7	5
NTWC	70	22	4	5

**No. of Intake, Attrition & Retiree of Nurses by cluster from 2018-19 to 2020-21
(April-December 2020)**

2018-19

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	239	178	6	30
HKWC	262	207	12	51
KCC	451	343	6	100
KEC	316	172	3	30
KWC	460	264	3	76
NTEC	389	220	2	46
NTWC	306	201	1	39

2019-20

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	256	193	3	44
HKWC	333	154	18	44
KCC	536	360	4	103
KEC	318	159	10	22
KWC	374	274	1	65
NTEC	335	215	4	33
NTWC	385	187	4	40

2020-21 (April-December 2020)

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	247	129	5	32
HKWC	231	132	12	32
KCC	452	231	3	56
KEC	259	95	8	24
KWC	436	173	4	52
NTEC	385	198	1	46
NTWC	276	163	6	41

No. of Intake, Attrition & Retiree of Allied Health Professionals by cluster from 2018-19 to 2020-21 (April-December 2020)

2018-19

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	58	45	0	8
HKWC	90	64	3	19
KCC	125	79	0	20
KEC	76	36	3	9
KWC	90	71	2	20
NTEC	92	62	0	20
NTWC	87	53	1	12

2019-20

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	72	44	0	11
HKWC	71	31	2	5
KCC	167	72	1	29
KEC	100	43	2	15
KWC	123	63	2	13
NTEC	137	86	1	32
NTWC	86	42	1	8

2020-21 (April-December 2020)

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	49	24	0	10
HKWC	61	29	3	7
KCC	103	55	0	22
KEC	76	24	1	2
KWC	134	40	0	10
NTEC	112	56	0	15
NTWC	95	36	1	9

No. of Intake, Attrition & Retiree of Non-clinical staff by cluster from 2018-19 to 2020-21 (April-December 2020) #

2018-19

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	642	568	2	152
HKWC	498	466	11	129
KCC	1457	1101	3	248
KEC	637	478	0	149
KWC	834	724	2	200
NTEC	1018	827	1	238
NTWC	849	661	0	159

2019-20

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	787	587	1	166
HKWC	534	415	14	127
KCC	1557	1025	4	264
KEC	829	451	1	114
KWC	984	620	2	196
NTEC	1145	828	1	212
NTWC	1106	693	2	188

2020-21 (April-December 2020)

Cluster	Intake No.	Attrition (Wastage) No.		No. of Retiree
		FT	PT	
HKEC	691	412	3	105
HKWC	421	292	8	91
KCC	1086	688	1	187
KEC	565	312	0	97
KWC	899	502	1	129
NTEC	963	618	6	191
NTWC	738	446	0	140

Non-clinical staff includes management, supporting, administrative and clerical staff.

2.

The tables below set out the intake number, attrition number and number of retirees of doctors and nurses by major specialty; and allied health professionals by major grade in each cluster from 2018-19 to 2020-21 (April – December 2020).

No. of Intake, Attrition & Retiree of Doctors by cluster by major specialty from 2018-19 to 2020-21 (April - December 2020)

2018-19

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Accident & Emergency	2	3	1	0
	Anaesthesia	5	6	1	2
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	5	3	3	3
	Intensive Care Unit	1	0	0	0
	Medicine	15	6	1	1
	Neurosurgery	3	0	0	0
	Obstetrics & Gynaecology	2	2	0	0
	Ophthalmology	4	3	1	0
	Orthopaedics & Traumatology	1	1	0	0
	Paediatrics	4	1	0	1
	Pathology	1	0	0	0
	Psychiatry	4	2	1	2
	Radiology	5	2	1	1
	Surgery	4	4	0	0
Others	3	3	0	0	
HKEC Total		59	36	9	10
HKWC	Accident & Emergency	5	2	1	2
	Anaesthesia	8	7	0	1
	Cardiothoracic Surgery	2	1	0	1
	Family Medicine	3	5	0	0
	Intensive Care Unit	0	2	0	0
	Medicine	12	3	0	0
	Neurosurgery	4	0	0	0
	Obstetrics & Gynaecology	1	1	0	0
	Ophthalmology	1	2	0	0
	Orthopaedics & Traumatology	1	3	0	1
	Paediatrics	8	4	0	0
	Pathology	2	2	0	1
	Psychiatry	4	0	4	0
	Radiology	2	3	0	0
	Surgery	6	5	2	1
Others	2	7	0	3	
HKWC Total		61	47	7	10
KCC	Accident & Emergency	6	4	3	1
	Anaesthesia	8	5	0	2
	Cardiothoracic Surgery	2	3	0	2
	Family Medicine	14	7	4	1

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
KCC	Intensive Care Unit	1	0	0	0
	Medicine	18	14	2	3
	Neurosurgery	6	3	1	1
	Obstetrics & Gynaecology	9	5	2	0
	Ophthalmology	4	1	1	0
	Orthopaedics & Traumatology	1	2	1	0
	Paediatrics	8	5	2	1
	Pathology	3	1	1	1
	Psychiatry	5	1	2	0
	Radiology	10	9	1	2
	Surgery	5	4	0	0
	Others	20	5	0	1
KCC Total		120	69	20	15
KEC	Accident & Emergency	11	7	2	1
	Anaesthesia	7	4	0	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	3	4	0	0
	Intensive Care Unit	0	0	0	0
	Medicine	23	6	1	0
	Neurosurgery	0	0	0	0
	Obstetrics & Gynaecology	1	1	0	0
	Ophthalmology	4	2	2	0
	Orthopaedics & Traumatology	6	5	0	2
	Paediatrics	2	4	1	3
	Pathology	2	3	0	0
	Psychiatry	7	5	2	1
	Radiology	2	1	0	0
	Surgery	6	8	1	1
Others	2	3	0	0	
KEC Total		76	53	9	8
KWC	Accident & Emergency	12	6	3	0
	Anaesthesia	2	5	0	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	9	11	1	1
	Intensive Care Unit	5	1	0	1
	Medicine	19	7	2	1
	Neurosurgery	2	2	0	0
	Obstetrics & Gynaecology	5	3	0	0
	Ophthalmology	1	1	1	0
	Orthopaedics & Traumatology	4	4	1	2
	Paediatrics	5	1	0	1
	Pathology	4	0	1	0
	Psychiatry	5	1	2	1
	Radiology	0	3	0	0
	Surgery	10	5	0	2
Others	3	1	0	0	
KWC Total		86	51	11	9
NTEC	Accident & Emergency	5	2	1	0

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Anaesthesia	7	7	0	1
NTEC	Cardiothoracic Surgery	4	0	0	0
	Family Medicine	5	3	2	0
	Intensive Care Unit	5	1	0	0
	Medicine	23	11	3	3
	Neurosurgery	2	1	0	0
	Obstetrics & Gynaecology	2	3	0	1
	Ophthalmology	2	3	2	0
	Orthopaedics & Traumatology	10	11	1	1
	Paediatrics	7	4	1	1
	Pathology	2	0	0	0
	Psychiatry	6	5	2	0
	Radiology	2	3	0	0
	Surgery	6	11	0	0
	Others	4	5	0	1
NTEC Total		92	70	12	8
NTWC	Accident & Emergency	7	1	1	0
	Anaesthesia	1	2	1	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	8	5	1	1
	Intensive Care Unit	3	0	0	0
	Medicine	23	7	2	1
	Neurosurgery	1	2	0	0
	Obstetrics & Gynaecology	4	2	0	0
	Ophthalmology	2	2	0	0
	Orthopaedics & Traumatology	4	9	0	0
	Paediatrics	3	2	0	0
	Pathology	3	0	0	0
	Psychiatry	4	4	1	0
	Radiology	3	3	1	0
	Surgery	8	5	1	1
Others	2	4	0	0	
NTWC Total		76	48	8	3

2019-20

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Accident & Emergency	3	1	0	0
	Anaesthesia	0	0	1	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	5	3	2	0
	Intensive Care Unit	0	0	0	0
	Medicine	21	7	3	2
	Neurosurgery	2	2	0	1
	Obstetrics & Gynaecology	0	2	0	0
	Ophthalmology	2	1	2	0
	Orthopaedics & Traumatology	2	2	0	0

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Paediatrics	1	2	1	0
	Pathology	1	0	0	0
	Psychiatry	6	1	1	1
	Radiology	5	3	0	0
	Surgery	4	0	0	0
	Others	0	2	0	0
HKEC Total		52	26	10	4
HKWC	Accident & Emergency	3	2	0	0
	Anaesthesia	9	5	1	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	3	3	1	0
	Intensive Care Unit	1	0	0	0
	Medicine	9	10	0	1
	Neurosurgery	3	0	0	0
	Obstetrics & Gynaecology	1	1	0	1
	Ophthalmology	2	1	0	0
	Orthopaedics & Traumatology	2	0	0	0
	Paediatrics	8	0	0	0
	Pathology	4	1	0	1
	Psychiatry	3	1	0	0
	Radiology	5	1	0	0
	Surgery	6	2	1	0
	Others	6	1	0	0
HKWC Total		65	28	3	3
KCC	Accident & Emergency	4	6	0	1
	Anaesthesia	6	9	0	0
	Cardiothoracic Surgery	0	2	0	0
	Family Medicine	10	8	4	2
	Intensive Care Unit	3	2	0	0
	Medicine	18	16	2	2
	Neurosurgery	6	4	0	0
	Obstetrics & Gynaecology	9	5	3	1
	Ophthalmology	3	5	0	0
	Orthopaedics & Traumatology	3	2	1	1
	Paediatrics	16	9	2	2
	Pathology	8	4	0	2
	Psychiatry	4	2	1	0
	Radiology	9	2	2	0
	Surgery	13	5	1	2
	Others	0	1	1	0
KCC Total		112	82	17	13
KEC	Accident & Emergency	5	2	1	1
	Anaesthesia	3	0	1	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	5	9	0	0
	Intensive Care Unit	0	1	0	0
	Medicine	17	8	0	1
	Neurosurgery	0	0	0	0

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Obstetrics & Gynaecology	1	2	0	0
	Ophthalmology	2	2	1	0
	Orthopaedics & Traumatology	6	2	0	0
KEC	Paediatrics	7	2	0	0
	Pathology	2	1	0	1
	Psychiatry	8	3	0	1
	Radiology	0	1	0	0
	Surgery	7	3	2	0
	Others	3	2	1	0
KEC Total		66	38	6	4
KWC	Accident & Emergency	16	9	1	3
	Anaesthesia	6	3	0	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	11	5	1	1
	Intensive Care Unit	4	0	0	0
	Medicine	11	10	1	1
	Neurosurgery	1	0	0	0
	Obstetrics & Gynaecology	6	1	0	0
	Ophthalmology	4	1	0	0
	Orthopaedics & Traumatology	4	7	0	2
	Paediatrics	3	2	0	0
	Pathology	3	3	0	2
	Psychiatry	4	7	0	2
	Radiology	2	4	0	1
	Surgery	8	5	0	1
Others	3	1	0	0	
KWC Total		86	58	3	13
NTEC	Accident & Emergency	6	4	0	0
	Anaesthesia	10	2	1	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	6	5	0	1
	Intensive Care Unit	4	4	0	1
	Medicine	22	7	0	1
	Neurosurgery	3	0	0	0
	Obstetrics & Gynaecology	4	1	0	0
	Ophthalmology	6	3	2	0
	Orthopaedics & Traumatology	9	2	1	0
	Paediatrics	8	1	2	0
	Pathology	2	3	0	0
	Psychiatry	7	5	1	1
	Radiology	4	4	0	1
	Surgery	14	3	4	0
Others	4	6	1	1	
NTEC Total		109	50	12	6
NTWC	Accident & Emergency	11	5	0	1
	Anaesthesia	5	3	0	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	7	3	1	0

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Intensive Care Unit	2	0	0	0
	Medicine	18	6	1	0
	Neurosurgery	2	0	0	0
	Obstetrics & Gynaecology	4	1	0	0
NTWC	Ophthalmology	3	1	0	0
	Orthopaedics & Traumatology	10	2	0	0
	Paediatrics	5	0	0	0
	Pathology	5	7	0	1
	Psychiatry	8	0	1	0
	Radiology	6	7	0	1
	Surgery	10	2	1	0
	Others	2	1	0	0
NTWC Total		98	38	4	3

2020-21 (April – December 2020)

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Accident & Emergency	4	2	1	0
	Anaesthesia	0	2	0	2
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	4	3	0	1
	Intensive Care Unit	1	0	0	0
	Medicine	11	2	2	0
	Neurosurgery	1	0	1	0
	Obstetrics & Gynaecology	2	2	0	0
	Ophthalmology	2	1	0	0
	Orthopaedics & Traumatology	1	0	0	0
	Paediatrics	4	0	1	0
	Pathology	1	0	0	0
	Psychiatry	2	0	0	0
	Radiology	4	2	0	0
	Surgery	5	1	0	0
Others	0	2	0	0	
HKEC Total		42	17	5	3
HKWC	Accident & Emergency	3	0	0	0
	Anaesthesia	5	2	1	1
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	3	1	1	0
	Intensive Care Unit	1	2	0	0
	Medicine	18	4	0	1
	Neurosurgery	1	2	0	0
	Obstetrics & Gynaecology	2	0	0	0
	Ophthalmology	2	2	0	0

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Orthopaedics & Traumatology	1	0	0	0
	Paediatrics	1	2	0	1
	Pathology	2	1	0	1
	Psychiatry	0	3	0	0
HKWC	Radiology	2	4	0	1
	Surgery	12	4	0	0
	Others	1	0	0	0
HKWC Total		54	27	2	5
KCC	Accident & Emergency	9	2	0	0
	Anaesthesia	7	1	0	0
	Cardiothoracic Surgery	1	0	0	0
	Family Medicine	12	7	1	2
	Intensive Care Unit	2	0	0	0
	Medicine	22	7	1	5
	Neurosurgery	4	0	1	0
	Obstetrics & Gynaecology	5	3	0	1
	Ophthalmology	3	3	1	0
	Orthopaedics & Traumatology	5	0	0	0
	Paediatrics	24	7	0	2
	Pathology	2	2	1	0
	Psychiatry	3	1	0	0
	Radiology	7	1	1	0
	Surgery	15	2	0	1
	Others	2	3	0	2
KCC Total		123	39	6	13
KEC	Accident & Emergency	8	5	1	2
	Anaesthesia	5	4	0	1
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	15	3	1	0
	Intensive Care Unit	0	0	0	0
	Medicine	17	3	0	0
	Neurosurgery	0	0	0	0
	Obstetrics & Gynaecology	2	0	0	0
	Ophthalmology	2	0	0	0
	Orthopaedics & Traumatology	2	1	0	1
	Paediatrics	2	0	0	0
	Pathology	3	0	0	0
	Psychiatry	3	2	0	2
	Radiology	1	2	1	0
	Surgery	9	1	1	0
	Others	3	1	1	1

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
KEC Total		72	22	5	7
KWC	Accident & Emergency	13	3	1	1
	Anaesthesia	4	1	2	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	7	2	1	0
KWC	Intensive Care Unit	3	0	0	0
	Medicine	17	8	1	2
	Neurosurgery	4	0	0	0
	Obstetrics & Gynaecology	2	1	0	0
	Ophthalmology	2	1	0	0
	Orthopaedics & Traumatology	6	0	0	0
	Paediatrics	7	1	0	1
	Pathology	5	1	0	0
	Psychiatry	4	0	0	0
	Radiology	5	0	0	0
	Surgery	9	1	0	0
	Others	2	0	0	0
KWC Total		90	19	5	4
NTEC	Accident & Emergency	5	3	0	0
	Anaesthesia	3	3	1	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	3	1	1	1
	Intensive Care Unit	3	1	0	0
	Medicine	18	3	2	1
	Neurosurgery	1	1	0	0
	Obstetrics & Gynaecology	2	0	1	0
	Ophthalmology	4	1	0	0
	Orthopaedics & Traumatology	4	2	1	0
	Paediatrics	3	2	1	2
	Pathology	1	1	0	0
	Psychiatry	10	1	0	0
	Radiology	3	0	0	0
	Surgery	11	2	0	1
Others	3	1	0	0	
NTEC Total		74	22	7	5
NTWC	Accident & Emergency	7	2	0	1
	Anaesthesia	1	2	2	0
	Cardiothoracic Surgery	0	0	0	0
	Family Medicine	10	2	1	0
	Intensive Care Unit	0	0	0	0
	Medicine	12	2	0	1

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Neurosurgery	3	0	0	0
	Obstetrics & Gynaecology	2	3	0	1
	Ophthalmology	1	2	0	0
	Orthopaedics & Traumatology	7	1	1	1
	Paediatrics	1	1	0	0
	Pathology	3	2	0	0
NTWC	Psychiatry	6	2	0	0
	Radiology	3	1	0	1
	Surgery	12	1	0	0
	Others	2	1	0	0
NTWC Total		70	22	4	5

No. of Intake, Attrition & Retiree of Nurses by cluster by major specialty from 2018-19 to 2020-21 (April – December 2020)

2018-19

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Accident & Emergency	9	9	0	4
	Intensive Care Unit	10	9	0	2
	Medicine	99	62	0	8
	Obstetrics & Gynaecology	5	16	0	2
	Orthopaedics & Traumatology	11	4	0	1
	Paediatrics	16	5	0	0
	Psychiatry	20	19	0	4
	Surgery	21	15	0	0
	Others	48	39	6	9
HKEC Total		239	178	6	30
HKWC	Accident & Emergency	4	3	0	0
	Intensive Care Unit	0	6	0	0
	Medicine	78	50	2	14
	Obstetrics & Gynaecology	3	15	3	3
	Orthopaedics & Traumatology	9	4	0	1
	Paediatrics	29	10	0	2
	Psychiatry	13	13	0	6
	Surgery	56	39	3	6
	Others	70	67	4	19
HKWC Total		262	207	12	51
KCC	Accident & Emergency	9	16	0	2
	Intensive Care Unit	0	9	0	1
	Medicine	114	92	0	26
	Obstetrics & Gynaecology	6	25	0	9
	Orthopaedics & Traumatology	14	7	0	1
	Paediatrics	22	32	0	8

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Psychiatry	33	10	0	8
	Surgery	41	30	0	11
	Others	212	122	6	34
KCC Total		451	343	6	100
KEC	Accident & Emergency	11	8	0	1
	Intensive Care Unit	2	11	0	1
	Medicine	134	47	2	8
	Obstetrics & Gynaecology	17	16	0	1
KEC	Orthopaedics & Traumatology	33	14	0	1
	Paediatrics	11	8	0	0
	Psychiatry	10	1	0	1
	Surgery	40	13	0	1
	Others	58	54	1	16
KEC Total		316	172	3	30
KWC	Accident & Emergency	23	17	1	3
	Intensive Care Unit	3	8	0	4
	Medicine	108	76	0	14
	Obstetrics & Gynaecology	2	8	0	4
	Orthopaedics & Traumatology	10	5	0	3
	Paediatrics	4	24	0	2
	Psychiatry	47	33	0	20
	Surgery	25	16	0	5
	Others	238	77	2	21
KWC Total		460	264	3	76
NTEC	Accident & Emergency	12	8	0	1
	Intensive Care Unit	7	8	0	2
	Medicine	200	90	0	16
	Obstetrics & Gynaecology	12	14	0	5
	Orthopaedics & Traumatology	21	16	0	2
	Paediatrics	24	14	0	1
	Psychiatry	21	4	0	1
	Surgery	47	16	0	2
	Others	45	50	2	16
NTEC Total		389	220	2	46
NTWC	Accident & Emergency	20	5	0	0
	Intensive Care Unit	4	12	0	0
	Medicine	109	65	0	7
	Obstetrics & Gynaecology	10	14	0	0
	Orthopaedics & Traumatology	13	7	0	0
	Paediatrics	11	13	0	0
	Psychiatry	33	24	0	17
	Surgery	19	14	0	4
	Others	87	47	1	11
NTWC Total		306	201	1	39

2019-20

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Accident & Emergency	15	12	0	5
	Intensive Care Unit	9	8	0	1
	Medicine	100	71	0	10
	Obstetrics & Gynaecology	11	7	0	0
	Orthopaedics & Traumatology	7	4	0	1
	Paediatrics	6	8	0	1
	Psychiatry	27	10	0	5
	Surgery	31	19	0	3
HKEC	Others	50	54	3	18
HKEC Total		256	193	3	44
HKWC	Accident & Emergency	1	1	0	0
	Intensive Care Unit	2	5	0	1
	Medicine	104	45	0	14
	Obstetrics & Gynaecology	3	12	0	4
	Orthopaedics & Traumatology	10	4	0	0
	Paediatrics	10	11	0	3
	Psychiatry	16	2	0	2
	Surgery	57	26	0	6
	Others	130	48	18	14
HKWC Total		333	154	18	44
KCC	Accident & Emergency	9	12	0	4
	Intensive Care Unit	1	5	0	0
	Medicine	112	107	0	28
	Obstetrics & Gynaecology	7	18	0	2
	Orthopaedics & Traumatology	13	7	0	2
	Paediatrics	43	24	0	7
	Psychiatry	18	12	0	9
	Surgery	36	35	0	11
	Others	297	140	4	40
KCC Total		536	360	4	103
KEC	Accident & Emergency	9	6	0	0
	Intensive Care Unit	4	10	0	1
	Medicine	134	50	4	5
	Obstetrics & Gynaecology	14	11	0	0
	Orthopaedics & Traumatology	23	8	0	1
	Paediatrics	13	5	0	0
	Psychiatry	21	4	0	2
	Surgery	30	16	0	2
	Others	70	49	6	11
KEC Total		318	159	10	22
KWC	Accident & Emergency	26	14	0	2
	Intensive Care Unit	2	10	0	0
	Medicine	82	82	0	15
	Obstetrics & Gynaecology	2	12	0	4
	Orthopaedics & Traumatology	11	7	0	0
	Paediatrics	4	9	0	1
	Psychiatry	51	29	0	20
	Surgery	12	15	0	1

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Others	184	96	1	22
KWC Total		374	274	1	65
NTEC	Accident & Emergency	26	12	0	2
	Intensive Care Unit	11	8	1	1
	Medicine	144	81	0	10
	Obstetrics & Gynaecology	10	18	0	3
	Orthopaedics & Traumatology	9	14	0	2
	Paediatrics	25	14	0	1
	Psychiatry	21	6	0	4
NTEC	Surgery	34	20	0	1
	Others	55	42	3	9
NTEC Total		335	215	4	33
NTWC	Accident & Emergency	18	10	0	2
	Intensive Care Unit	18	10	0	0
	Medicine	122	52	0	6
	Obstetrics & Gynaecology	13	8	0	0
	Orthopaedics & Traumatology	7	4	0	0
	Paediatrics	23	9	0	0
	Psychiatry	36	28	0	21
	Surgery	25	7	1	0
	Others	123	59	3	11
NTWC Total		385	187	4	40

2020-21 (April – December 2020)

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Accident & Emergency	25	6	0	0
	Intensive Care Unit	12	13	0	2
	Medicine	112	45	0	9
	Obstetrics & Gynaecology	6	4	0	2
	Orthopaedics & Traumatology	4	9	0	1
	Paediatrics	10	5	0	1
	Psychiatry	21	11	0	4
	Surgery	16	9	0	1
	Others	41	27	5	12
HKEC Total		247	129	5	32
HKWC	Accident & Emergency	3	6	0	1
	Intensive Care Unit	3	4	0	0
	Medicine	19	35	0	6
	Obstetrics & Gynaecology	5	11	0	5
	Orthopaedics & Traumatology	1	4	0	2
	Paediatrics	12	2	0	0
	Psychiatry	0	2	0	0
	Surgery	15	20	0	1

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Others	173	48	12	17
HKWC Total		231	132	12	32
KCC	Accident & Emergency	13	5	0	0
	Intensive Care Unit	2	5	0	2
	Medicine	106	60	0	18
	Obstetrics & Gynaecology	12	14	0	4
	Orthopaedics & Traumatology	12	5	0	2
	Paediatrics	52	29	0	5
KCC	Psychiatry	11	9	0	4
	Surgery	35	17	0	4
	Others	209	87	3	17
KCC Total		452	231	3	56
KEC	Accident & Emergency	7	3	0	1
	Intensive Care Unit	5	7	0	0
	Medicine	101	24	1	3
	Obstetrics & Gynaecology	7	8	0	4
	Orthopaedics & Traumatology	22	7	0	1
	Paediatrics	15	3	0	2
	Psychiatry	17	6	0	3
	Surgery	25	5	0	0
	Others	60	32	7	10
KEC Total		259	95	8	24
KWC	Accident & Emergency	18	11	0	3
	Intensive Care Unit	5	0	0	0
	Medicine	79	40	0	8
	Obstetrics & Gynaecology	3	5	0	1
	Orthopaedics & Traumatology	14	8	0	4
	Paediatrics	13	7	0	1
	Psychiatry	54	22	0	14
	Surgery	24	12	0	4
	Others	226	68	4	17
KWC Total		436	173	4	52
NTEC	Accident & Emergency	29	8	0	2
	Intensive Care Unit	22	11	0	0
	Medicine	158	65	0	11
	Obstetrics & Gynaecology	24	9	0	5
	Orthopaedics & Traumatology	19	12	0	2
	Paediatrics	17	13	0	1
	Psychiatry	22	10	0	5
	Surgery	39	17	0	1
	Others	55	53	1	19

Cluster	Major Specialty	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
NTEC Total		385	198	1	46
NTWC	Accident & Emergency	16	8	0	1
	Intensive Care Unit	18	6	0	0
	Medicine	86	50	0	4
	Obstetrics & Gynaecology	13	8	0	0
	Orthopaedics & Traumatology	8	2	0	0
	Paediatrics	7	8	1	1
	Psychiatry	40	34	0	28
	Surgery	7	10	0	0
NTWC	Others	81	37	5	7
NTWC Total		276	163	6	41

No. of Intake, Attrition & Retiree of Allied Health Professionals by cluster by grade from 2018-19 to 2020-21 (April - December 2020)

2018-19

Cluster	Grade	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Medical Laboratory Technologist	8	6	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	5	6	0	1
	Social Workers	5	4	0	0
	Occupational Therapist	8	6	0	0
	Physiotherapist	11	7	0	1
	Pharmacist	6	5	0	1
	Dispenser	9	7	0	4
	Others	6	4	0	0
HKEC Total		58	45	0	8
HKWC	Medical Laboratory Technologist	24	17	0	6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	5	7	0	1
	Social Workers	5	2	2	1
	Occupational Therapist	12	11	0	4
	Physiotherapist	12	10	0	1
	Pharmacist	3	3	1	1
	Dispenser	9	4	0	2
	Others	20	10	0	3
HKWC Total		90	64	3	19
KCC	Medical Laboratory Technologist	15	7	0	4
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	13	10	0	4
	Social Workers	3	4	0	2
	Occupational Therapist	16	11	0	5
	Physiotherapist	34	26	0	0
	Pharmacist	17	8	0	3

Cluster	Grade	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Dispenser	16	7	0	1
	Others	11	6	0	1
KCC Total		125	79	0	20
KEC	Medical Laboratory Technologist	10	4	1	1
	Radiographer (Diagostic Radiographer & Radiation Therapist)	6	2	0	1
	Social Workers	7	1	1	0
	Occupational Therapist	11	5	1	0
	Physiotherapist	16	8	0	0
KEC	Pharmacist	6	3	0	0
	Dispenser	9	4	0	4
	Others	11	9	0	3
KEC Total		76	36	3	9
KWC	Medical Laboratory Technologist	16	11	0	5
	Radiographer (Diagostic Radiographer & Radiation Therapist)	11	5	0	3
	Social Workers	8	6	0	0
	Occupational Therapist	11	13	0	1
	Physiotherapist	11	11	2	2
	Pharmacist	10	8	0	1
	Dispenser	9	7	0	5
	Others	14	10	0	3
	KWC Total		90	71	2
NTEC	Medical Laboratory Technologist	18	8	0	5
	Radiographer (Diagostic Radiographer & Radiation Therapist)	10	10	0	4
	Social Workers	3	4	0	0
	Occupational Therapist	16	12	0	2
	Physiotherapist	21	10	0	2
	Pharmacist	6	1	0	0
	Dispenser	11	10	0	4
	Others	7	7	0	3
	NTEC Total		92	62	0
NTWC	Medical Laboratory Technologist	19	5	0	1
	Radiographer (Diagostic Radiographer & Radiation Therapist)	10	10	0	4
	Social Workers	1	1	0	0
	Occupational Therapist	13	9	0	3
	Physiotherapist	14	11	0	0
	Pharmacist	7	6	0	1
	Dispenser	11	2	0	1
	Others	12	9	1	2
NTWC Total		87	53	1	12

2019-20

Cluster	Grade	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	

Cluster	Grade	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Medical Laboratory Technologist	8	3	0	2
	Radiographer (Diagostic Radiographer & Radiation Therapist)	10	5	0	1
	Social Workers	1	2	0	0
	Occupational Therapist	10	11	0	3
	Physiotherapist	14	9	0	1
	Pharmacist	6	3	0	0
	Dispenser	13	3	0	2
HKEC	Others	10	8	0	2
HKEC Total		72	44	0	11
HKWC	Medical Laboratory Technologist	17	4	0	1
	Radiographer (Diagostic Radiographer & Radiation Therapist)	5	6	0	3
	Social Workers	7	4	1	0
	Occupational Therapist	9	7	0	0
	Physiotherapist	10	2	0	0
	Pharmacist	5	1	1	0
	Dispenser	5	1	0	0
	Others	13	6	0	1
HKWC Total		71	31	2	5
KCC	Medical Laboratory Technologist	31	9	0	4
	Radiographer (Diagostic Radiographer & Radiation Therapist)	13	7	0	2
	Social Workers	9	4	0	2
	Occupational Therapist	18	8	1	3
	Physiotherapist	33	13	0	2
	Pharmacist	15	3	0	1
	Dispenser	24	14	0	9
	Others	24	14	0	6
	KCC Total		167	72	1
KEC	Medical Laboratory Technologist	13	4	0	1
	Radiographer (Diagostic Radiographer & Radiation Therapist)	9	4	0	1
	Social Workers	7	0	0	0
	Occupational Therapist	10	6	0	1
	Physiotherapist	14	6	1	1
	Pharmacist	9	1	0	0
	Dispenser	16	11	0	7
	Others	22	11	1	4
	KEC Total		100	43	2
KWC	Medical Laboratory Technologist	21	7	0	3
	Radiographer (Diagostic Radiographer & Radiation Therapist)	8	8	0	3
	Social Workers	10	6	0	1
	Occupational Therapist	24	19	0	3
	Physiotherapist	25	11	1	0

Cluster	Grade	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Pharmacist	13	4	0	1
	Dispenser	14	3	0	1
	Others	8	5	1	1
KWC Total		123	63	2	13
NTEC	Medical Laboratory Technologist	18	13	0	10
	Radiographer (Diagostic Radiographer & Radiation Therapist)	16	16	0	6
	Social Workers	3	4	0	0
	Occupational Therapist	19	9	0	3
NTEC	Physiotherapist	36	18	0	2
	Pharmacist	9	3	0	0
	Dispenser	26	11	0	8
	Others	10	12	1	3
NTEC Total		137	86	1	32
NTWC	Medical Laboratory Technologist	12	5	0	3
	Radiographer (Diagostic Radiographer & Radiation Therapist)	12	7	0	1
	Social Workers	4	1	0	0
	Occupational Therapist	6	5	0	0
	Physiotherapist	21	11	1	1
	Pharmacist	6	3	0	1
	Dispenser	13	3	0	0
	Others	12	7	0	2
NTWC Total		86	42	1	8

2020-21 (April – December 2020)

Cluster	Grade	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
HKEC	Medical Laboratory Technologist	7	2	0	0
	Radiographer (Diagostic Radiographer & Radiation Therapist)	7	4	0	2
	Social Workers	2	0	0	0
	Occupational Therapist	10	4	0	0
	Physiotherapist	5	3	0	2
	Pharmacist	3	1	0	1
	Dispenser	7	5	0	3
	Others	8	5	0	2
HKEC Total		49	24	0	10
HKWC	Medical Laboratory Technologist	13	8	0	0
	Radiographer (Diagostic Radiographer & Radiation Therapist)	12	2	0	0
	Social Workers	5	1	0	0
	Occupational Therapist	8	4	1	0

Cluster	Grade	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Physiotherapist	6	6	0	3
	Pharmacist	5	2	0	2
	Dispenser	2	1	0	0
	Others	10	5	2	2
HKWC Total		61	29	3	7
KCC	Medical Laboratory Technologist	30	19	0	9
	Radiographer (Diagostic Radiographer & Radiation Therapist)	14	14	0	6
	Social Workers	3	2	0	1
KCC	Occupational Therapist	10	5	0	2
	Physiotherapist	15	9	0	1
	Pharmacist	5	1	0	0
	Dispenser	10	4	0	3
	Others	16	1	0	0
KCC Total		103	55	0	22
KEC	Medical Laboratory Technologist	14	4	0	0
	Radiographer (Diagostic Radiographer & Radiation Therapist)	8	2	0	0
	Social Workers	4	2	0	0
	Occupational Therapist	15	4	0	0
	Physiotherapist	14	6	0	0
	Pharmacist	3	2	0	1
	Dispenser	7	2	0	1
	Others	11	2	1	0
KEC Total		76	24	1	2
KWC	Medical Laboratory Technologist	15	6	0	2
	Radiographer (Diagostic Radiographer & Radiation Therapist)	11	4	0	1
	Social Workers	10	7	0	2
	Occupational Therapist	35	7	0	1
	Physiotherapist	24	4	0	1
	Pharmacist	9	2	0	0
	Dispenser	11	4	0	2
	Others	19	6	0	1
KWC Total		134	40	0	10
NTEC	Medical Laboratory Technologist	17	11	0	5
	Radiographer (Diagostic Radiographer & Radiation Therapist)	17	9	0	3
	Social Workers	5	3	0	0
	Occupational Therapist	22	5	0	0
	Physiotherapist	23	13	0	2

Cluster	Grade	Intake No.	Attrition (Wastage) No.		No. of Retiree
			FT	PT	
	Pharmacist	6	5	0	3
	Dispenser	9	6	0	1
	Others	13	4	0	1
NTEC Total		112	56	0	15
NTWC	Medical Laboratory Technologist	17	4	0	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	13	3	0	2
	Social Workers	1	1	0	1
	Occupational Therapist	15	5	0	0
NTWC	Physiotherapist	21	5	1	0
	Pharmacist	6	3	0	0
	Dispenser	9	7	0	3
	Others	13	8	0	1
NTWC Total		95	36	1	9

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 included 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) For allied health professionals, 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.

Over the years, the Hospital Authority (HA) has been closely monitoring its manpower situation and introduced a series of measures to attract, develop and retain talents. As part of its overall budget, HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, hiring full-time and part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, rehiring suitable retired healthcare staff, recruitment of non-locally trained doctors under the limited registration scheme to supplement local recruitment, improving promotion prospects

to retain expertise, provision of better training opportunities for various grades, and enhancement of the Fixed Rate Honorarium.

HA established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Government announced in the 2020-21 Budget that resources were committed for 3 major proposals put forward by the Task Group, including –

- (a) enhancing the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in HA after retirement until 65;
- (b) creating opportunities for around 200 Associate Consultants to be promoted to Consultant rank in 5 years so as to retain experienced medical personnel; and
- (c) providing Specialty Nurse Allowance to eligible registered nurses so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications.

The above initiatives are being gradually implemented by HA. 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.

HA will continue to closely monitor the manpower situation to make proactive arrangements to attract, develop and retain talents for supporting the overall service needs and development 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
FT – full-time
PT – part-time

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)066****(Question Serial No. 1281)**

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:

Regarding the arrangements of the Hospital Authority for transferring public hospital patients to private hospitals for treatment, please provide the numbers of hospital beds, patients and patient days involved, as well as the expenditure incurred by individual private hospital and bed type in the past 3 years.

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 6)

Reply:

To help tackle the service demand surge during the influenza season, the Hospital Authority (HA) has collaborated with a private hospital since 26 July 2017 to utilise its low-charge beds to provide choices for suitable inpatients to be transferred to the private hospital for continual care. Similar collaboration was extended to another private hospital for the influenza season starting from 5 January 2018. In 2020, HA has extended the use of low-charge beds to meet the service demand in order to cope with the Coronavirus Disease 2019 (COVID-19) epidemic.

The number of low-charge beds, number of patients transferred, number of bed days and expenditure since the 2018-19 winter surge period up to 31 December 2020 are listed in the table as follows:

	No. of low-charge beds (provided daily)	No. of patients transferred	No. of bed days	Expenditure (\$ million)
2018-19 winter surge (From January 2019 to May 2019)	78	26	120	0.2

	No. of low-charge beds (<i>provided daily</i>)	No. of patients transferred	No. of bed days	Expenditure (\$ million)
2019-20 winter surge (From January 2020 to February 2020)	78	57	401	0.8
2020-21 winter surge & COVID-19 (From March 2020 up to December 2020)	78	190	1 458	2.3
Total	78	273	1 979	3.3

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)067****(Question Serial No. 1289)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the treatment of COVID-19 and influenza in public hospitals, please set out in tabular form the following information for the past year:

1. a breakdown by age group of the numbers of patients seeking consultation from the Hospital Authority (HA), admissions and deaths with principal diagnosis of influenza in each month; and
2. a breakdown by age group of the numbers of patients seeking consultation from the HA, admissions and deaths with principal diagnosis of COVID-19 in each month.

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 18)

Reply:

1.

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 breakdown by age groups, in the calendar year of 2020.

Year	Age Group	Number of admissions with principal diagnosis of influenza*	Number of deaths with principal diagnosis of influenza*
2020	< 18 years old	793	0
	18 – 64 years old	1 039	7
	65 years old or above	1 097	36
	All ages	2 930	43

* 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.

2.

The table below sets out the number of admissions and deaths, by age groups, of confirmed or probable Coronavirus Disease 2019 (COVID-19) patients based on the first admission episode in the HA from January 2020 to 15 March 2021.

January 2020 – 15 March 2021

Age group	Number of admissions (a)	Number of deaths among the admissions in (a)*
<18 years old	914	0
18-64 years old	8 445	21
65 years old or above	1 915	176
All ages	11 274	197

* The cause of death may not be attributable to COVID-19.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)068****(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)(Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding COVID-19, will the Government please tabulate:

1. the number of discharged patients recovered from COVID-19; and among such patients, the numbers of hospital readmissions and deaths (with a breakdown by age group) since last year; and
2. the number of discharged patients recovered from diseases other than COVID-19; and among such patients, the numbers of hospital readmissions and deaths (with a breakdown by age group) since last year?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 19)

Reply:

1. & 2.

The table below sets out the number of discharges and deaths, by age groups, of confirmed or probable Coronavirus Disease 2019 patients based on the first admission episode in the Hospital Authority (HA) from January 2020 to 15 March 2021.

January 2020 – 15 March 2021

Age group	Number of discharges	Number of deaths among COVID-19 patients admitted to HA
<18 years old	899	0
18-64 years old	8 205	21
65 years old or above	1 681	176
All ages	10 785	197

The table below sets out the number of inpatient and day inpatient discharges and deaths in HA by age groups from January 2020 to 28 February 2021.

January 2020 – February 2021 [Provisional figures]

Age group	Number of inpatient and day inpatient discharges and deaths*
<18 years old	126 576
18-64 years old	857 830
65 years old or above	872 891
All ages	1 857 395

* The sum of breakdowns may not equal to the total number of inpatient and day inpatient discharges and deaths for all ages due to the inclusion of patients with unknown age.

Numbers of inpatient readmissions in HA are not available as the reasons for readmissions may vary from those of previous episodes of admissions.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)069

(Question Serial No. 3214)

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:

Regarding the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes, will the Government inform this Committee of the following:

1. the number of cancer patients receiving treatment in the Hospital Authority (HA) and the drug consumption expenditure involved in the past 3 years;
2. the number of applicants, number of applicants whose applications were approved and amount of subsidies granted under the SF and CCF Medical Assistance Programmes, broken down by cancer type and drug, in the past 3 years;
3. the number of applicants, number of applicants whose applications were approved and expenditure involved under the SF and CCF Medical Assistance Programmes, broken down by drug and non-drug, in the past 3 years; and
4. on account of the further relaxation of the means tests of the SF and CCF Medical Assistance Programmes, the estimated additional expenditure involved and estimated number of beneficiaries?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 1)

Reply:

(1)

The total number of cancer patients receiving treatment at standard fees and charges in the Hospital Authority (HA) and the total drug consumption expenditure involved for all types of cancers in 2018-19, 2019-20 and 2020-21 (projection as of 31 December 2020) are set out in the table below.

Year	Number of Cancer Patients Receiving Treatment in HA[@]	Drug Consumption Expenditure Involved (\$ million)
2018-19	140 300	628.2
2019-20	139 800	884.7
2020-21	137 100	1,083.6

[@] Figures rounded to the nearest hundred

(2)

The tables below set out the names of cancer drugs covered by the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes, the number of applications received and approved, and the amount of subsidies granted in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

SF

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
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				
Types of cancers	Drugs	No. of applications received [#]	No. of applications approved [#]	Amount of subsidies granted (\$ million)
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	13	13	3.26
Brain cancer	Temozolomide	23	23	0.75
Breast cancer	Trastuzumab	461	461	88.94
Chronic Lymphocytic Leukaemia	Rituximab	11	11	0.75
	Ibrutinib	5	5	1.88
Chronic Myeloid Leukaemia (CML)	Dasatinib	114	114	22.86
	Nilotinib	112	112	28.29
Colorectal cancer	Cetuximab	237	237	64.69
	Panitumumab	26	26	5.56
Gastrointestinal Stromal tumour (GIST)	Imatinib	255	255	43.37
Lung cancer	Afatinib	96	96	11.56
	Ceritinib	8	8	2.33
	Crizotinib	65	65	10.73
	Erlotinib	397	397	12.45
	Gefitinib	516	516	43.98
	Alectinib	30	30	11.96
Lymphoma	Ibrutinib	11	11	3.49
	Obinutuzumab	33	33	3.84
	Rituximab	259	259	22.76
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	128	128	20.54
Myeloma	Bortezomib	174	174	37.54
	Lenalidomide	79	79	8.58
	Carfilzomib	20	20	9.94
Total		3 073	3 073	460.05

2020-21 (Up to 31 December 2020)				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Acute Lymphoblastic leukaemia (ALL)	Dasatinib	13	13	3.38
Acute myeloid leukaemia	Midostaurin	21	21	12.58
Brain cancer	Temozolomide	24	24	0.47
Breast cancer	Trastuzumab	372	372	73.63
Chronic Lymphocytic Leukaemia	Rituximab	9	9	0.44
	Ibrutinib	6	6	1.75
Chronic Myeloid Leukaemia (CML)	Dasatinib	99	99	19.75
	Nilotinib	101	101	25.24
Colorectal cancer	Cetuximab	191	191	56.62
	Panitumumab	52	52	11.90
Gastrointestinal Stromal tumour (GIST)	Imatinib	208	208	34.74
Liver cancer	Sorafenib	2	2	0.11
Lung cancer	Afatinib	80	80	9.79
	Ceritinib	0*	0*	0*
	Crizotinib	22	22	5.81
	Gefitinib	228	228	19.91
	Alectinib	70	70	26.32
Lymphoma	Ibrutinib	14	14	5.38
	Obinutuzumab	37	37	5.11
	Rituximab	178	178	16.72
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	86	86	9.12
Myelofibrosis-related splenomegaly or symptoms	Ruxolitinib	58	58	31.72
Myeloma	Bortezomib	143	143	30.84
	Lenalidomide	56	56	6.25
	Carfilzomib	31	31	11.96
Total		2 101	2 101	419.54

* No application for this drug was received in 2020-21 (up to December 2020).

CCF Medical Assistance Programmes

(including “First Phase Programme of the Medical Assistance Programmes” and “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”)

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				
Types of cancers	Drugs	No. of applications received [#]	No. of applications approved [#]	Amount of subsidies granted (\$ million)
Breast cancer	Everolimus	29	29	3.86
	Lapatinib	47	47	2.75
	Palbociclib	134	134	28.04
	Pertuzumab	178	178	66.16
	Ribociclib	29	29	5.16
	Trastuzumab emtansine (T-DM1)	69	69	18.40
Colorectal cancer	Bevacizumab	300	300	39.44
Liver cancer	Sorafenib	334	334	13.78
Gastric carcinoma	Trastuzumab	18	18	3.63
Gastrointestinal tumour	Sunitinib	28	28	3.22
Leukaemia	Bendamustine	8	8	1.61
	Obinutuzumab	11	11	0.85
Lung cancer	Alectinib	41	41	10.62
	Ceritinib	18	18	2.05
	Osimertinib	262	262	71.20
	Pemetrexed	11	11	0.01
Ovarian cancer	Pegylated liposomal Doxorubicin	71	71	4.54
Renal cell carcinoma	Axitinib	22	22	1.12
	Sunitinib	28	28	2.90
	Pazopanib	87	87	11.56
Skin cancer	Nivolumab	19	19	6.23
	Vemurafenib	4	4	0.83
	Dabrafenib and Trametinib	2	2	1.12
Prostate cancer	Abiraterone	40	40	5.54
	Enzalutamide	125	125	16.65
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	41	41	6.32
Total		1 956	1 956	327.59

**2020-21
(Up to 31 December 2020)**

Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
Breast cancer	Everolimus	33	33	4.54
	Lapatinib	19	19	1.37
	Palbociclib	165	165	26.54
	Pertuzumab	167	167	65.96
	Ribociclib	45	45	6.97
	Trastuzumab emtansine (T-DM1)	65	65	20.40
	Abemaciclib	0~	0~	0~
Colorectal cancer	Bevacizumab	307	307	40.48
Liver cancer	Sorafenib	153	153	4.99
	Lenvatinib	142	142	13.69
Gastric carcinoma	Trastuzumab	14	14	2.82
Gastrointestinal tumour	Sunitinib	28	28	3.09
Leukaemia	Bendamustine	10	10	1.62
	Obinutuzumab	3	3	0.29
	Inotuzumab ozogamicin	0~	0~	0~
Lymphoma	Brentuximab Vedotin	6	6	3.41
Lung cancer	Alectinib	11	11	3.03
	Ceritinib	8	8	0.69
	Osimertinib	296	296	103.61
	Brigatinib	3	3	1.33
	Durvalumab	45	45	12.80
	Pembrolizumab	170	170	92.49
	Atezolizumab	0~	0~	0~
	Nivolumab	0~	0~	0~
Myeloma	Ixazomib and Lenalidomide	66	66	28.16
Neuroblastoma	Dinutuximab Beta	0~	0~	0~
Ovarian cancer	Pegylated liposomal Doxorubicin	49	49	3.79
Renal cell carcinoma	Axitinib	26	26	1.65
	Sunitinib	21	21	1.99
	Pazopanib	64	64	9.84
Skin cancer	Nivolumab	26	26	8.37
	Vemurafenib	0*	0*	0*

2020-21 (Up to 31 December 2020)				
Types of cancers	Drugs	No. of applications received[#]	No. of applications approved[#]	Amount of subsidies granted (\$ million)
	Dabrafenib and Trametinib	7	7	2.67
Prostate cancer	Abiraterone	86	86	12.30
	Enzalutamide	72	72	10.50
Epithelial Ovarian / fallopian tube / primary peritoneal cancer	Bevacizumab	37	37	6.13
Total		2 144	2 144	495.52

~ Concerned drugs have been introduced to the coverage of CCF Medical Assistance Programmes since 29 December 2020. No application for these drugs was received in 2020-21 (up to December 2020).

* No application for this drug was received in 2020-21 (up to December 2020).

The above data does not include those withdrawn / cancelled applications.

(3)

The two tables below set out information on financial assistance under SF and CCF Medical Assistance Programmes:

SF

Year	No. of applications received[#]		No. of applications approved[#]		Amount of subsidies granted (\$ million)	
	Non-drug items	Drugs	Non-drug items	Drugs	Non-drug items	Drugs
2018-19	4 601	2 866	4 600	2 866	208.7	421.8
2019-20	4 941	4 375	4 940	4 375	253.5	576.1
2020-21 (Up to 31 December 2020)	3 508	3 334	3 508	3 334	215.2	551.1

CCF Medical Assistance Programmes

(including “First Phase Programme of the Medical Assistance Programmes”, “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including those for treating uncommon disorders)” and “Subsidy for Eligible Patients of Hospital Authority to Purchase Specified Implantable Medical Devices for Interventional Procedures”)

Year	No. of applications received [#]		No. of applications approved [#]		Amount of subsidies granted (\$ million)	
	Non-drug items	Drugs	Non-drug items	Drugs	Non-drug items	Drugs
2018-19	56	2 277	56	2 277	14.3	278.2
2019-20	112	1 984	112	1 984	28.8	427.6
2020-21 (Up to 31 December 2020)	80	2 164	80	2 164	19.4	552.7

[#] The above data does not include those withdrawn / cancelled applications.

(4)

The Government and HA have, since early 2019, relaxed the means test mechanism for the SF and the CCF Medical Assistance Programmes, including modifying the calculation of annual disposable financial resources (ADFR) in drug subsidy application by counting only 50% of the patients’ household net assets, thereby offering asset protection to their families; and refining the definition of “household” adopted in financial assessment to cover only core family members living under the same roof and having direct financial connection with the patient concerned. After reviewing the effectiveness of the measures, we will further refine the means test mechanism for drug subsidy with a view to easing the financial burden of patients requiring long-term medication. Specific measures include:

- (a) modifying the calculation of the ADFR for recurrent applications, including deducting the drug expenses paid by the patient for the last treatment course¹ and calculating only 80% of the patient’s household disposable income;
- (b) including more allowable deduction items in the calculation of the ADFR (including school fees on tertiary education for full-time students aged 25 or below, and maintenance payments), and adjusting the calculation of income² for all applications; and
- (c) extending the validity period of the financial assessment of recurrent applicants³.

With the above refinements, together with the enhancement measures in early 2019 and the regular introduction of new subsidised items, the amount of subsidies approved of SF and

the CCF Medical Assistance Programmes could reach up to \$2.1 billion in 2020-21 and \$3.1 billion in 2021-22.

Note:

1. The expenses at public hospitals / clinics on the drug under application of the last 12 months.
2. Double pay, year-end payment, bonus and gratuity, as well as monthly payout amount of reverse mortgage / policy reverse mortgage will be excluded from the calculation of income.
3. The validity period of the financial assessment of the first application will be extended from 12 months to 18 months on the condition that the patient contribution is not more than \$2,000. In addition, HA will waive the requirement to submit financial documents if the patient has been referred second application within one to two months after the first application.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)070

(Question Serial No. 3215)

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:

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 the past 3 years 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, A&E and diagnostic imaging services in hospitals of all clusters in the past 3 years with a breakdown by hospital cluster, as well as the expenditures involved?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 4)

Reply :

1. & 2.

Hospital beds

The Hospital Authority (HA) has earmarked \$877 million, \$847 million and \$703 million for the opening of beds in 2018-19, 2019-20 and 2020-21 respectively. The tables below set out the numbers of new hospital beds opened in 2018-19 and 2019-20, and the planned numbers of new hospital beds in 2020-21.

Cluster	Number of new hospital beds opened in 2018-19			
	Acute General	Convalescent / Rehabilitation	Mentally Ill	Total
HKEC	72	–	–	72
HKWC	6	–	–	6
KCC	9	–	40	49
KEC	126	–	–	126
KWC	84	20	–	104
NTEC	105	20	–	125
NTWC	92	–	–	92
HA Overall	494	40	40	574

Cluster	Number of new hospital beds opened 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
NTEC	47	20	67
NTWC	85	20	105
HA Overall	348	158	506

Cluster	Planned number of new hospital beds in 2020-21		
	Acute General	Convalescent / Rehabilitation	Total
HKEC	27	–	27
HKWC	–	–	–
KCC	68	12	80
KEC	46	–	46
KWC	48	36	84
NTEC	83	32	115
NTWC	64	–	64
HA Overall	336	80	416

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 \$203.8 million, \$419.2 million and \$672.7 million in 2018-19, 2019-20 and 2020-21 respectively to enhance the following services as set out in the table below.

	2018-19	2019-20	2020-21
Number of additional OT sessions per week	16 (KEC, KWC & NTEC)	86 (KCC, KEC, KWC, NTEC & NTWC)	47 (KCC, KEC, KWC, NTEC & NTWC)
Number of additional endoscopic sessions per week	18 (KCC & KWC)	21 (KEC, KWC & NTEC)	26 (HKWC, KWC & NTWC)
Number of additional general outpatient attendances	55 000 (KCC, KEC, KWC, NTEC & NTWC)	44 000 (KCC, KEC, KWC, NTEC & NTWC)	9 500 (KEC, NTEC, NTWC)
Number of additional specialist outpatient attendances	79 000 (all hospital clusters)	70 000 (all hospital clusters)	99 000 (all hospital clusters)
Total number of A&E support sessions (equivalent to number of 4-hour sessions) <i>(Note)</i>	around 6 400 (all hospital clusters)	around 6 900 (all hospital clusters)	around 150 (up to 31 December 2020) (HKEC & KWC)

Note:

HA has introduced various measures to alleviate 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 additional manpower is 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 or the "Book GOPC" function in HA's one-stop mobile app "HA Go" for 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. Since the booking systems allocate 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 tables below set out the numbers of specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50th percentile) waiting time in each hospital cluster of HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

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
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

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)
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

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	569	<1	2 733	5	6 499	26
	MED	1 311	1	3 668	5	8 611	35
	GYN	741	<1	429	5	3 646	26
	OPH	5 090	<1	1 837	7	6 802	59
	ORT	1 340	1	1 549	5	7 162	65
	PAE	139	<1	768	4	163	7
	PSY	244	<1	885	3	2 026	15
	SUR	941	1	3 434	7	9 498	53

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	1 980	<1	2 279	6	3 543	26
	MED	1 927	<1	1 701	4	10 824	39
	GYN	1 456	<1	889	5	4 475	38
	OPH	3 196	1	1 598	7	4 530	62
	ORT	1 019	<1	1 602	4	8 240	22
	PAE	157	<1	437	3	1 537	10
	PSY	557	1	735	4	2 019	56
	SUR	2 115	<1	2 513	4	9 956	19
KCC	ENT	1 460	<1	2 015	5	12 021	71
	MED	1 719	1	3 664	5	18 601	79
	GYN	1 057	<1	2 888	5	7 380	23
	OPH	8 114	<1	4 779	2	13 476	120
	ORT	1 996	<1	1 917	5	11 848	57
	PAE	1 070	<1	822	4	2 596	17
	PSY	193	1	1 068	4	1 185	14
	SUR	2 806	1	5 220	5	24 659	44
KEC	ENT	1 971	<1	2 792	4	6 579	91
	MED	1 472	1	4 907	7	15 932	114
	GYN	1 347	1	891	5	5 825	45
	OPH	5 416	<1	738	6	11 712	15
	ORT	3 401	<1	3 302	6	9 015	56
	PAE	964	<1	702	4	2 552	12
	PSY	156	1	1 486	3	5 027	69
	SUR	1 639	1	5 188	6	16 288	51
KWC	ENT	2 821	<1	2 257	5	10 363	60
	MED	2 009	1	5 151	5	12 592	72
	GYN	252	<1	1 395	6	6 549	51
	OPH	6 432	<1	5 600	3	7 067	97
	ORT	1 983	1	2 653	3	11 666	57
	PAE	2 226	<1	957	4	2 740	15
	PSY	271	<1	701	3	11 839	21
	SUR	2 209	1	5 671	5	18 705	33
NTEC	ENT	3 155	<1	4 590	4	10 046	62
	MED	2 309	<1	3 210	6	21 249	83
	GYN	2 425	<1	1 094	5	7 712	64
	OPH	5 823	<1	3 127	4	13 962	50
	ORT	4 825	<1	2 047	5	14 922	79
	PAE	209	<1	468	6	3 422	17
	PSY	891	1	2 263	4	5 477	57
	SUR	1 952	1	3 252	5	24 071	36

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)
NTWC	ENT	3 652	<1	1 568	4	8 962	47
	MED	1 140	1	3 473	4	9 829	81
	GYN	1 543	<1	214	5	5 025	66
	OPH	8 977	<1	2 864	4	8 794	68
	ORT	1 772	1	1 624	5	11 950	69
	PAE	203	1	775	7	1 731	37
	PSY	449	1	1 385	2	4 405	18
	SUR	1 822	1	4 341	6	19 154	59

2020-21 (up to 31 December 2020) [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	369	<1	1 696	7	5 139	35
	MED	840	1	2 707	5	6 982	30
	GYN	498	<1	321	5	2 699	30
	OPH	3 358	<1	1 481	7	4 665	48
	ORT	908	1	1 223	5	6 089	47
	PAE	81	<1	426	3	78	8
	PSY	177	1	730	3	1 708	14
	SUR	743	1	2 670	7	7 424	52
HKWC	ENT	1 020	<1	1 594	6	2 401	26
	MED	1 886	<1	1 317	3	9 814	30
	GYN	926	<1	517	5	2 927	42
	OPH	2 457	1	1 094	5	3 242	55
	ORT	904	1	907	3	5 777	18
	PAE	86	<1	189	3	869	12
	PSY	391	1	857	4	1 419	18
	SUR	2 101	<1	1 926	4	7 169	26
KCC	ENT	1 137	<1	1 554	4	10 497	78
	MED	1 046	1	2 569	5	14 229	76
	GYN	729	<1	1 911	5	5 561	20
	OPH	5 673	<1	3 860	2	8 997	123
	ORT	1 442	<1	1 541	4	8 410	51
	PAE	930	<1	700	3	1 712	9
	PSY	278	1	918	4	922	14
	SUR	2 363	1	4 245	5	19 180	34

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)
KEC	ENT	1 389	<1	1 843	7	5 923	83
	MED	1 138	1	3 473	6	13 376	70
	GYN	1 004	1	650	5	4 321	41
	OPH	3 909	<1	1 726	7	6 992	23
	ORT	2 181	<1	2 244	6	6 867	79
	PAE	575	<1	331	6	1 827	10
	PSY	190	1	1 696	3	3 857	46
	SUR	1 309	1	4 109	7	12 816	53
KWC	ENT	1 590	<1	1 502	5	8 062	82
	MED	1 256	1	4 054	5	10 463	80
	GYN	220	<1	1 156	5	5 413	31
	OPH	4 671	<1	4 530	1	4 598	13
	ORT	1 355	1	1 897	3	8 955	55
	PAE	916	<1	668	3	1 509	11
	PSY	286	<1	820	4	9 092	16
	SUR	1 702	1	4 859	6	14 825	37
NTEC	ENT	2 390	<1	3 613	5	8 463	69
	MED	1 760	<1	2 345	6	16 452	88
	GYN	1 780	<1	807	5	5 944	47
	OPH	4 613	<1	2 495	4	9 751	30
	ORT	3 161	<1	1 169	5	10 530	59
	PAE	103	1	253	5	2 226	12
	PSY	826	1	1 807	4	4 075	54
	SUR	1 718	1	2 527	6	18 865	35
NTWC	ENT	2 516	<1	1 170	4	6 897	40
	MED	703	<1	2 433	5	7 919	87
	GYN	1 003	<1	241	6	3 699	71
	OPH	6 502	<1	2 115	3	5 793	10
	ORT	1 357	1	1 313	6	8 368	79
	PAE	174	1	499	6	999	23
	PSY	386	1	1 242	3	3 736	33
	SUR	1 559	1	3 735	6	13 956	59

A&E waiting time

The tables below set out the average waiting time for A&E services in various triage categories in each hospital cluster in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

2018-19

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	16	95	134
HKWC	0	9	25	90	149
KCC	0	8	34	150	168
KEC	0	9	27	161	230
KWC	0	7	18	78	89
NTEC	0	10	34	123	114
NTWC	0	5	21	107	101
HA Overall	0	8	26	111	125

2019-20

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	121	162
HKWC	0	9	24	82	137
KCC	0	8	34	152	159
KEC	0	9	29	180	250
KWC	0	6	18	79	89
NTEC	0	9	32	120	121
NTWC	0	5	19	103	93
HA Overall	0	7	25	113	125

2020-21 (up to 31 December 2020) [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	7	20	102	138
HKWC	0	9	23	62	106
KCC	0	8	27	102	118
KEC	0	9	25	153	220
KWC	0	6	19	72	82
NTEC	0	9	26	94	110
NTWC	0	6	20	118	122
HA Overall	0	7	23	100	127

Diagnostic radiological investigations waiting time

HA has earmarked \$16.4 million, \$62.8 million and \$64.8 million in 2018-19, 2019-20 and 2020-21 respectively to enhance diagnostic imaging services. The tables below set out the median (50th percentile) waiting time of cases triaged as Priority 1, Priority 2 and Routine cases for Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasonography and Mammogram in each hospital cluster of the HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

CT

2018-19

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	3	13	44
HKWC	16	40	51
KCC	15	34	48
KEC	9	30	48
KWC	1	24	52
NTEC	2	31	82
NTWC	10	23	50
HA Overall	6	24	53

2019-20

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	4	15	51
HKWC	9	27	61
KCC	18	41	56
KEC	11	41	89
KWC	2	33	110
NTEC	1	23	82
NTWC	2	29	89
HA Overall	5	26	79

2020-21 (up to 31 December 2020) [Provisional figures]

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	4	15	51
HKWC	5	50	68
KCC	7	26	41
KEC	14	38	90
KWC	2	25	106
NTEC	<1	23	82
NTWC	6	41	171
HA Overall	4	26	75

MRI**2018-19**

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	1	13	34
HKWC	3	48	100
KCC	25	39	48
KEC	14	45	55
KWC	2	19	83
NTEC	3	18	52
NTWC	3	26	57
HA Overall	6	27	54

2019-20

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	1	14	41
HKWC	<1	10	61
KCC	21	54	70
KEC	5	54	60
KWC	1	18	73
NTEC	5	24	82
NTWC	3	27	57
HA Overall	5	26	61

2020-21 (up to 31 December 2020) [Provisional figures]

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	1	12	40
HKWC	<1	10	87
KCC	16	61	69
KEC	4	54	59
KWC	1	18	55
NTEC	5	21	71
NTWC	2	25	61
HA Overall	4	25	63

Ultrasonography

2018-19

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	3	20	50
HKWC	6	33	62
KCC	1	27	27
KEC	<1	61	80
KWC	3	43	85
NTEC	4	38	93
NTWC	2	23	67
HA Overall	3	27	62

2019-20

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	2	22	52
HKWC	2	15	49
KCC	1	27	33
KEC	<1	87	73
KWC	3	68	110
NTEC	4	30	103
NTWC	2	21	69
HA Overall	2	26	67

2020-21 (up to 31 December 2020) [Provisional figures]

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	3	22	51
HKWC	1	15	46
KCC	1	39	31
KEC	<1	44	83
KWC	1	66	162
NTEC	3	32	78
NTWC	1	24	67
HA Overall	1	26	60

Mammogram

2018-19

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	1	19	78
HKWC	2	28	99
KCC	5	43	71
KEC	<1	52	63
KWC	2	38	135
NTEC	1	20	46
NTWC	2	15	121
HA Overall	1	27	89

2019-20

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	2	15	71
HKWC	2	18	72
KCC	4	46	58
KEC	<1	53	101
KWC	2	16	174
NTEC	1	20	63
NTWC	2	16	50
HA Overall	1	25	76

2020-21 (up to 31 December 2020) [Provisional figures]

Cluster	Median Waiting Time (weeks)		
	Priority 1	Priority 2	Routine
HKEC	2	14	71
HKWC	2	24	57
KCC	1	20	24
KEC	<1	58	104
KWC	1	11	103
NTEC	1	76	76
NTWC	1	10	14
HA Overall	1	41	60

Note:

In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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

FHB(H)071

(Question Serial No. 3216)

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:

Regarding the Public-Private Partnership (PPP) Endowment Fund, will the Government advise this Committee on the following:

1. the numbers of attendances and service providers of the various PPP programmes supported by the Fund and the expenditures involved in each of the past 3 years;
2. the annual expenditures, investment returns and surpluses of the Fund in the past 3 years; and
3. whether there are plans to launch additional PPP programmes under the Fund this year. If yes, what are the details? If not, what are the reasons?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 5)

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.

In the past three years from April 2018 to March 2021, HA has been operating eight 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) launched on a pilot basis in June 2019.

Service provisions by PPP programme from 2018-19 to 2020-21 are listed in the table below.

Programme	2018-19 Actual Provisions	2019-20 Actual Provisions	2020-21 Planned Provisions
CSP (surgeries)	514	604	650
HD PPP (places)	246	267 ¹	316
PEP (patients)	16 826	14 632	14 000
Radi Collaboration (scans)	18 264	22 728	49 200
GOPC PPP (participating patients)	31 239	35 815	35 280
Infirmary Service PPP (beds)	64	64 ²	64
Colon PPP (colonoscopies)	1 332	1 355	1 300
Glaucoma PPP (participating patients)	N/A	792	1 300

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 from 2018-19 to 2020-21 are 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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
Infirmery 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 & Hepatology / General Surgery
Glaucoma PPP	- Registered specialists of Ophthalmology

To cope with the Coronavirus Disease 2019 (COVID-19) pandemic since early 2020, HA has expanded the service scope of some of the existing PPP Programmes, including the expansion of service group of the Radi Collaboration to cover all eligible cancer patients, increasing the service quota of the HD PPP, as well as extending the Colon PPP to cover colonoscopy cases delayed due to the epidemic (Colon PPP Surge Special). Furthermore, HA has also launched new public-private collaboration initiatives to divert some patients from public hospitals to the private sector to receive treatment, including Neonatal Phototherapy Service (NNJ), Radiation Therapy Service (RT), Cesarean Section Service (CS), Trauma Operative Service Collaboration Programme (Trauma Collaboration), Breast Cancer Operative Service Collaboration Programme (Breast Cancer Surgery Collaboration), Cystoscopy Collaboration Programme (Cystoscopy Collaboration) and Oesophago-Gastro-Duodenoscopy Collaboration Programme (OGD Collaboration).

COVID-19 PPPs	2020-21 Planned Provisions
Colon PPP Surge Special (colonoscopies)	3 200
NNJ (patients)	160
RT (patients)	105
CS (patients)	52
Trauma Collaboration (patients)	173
Breast Cancer Surgery Collaboration (patients)	140

Cystoscopy Collaboration (patients)	724
OGD Collaboration (patients)	2 800

Among these COVID-19 PPPs, the PSPs of “Colon PPP Surge Special” and “OGD Collaboration” are registered medical practitioners and registered specialists of Gastroenterology & Hepatology / General Surgery engaged through voluntary enrollment, while the PSPs of the rest of the programmes are private hospitals awarded by tendering exercises.

HA’s expenditures by PPP programme in the three years are set out in the table below.

Programme	2018-19 Actual Expenditure³ (\$ million)	2019-20 Actual Expenditure³ (\$ million)	2020-21 Projected Expenditure³ (\$ million)
CSP	2.9	3.3	3.8
HD PPP	56.9	62.9	76.0
PEP	23.6	22.6	12.1
Radi Collaboration	36.7	44.4	101.3
GOPC PPP	72.2	82.5	96.1
Infirmary Service PPP	24.1	24.2	24.4
Colon PPP	18.5	20.1	13.6
Glaucoma PPP	-	0.9	6.8
Colon PPP Surge Special	-	-	28.9
NNJ	-	-	1.1
RT	-	-	3.2
CS	-	-	0.5
Trauma Collaboration	-	-	9.1
Breast Cancer Surgery Collaboration	-	-	11.4
Cystoscopy Collaboration	-	-	4.7
OGD Collaboration	-	-	8.0

2.

The financial position of the HA PPP Fund for the three years from April 2018 to March 2021 is projected as follows:

	2018-19 Actual (\$ million)	2019-20 Actual (\$ million)	2020-21 Projected (\$ million)
Opening balance	10,613.4	10,790.4	10,843.8
Income	438.2	340.2	426.0
Expenditure	(261.2)	(286.8)	(431.5)
Closing balance	10,790.4	10,843.8	10,838.3
Investment yield	4.1%	3.1%	3.9%

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. Benefited 546 patients since programme launch in March 2010 and 325 patients in 2019-20 as at end of March 2020.
2. 124 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 2020.
3. Excluding expenditure on information technology and administration support.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)072

(Question Serial No. 3220)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by the Kwai Tsing District Health Centre (DHC), please set out in tabular form the following information for the past 2 years:

1. the respective costs per attendance for health assessment and medical consultation;
2. the cost per attendance for health education activities organised by the DHC;
3. the annual operating cost of the DHC; and
4. the average waiting time for enrollment as a DHC member each year.

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 17)

Reply:

In 2019-20, the expenditure on rental and operation service contract for the Kwai Tsing District Health Centre (K&TDHC) was \$43.6 million. We do not maintain the breakdown figures as requested in the question. At this stage, there is no waiting time for membership application at the K&TDHC.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)073

(Question Serial No. 3222)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government of the Special Administrative Region has strengthened compulsory testing from this year onwards. When there is a confirmed case with unknown sources found in a building or its sewage sample is tested positive for the coronavirus, the building concerned will be covered by a compulsory testing notice. Regarding the details of the compulsory testing, will the Government inform this Committee of the following:

1. the number of tests conducted and number of cases confirmed under the compulsory testing scheme, as well as the expenditure involved (broken down by district of the area subject to compulsory testing); and
2. the types of food provided under the compulsory testing scheme and the relevant expenses on food (broken down by district of the area subject to compulsory testing)?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 21)

Reply:

1. Expenses on COVID-19 testing are financed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill or the estimates of the General Revenue Account. That said, for Members' information, since the commencement of the fourth wave of the epidemic in mid-November 2020 (from 15 November 2020 to 6 March 2021), the Government has conducted more than 5.68 million tests, including (i) more than 1.63 million compulsory tests (3 715 samples or 0.23% tested preliminarily positive); (ii) more than 2.28 million targeted tests (669 samples or 0.03% tested preliminarily positive); and (iii) more than 1.76 million voluntary tests (1 081 samples or 0.06% tested preliminarily positive).
2. The Government exercised the power under the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J) to make "restriction-testing declaration" (declaration) in several districts since 23 January 2021. People within the specified restricted area must stay on their premises, undergo

compulsory testing for COVID-19 and the enforcement actions subsequent to the completing of the compulsory testing.

From 23 January to end February 2021, 27 restricted areas had been delineated in various districts with RTDs issued. Nearly 12 700 man-time of civil servants were mobilised in the relevant operations, during which around 25 000 residents in the restricted area had undergone testing and 20 confirmed cases were found. The enforcement actions are ongoing.

During the effective period of the declaration, the District Offices of the Home Affairs Department provided simple food (such as bread, cakes, cup noodles, canned food, corn kernels and soy milk, etc.) for people in restricted areas, and also anti-epidemic supplies including masks, bleach and hand rub, etc., to help people fight against the virus.

As the supplies were distributed to residents by District Officers in various types of anti-epidemic operations, HAD does not have information on the quantities and values of the supplies distributed in the operations enforcing the declarations.

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CONTROLLING OFFICER'S REPLY

FHB(H)074

(Question Serial No. 1672)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch indicates that it will continue its efforts to deter smoking. In this connection, please advise on the following:

1. Among the anti-smoking efforts made by government departments last year, what projects were organised in collaboration with non-governmental organisations (NGOs) funded by the Government? What was the amount of funding involved?
2. How effective were the relevant anti-smoking activities?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 47)

Reply:

- (1) Over the years, the Government has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, the Department of Health (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 the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of five 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 a local university 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 in schools, such as health talks, training programmes and theatre programmes, to raise awareness on smoking hazards, including the use of alternative smoking products. In order to prevent youngsters from picking up smoking, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

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 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.

- (2) The daily cigarette smoking prevalence in the population, as revealed by the Thematic Household Surveys conducted by the Census and Statistics Department from time to time, has been decreasing progressively from 23.3% in 1982 to 10.2% in 2019. The smoking prevalence in persons aged 15-19 decreased from 3.5% in 2005 to 1.0% in 2017, and the corresponding number in the 2019 survey was too small to provide an accurate estimate of prevalence. The declining use of tobacco in the population and the inculcation of a smoke-free culture are the result of the multi-pronged strategies as well as the concerted effort of the community. It is impossible to evaluate the effectiveness of individual organisations or programmes in reducing tobacco use in isolation from other programmes or efforts.

**Provision of the Health Promotion and Smoking Cessation Services by
the Department of Health's Tobacco and Alcohol Control Office**

	2020-21 Revised Estimate (\$ million)
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	63.6
<i>Subvention to Hong Kong Council on Smoking and Health</i>	25.8
<i>Sub-total</i>	<u>89.4</u>
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>	
<i>Subvention to Tung Wah Group of Hospitals</i>	30.6
<i>Subvention to Pok Oi Hospital</i>	7.4
<i>Subvention to Po Leung Kuk</i>	1.7
<i>Subvention to Lok Sin Tong</i>	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	4.4
<i>Subvention to Life Education Activity Programme</i>	2.7
<i>Subvention to The University of Hong Kong</i>	0.9
<i>Sub-total</i>	<u>50.6</u>
Total	<u>140.0</u>

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)075

(Question Serial No. 1678)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Controlling Officer's Report that the Health Branch will continue to promote the development of Chinese medicine (CM) in Hong Kong, including through the provision of funding support to the CM and CM drug sector/trade through the Chinese Medicine Development Fund. Please inform this Committee of the following:

1. What were the staffing establishment and operating costs of each Chinese herbal garden over the past 3 years?
2. What specific measures will be implemented in the coming financial year to promote CM development?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 59)

Reply:

- (1) The Chinese Medicine Development Fund (the Fund) was formally launched in June 2019, with funding schemes rolled out in phases thereafter. The Food and Health Bureau (FHB) allocated \$71.550 million and \$148.409 million in 2019-2020 and 2020-2021 respectively for operation of the Fund. For 2021-2022, the FHB has earmarked \$118.120 million for the purpose. The expenditure covers the funding for approved projects, operating cost for a resources platform, publicity and promotional expenses as well as administrative costs for the Hong Kong Productivity Council (HKPC), which is the agent 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 under the FHB, separate breakdown of manpower and expenditures for the Fund is not available. The Fund does not operate or manage any Chinese herbal gardens.

- (2) In 2021-2022, the Government will continue to promote the development of Chinese medicine (CM) in Hong Kong, including through the provision of government-subsidised outpatient CM services at the 18 district-based Chinese Medicine Clinics cum Training and Research Centres, and the further development of inpatient services with Integrated Chinese-Western Medicine treatment in selected Hospital Authority hospitals.

The Chinese Medicine Hospital (CMH) will serve as the flagship institution leading the development of CM in Hong Kong and will promote service development, education and training, innovation and research. The Government will award the contract for the operation of the CMH to the most suited non-profit-making organisation, selected through tendering, in mid-2021 upon completion of tender evaluation. In respect of planning and design of the CMH, subject to funding approval from the Legislative Council, the construction works contract will be awarded in mid-2021. By then, the CMH project will proceed from planning and tendering stage to the commissioning, and design and construction stage. The CMH is targeted to commence services by phases from the second quarter of 2025.

We also provide funding support to the CM and CM drug sector/trade through the Fund. Since the launch of the Fund in June 2019, various funding schemes have been launched in phases to support training, improvement of clinic facilities, enhancement of proprietary Chinese medicine (pCm) manufacturing quality and management systems, pCm registration, promotion of Chinese medicine (CM), applied studies and research. As at 17 March 2021, about 1 800 funding applications of a total sum of over \$52 million have been approved. Details of the approved applications, including the implementation timetable of the projects have been uploaded onto the Fund's website (www.cmdevfund.hk).

A new funding scheme, namely the CM Warehouse Management, Logistics and Services Improvement Funding Scheme was launched in late March 2021 with the aim of providing financial support to CM drug wholesalers and retailers in improving/upgrading their warehouse and logistics facilities. The FHB and HKPC, in consultation with the Advisory Committee on the Fund, will continue to engage the CM sector and relevant stakeholders to review the existing schemes under the Fund and introduce new measures as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)076

(Question Serial No. 1679)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It was reported that experts had earlier pointed out the finding of a research conducted in the United Kingdom that aqueous cream, a product commonly prescribed by public hospitals for treating eczema, contained sodium laurel sulfate, an irritating substance that could cause burning of patients' skin and deterioration of patients' conditions although the cream could moisturise the skin. Please advise on the following:

1. Early in 2011, the research pointed out the adverse effects of aqueous cream. It has been banned from use as a moisturizing cream in the United Kingdom since 2014. However, the Government still allows its use. What are the reasons for it? Did the departments concerned receive relevant information in the past period of time?
2. What were the resources of the Government used for updating the Drug Formulary in each of the past 3 years? What types of drugs were deleted from and added to the Drug Formulary each year? Please give the reasons for the deletions and additions in table form.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 60)

Reply:

- (1) At present, there are approximately 1 400 drugs listed on the Hospital Authority Drug Formulary (HADF) for treatment of various diseases. The Hospital Authority (HA) has established mechanisms to regularly appraise new drugs and review the existing drug list in HADF to ensure safe and efficacious drug treatments for patients. The appraisals and reviews are undertaken by relevant clinical experts, taking into account the latest clinical evidence and evolving service needs.

Through regular surveillance of drug safety alerts issued by local and overseas health authorities, HA is aware of a clinical alert in the United Kingdom back in 2013 that some patients with eczematous conditions may be prone to skin reaction associated with the use of aqueous cream. That said, aqueous cream is considered useful in the management of eczema and remains available on the Formulary after regular HADF

reviews. Alternatives to aqueous cream are also available in HADF, and clinicians of public hospitals and clinics will prescribe appropriate drug treatment based on clinical evidence and individual patients' clinical conditions.

- (2) 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. Apart from widening the scope of HADF, HA has mechanisms in place to regularly appraise new drugs and review the existing drug list in HADF in order to meet contemporary and evolving service needs. This may involve repositioning of suitable drugs in different categories of HADF or removal of obsolete drugs including those discontinued by manufacturers or no longer in use due to change in practice. Since appraisal of new drugs and review of existing drugs is an ongoing process, HA is unable to provide relevant information on the resources involved for updating HADF. The additional recurrent resources involved for expanding the scope of HADF in the past 3 years are set out in the following table.

	2018-19	2019-20	2020-21
Additional recurrent allocation for expanding the coverage of HADF (\$ million)	62.34	366.79	84.20

A drug may fall into more than 1 category (General, Special, Self-financed, Self-financed with safety net) in HADF due to different therapeutic indications or dose presentations. The table below sets out the number of drugs newly incorporated into and those removed from HADF in 2018-19, 2019-20 and 2020-21:

	2018-19	2019-20	2020-21
Number of new drugs incorporated into HADF	38	57	48
Number of drugs removed from HADF	54	19	22

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)077****(Question Serial No. 1680)**

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:

It is mentioned under Programme (2) that the Food and Health Bureau (FHB) will continue to enhance mental health services for children and adolescents with mental health needs. In this connection, please advise this Committee of the following:

1. In what ways does the Hospital Authority (HA) provide mental health services for the public? Please provide the numbers of doctors providing child and adolescent (C&A) psychiatric services in the HA in each of the past 3 years;
2. Please provide, by hospital cluster, the numbers of patients receiving C&A psychiatric treatments, the types of cases and the median waiting times in each of the past 3 years.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 65)

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 3 financial years.

Financial years	Psychiatric doctors
2018-19	351
2019-20	370
2020-21 (as at 31 December 2020)	390

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.

2. 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 2018-19 to 2020-21 (projection as of 31 December 2020).

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
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	HKEC ⁵	8 000	3 400	4 100	800	<50	200
	HKWC ⁵						
	KCC ⁶	11 400	3 200	5 000	700	100	400
	KWC ⁶						
	KEC	6 100	2 100	2 400	500	100	100
	NTEC	8 900	3 400	3 200	400	100	100
	NTWC	6 200	2 100	2 900	400	<50	300
	Overall	40 300	14 200	17 400	2 800	300	1 100
2020-21 (projection as of 31 December 2020)	HKEC ⁵	7 700	3 300	3 900	900	<50	200
	HKWC ⁵						
	KCC ⁶	10 800	3 100	4 800	700	100	400
	KWC ⁶						
	KEC	5 900	2 100	2 300	600	<50	100
	NTEC	8 300	3 300	3 000	300	100	100
	NTWC	5 900	2 000	2 700	400	<50	300
	Overall	38 300	13 700	16 600	2 900	300	1 100

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 2018-19 to 2020-21 (up to 31 December 2020).

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

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	7	1	152	5	1 316	71
HKWC ¹						
KCC ²	50	<1	234	3	3 605	107
KWC ²						
KEC	14	<1	131	<1	1 643	94
NTEC	194	1	243	4	2 335	96
NTWC	90	1	152	4	1 669	73

2020-21 (up to 31 December 2020) [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	23	1	148	5	1 011	18
HKWC ¹						
KCC ²	70	1	222	2	2 485	61
KWC ²						
KEC	22	1	123	1	1 024	93
NTEC	156	1	111	3	1 390	97
NTWC	59	1	129	2	1 269	60

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.

Remark:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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**FHB(H)078****(Question Serial No. 1681)**

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:

Regarding the child and adolescent (C&A) psychiatric services of the Hospital Authority, please list out, by hospital cluster, the staff establishment, intake and attrition figures of “psychiatric doctors”, “psychiatric nurses”, “clinical psychologists” and “occupational therapists” in the past 3 years.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 66)

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 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, psychiatric nurses, clinical psychologists and occupational therapists working in the psychiatric stream in each hospital cluster of HA in the past 3 financial years (from 2018-19 to 2020-21).

Cluster	Psychiatric Doctors ^{1 & 2}	Psychiatric Nurses ^{1 & 3} (including Community Psychiatric Nurses)	Allied Health Professionals ¹	
			Clinical Psychologists	Occupational Therapists
2018-19				
HKEC	34	256	9	18
HKWC	28	116	6	22
KCC	35	262	11	29
KEC	36	177	12	19
KWC	77	689	24	73

NTEC	62	423	15	43
NTWC	81	747	13	59
Overall	351	2 670	90	263
2019-20				
HKEC	39	272	8	20
HKWC	30	138	9	24
KCC	37	267	11	30
KEC	41	192	11	19
KWC	78	728	24	78
NTEC	62	455	16	47
NTWC	83	762	14	60
Overall	370	2 814	93	278
2020-21 (as at 31 December 2020)				
HKEC	40	283	10	23
HKWC	28	148	10	25
KCC	40	269	11	30
KEC	45	207	14	22
KWC	82	762	27	90
NTEC	71	480	17	47
NTWC	83	756	16	64
Overall	390	2 905	105	301

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.

The tables below set out the intake and attrition (wastage) numbers of doctors and nurses in psychiatry in each hospital cluster of HA in the past 3 financial years (from 2018-19 to 2020-21).

Cluster	Doctors ¹		
	Intake Number ^{2&3}	Attrition (Wastage) Number ^{4&5}	
		Full-time	Part-time
2018-19			
HKEC	4	2	1
HKWC	4	0	4
KCC	5	1	2
KEC	7	5	2
KWC	5	1	2
NTEC	6	5	2
NTWC	4	4	1
Overall	35	18	14
2019-20			
HKEC	6	1	1
HKWC	3	1	0

Cluster	Doctors ¹		
	Intake Number ^{2 & 3}	Attrition (Wastage) Number ^{4 & 5}	
		Full-time	Part-time
KCC	4	2	1
KEC	8	3	0
KWC	4	7	0
NTEC	7	5	1
NTWC	8	0	1
Overall	40	19	4
2020-21 (April - December 2020)			
HKEC	2	0	0
HKWC	0	3	0
KCC	3	1	0
KEC	3	2	0
KWC	4	0	0
NTEC	10	1	0
NTWC	6	2	0
Overall	28	9	0

Cluster	Nurses		
	Intake Number ²	Attrition (Wastage) Number ^{4 & 5}	
		Full-time	Part-time
2018-19			
HKEC	20	19	0
HKWC	13	13	0
KCC	33	10	0
KEC	10	1	0
KWC	47	33	0
NTEC	21	4	0
NTWC	33	24	0
Overall	177	104	0
2019-20			
HKEC	27	10	0
HKWC	16	2	0
KCC	18	12	0
KEC	21	4	0
KWC	51	29	0
NTEC	21	6	0
NTWC	36	28	0
Overall	190	91	0
2020-21 (April - December 2020)			
HKEC	21	11	0
HKWC	0	2	0
KCC	11	9	0
KEC	17	6	0

Cluster	Nurses		
	Intake Number ²	Attrition (Wastage) Number ^{4 & 5}	
		Full-time	Part-time
KWC	54	22	0
NTEC	22	10	0
NTWC	40	34	0
Overall	165	94	0

Note:

1. Doctors exclude Interns and Dental Officers.
2. 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 are not regarded as Intake.
3. Intake number of Doctors included number of Interns appointed as Residents.
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.

As clinical psychologists and occupational therapists in HA provide support for a variety of specialty services, the intake and attrition (wastage) numbers of clinical psychologists and occupational therapists for supporting psychiatric services 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**FHB(H)079****(Question Serial No. 1682)**

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:

Regarding the increasing service demand in public hospitals arising from the treatment of seasonal influenza and ageing population, please advise this Committee on the following:

1. a breakdown by age group of the numbers of accident and emergency attendances, admissions and deaths with diagnosis of influenza in the past 3 years;
2. a breakdown by hospital cluster of the numbers of additional beds, time-limited and temporary, provided by the Hospital Authority in response to ageing population and surge periods in the past 3 years.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 67)

Reply:

(1)

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 3 calendar years.

Year	Age Group	Number of admissions with principal diagnosis of influenza*	Number of deaths with principal diagnosis of influenza*
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

Year	Age Group	Number of admissions with principal diagnosis of influenza*	Number of deaths with principal diagnosis of influenza*
	65 years old or above	3 837	131
	All ages	11 923	150
2020	< 18 years old	793	0
	18 – 64 years old	1 039	7
	65 years old or above	1 097	36
	All ages	2 930	43

* 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 numbers of accident and emergency attendances by diagnosis are not readily available.

(2)

To meet escalating service demand arising from an ageing and growing population, HA has opened 574 and 506 new hospital beds in 2018-19 and 2019-20 respectively, and plans to open 416 new hospital beds in 2020-21. Opening of these new beds is crucial in alleviating hospitals' pressure especially during winter surge period. The table below sets out the respective number of hospital beds opened / planned to be opened in each cluster from 2018-19 to 2020-21.

Cluster	Number of new hospital beds opened		Planned number of new hospital beds
	2018-19	2019-20	2020-21
HKEC	72	71	27
HKWC	6	19	–
KCC	49	80	80
KEC	126	86	46
KWC	104	78	84
NTEC	125	67	115
NTWC	92	105	64
Total	574	506	416

Moreover, hospitals will add temporary beds during winter surge period to cope with increased demand as required. For example, in January 2021, the average daily number of temporary beds added was around 750.

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

FHB(H)080

(Question Serial No. 1683)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government proposes the admission of more qualified non-locally trained doctors (overseas doctors) to Hong Kong to serve in the public healthcare sector for a specified period before obtaining local registration without sitting for examinations in order to increase the number of doctors in Hong Kong. Would the Government please provide the following information:

1. How much resources would be deployed by the Government to study the issue of overseas doctors' eligibility to practise in Hong Kong?
2. The medical sector has indicated that other supporting staff such as nurses and occupational therapists also need to be recruited in addition to doctors. What is the progress of the related study and what is the amount of funding earmarked for the work?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 68)

Reply:

In view of the serious shortage of doctors in Hong Kong, the Government has decided to introduce relevant legislative amendments to the Medical Registration Ordinance (Cap. 161) so as to create a new pathway for admission of qualified non-locally trained Hong Kong doctors to practise in our public healthcare sector.

1.

The additional workload in connection with the legislative exercise for admission of non-locally trained Hong Kong doctors is absorbed by existing manpower resources.

2.

Healthcare manpower is a key component of the healthcare system. The Government conducted the first comprehensive manpower projection exercise in 2017 for the 13 healthcare professions which are subject to statutory registration. A new round of

projection to update the demand and supply projections of the 13 healthcare professions has been conducted, and the Food and Health Bureau (FHB) briefed the Legislative Council Panel on Health Services of the results on 24 March 2021.

For healthcare professions other than doctors that are subject to statutory registration, the Government will consider whether and if so how to further increase the number of healthcare training places including providing inputs on training requirements to the next University Grants Committee triennium and formulate relevant policies on sustaining their manpower.

The resources involved in the study and related work are absorbed by the existing provision of FHB.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)081

(Question Serial No. 3158)

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:

It is stated in paragraph 154 of this year's Budget Speech that "the Hospital Authority (HA) will press ahead with the implementation of the first 10-year Hospital Development Plan (HDP) and the planning of the second 10-year HDP." In Policy Address 2018, it was mentioned that the HA had been invited to commence planning for the second 10-year HDP, which comprised a total of 19 projects with an estimated expenditure of \$270 million. Upon completion of the second 10-year HDP, it was estimated that there would be over 9 000 additional beds and other additional hospital facilities. Will the Government inform this Committee of the following:

1. What are the current numbers of specialists, trainees/non-specialists, interns, dentists, registered nurses, enrolled nurses, resident nursing trainees and allied health staff in each cluster of the HA, and their respective salaries, allowances, Mandatory Provident Fund and Civil Service Provident Fund contributions?
2. Please list in detail the progress of the above-mentioned 19 projects.
3. Please advise on the 10 most common surgeries performed in different specialties of various hospitals in each cluster of the HA in the past year, 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 HO Kwan-yiu, Junius (LegCo internal reference no.: 6)

Reply:

(1)

The projected numbers of specialists, non-specialists, interns, dentists, nurses, nursing trainees and allied health staff in the Hospital Authority (HA) for 2021-22 are set out in the table below -

Grade	Rank Group	Projected Number of Staff (for 2021-22)
Medical	Specialist	3 290
	Non-specialist	3 340
	Intern	506
	Dentist	13
Nursing	Nurse	29 710
	Trainee	1 100
Allied Health	Allied Health Staff	9 250

As the budget of HA for 2021-22 is being worked out, details of staff costs are not yet available. Healthcare services are labour-intensive. Past statistics indicate that staff costs account for around 70% of HA's total recurrent expenditure and over 75% of the staff costs are on medical, nursing and allied health staff.

(2)

The ten-year Hospital Development Plans (the Plans) are funded under the Capital Works Reserve Fund, details of which are outside the scope of Head 140 under the General Revenue Account. An update of the first ten-year Plan, enclosing a summary of the planned additional beds for projects under the second ten-year Plan, was reported to the Legislative Council Panel on Health Services on 12 March 2021 (Ref: LC Paper No. CB(4)600/20-21(07) at <https://www.legco.gov.hk/yr20-21/english/panels/hs/papers/hs20210312cb4-600-7-e.pdf>).

(3)

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 year.

Procedure	Range of Estimated Waiting Time (Months)	No. of Cases Performed in 2020-21 (up to 31 December 2020)	Surgical Operation Category
Herniorrhaphy	3 to 31	2 057	Intermediate I to Major II
Cholecystectomy	2 to 19	2 476	Major: I & II
Total Joint Replacement	33 to 67	2 567	Ultra-major: I & II
Transurethral Resection of Prostate	3 to 17	1 053	Major I
Myomectomy	4 to 24	1 765	Minor II to Major I
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	4 to 28	1 041	Major II

Procedure	Range of Estimated Waiting Time (Months)	No. of Cases Performed in 2020-21 (up to 31 December 2020)	Surgical Operation Category
Thyroidectomy	1 to 54	599	Major: I, II & III
Haemorrhoidectomy	2 to 36	475	Intermediate I
Anterior Cruciate Ligament Reconstruction	1 to 12	271	Major II
Tonsillectomy	2 to 9	291	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.
3. In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

The costs of operating 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.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)082****(Question Serial No. 0533)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

To promote primary healthcare services and raise public awareness on personal health management, the Government has indicated its plan to progressively set up District Health Centres (DHCs) in all 18 districts in the territory. The first DHC started operation in Kwai Tsing District in September 2019, and those in Sham Shui Po and Wong Tai Sin will commence service in 2021 and 2022 respectively. Moreover, the Government has pledged to set up DHCs in 4 more districts (Yuen Long, Tsuen Wan, Tuen Mun and Southern) in its current term. In this connection, will the Government inform this Committee of:

- (a) the staff establishment, expenditures (including those on staff remuneration and community publicity) and monthly attendances of the Kwai Tsing DHC as at the last financial year;
- (b) the commissioning times and staff establishments of the Sham Shui Po and Wong Tai Sin DHCs;
- (c) the details of the plan for setting up DHCs in 4 more districts (Yuen Long, Tsuen Wan, Tuen Mun and Southern), including the progress, locations, times for completion and service commencement, and staff establishments; and
- (d) the details of the plan for setting up DHC Expresses in the coming 2 years, including the progress, locations, times for completion and service commencement, and staff establishments?

Asked by: Hon IP LAU Suk-ye, Regina (LegCo internal reference no.: 79)

Reply:

(a)

In 2019-20, the expenditure on rental and operation service contract for the Kwai Tsing District Health Centre (K&TDHC) was \$43.6 million. As at 31 March 2020, the staffing establishment of the K&TDHC was:

Staff	Establishment
Executive Director	1
Chief Care Coordinator	1

Care Coordinators	6
Nurses	3
Physiotherapists	2.5
Occupational Therapists	1.5
Dietitian	1
Pharmacist	1
Social Workers	5
Administrative Staff	8
Supporting Staff	28

The number of attendances of the K&TDHC in 2019-20 and 2020-21 is set out as follows –

	Number of Attendances	
	2019-20	2020-21 (up to December 2020) (Provisional figure)
Primary Prevention	9 000	32 000
Secondary Prevention	3 000	10 200
Tertiary Prevention	400	2 500
Total	12 300	44 600

(Note: Figures are rounded to the nearest hundred.)

(b)

The Shum Shui Po (SSP) DHC is expected to commence operation in the second quarter of 2021. The Wong Tai Sin (WTS) DHC is expected to commence operation in the second quarter of 2022. The respective staffing establishment of the SSP DHC and WTS DHC is detailed below –

	SSPDHC	WTSDHC
Executive Director	1	1
Chief Care Coordinator	1	1
Care Coordinators	5	13
Nurses	3	8
Physiotherapists	2	2
Occupational Therapists	2	2
Pharmacist	1	1
Social Workers	6	4
Dietitian	1	1
Administrative Staff	17	15.5
Supporting Staff	18	25.5

(c)

Invitation to tender for the operation of the Tuen Mun DHC, located in the Tuen Mun Rosedale Gardens Shopping Mall, was issued in January 2021 with a view to commencing operation in the second quarter of 2022. We are identifying suitable rental premises for setting up DHCs in Southern, Tsuen Wan and Yuen Long districts. We aim to launch these three DHCs in 2022.

(d)

“DHC Express” will be established in the other 11 districts pending the establishment of DHCs. Non-governmental organisations (NGOs) are being identified to operate “DHC Express” by way of invitation for proposals. The NGO applicants need to propose the premises for “DHC Express” and the service details, including service scope, service locations, output targets, manpower and operation plan, in the proposals. At least one care coordinator (nursing staff) and one social worker shall be included in the staffing plan of the proposal. Proposals for providing "DHC Express" services are under assessment. “DHC Express” in the various districts are planned to commence services in the fourth quarter of 2021. It will involve \$596 million non-recurrent expenditure for implementation of “DHC Express” in the 11 districts over three years.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)083****(Question Serial No. 1750)**

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:

Regarding the first District Health Centre (DHC) in Kwai Tsing District, will the Government inform the Committee of the following:

1. What were the numbers of healthcare professionals of various ranks employed in the DHC last year?
2. What was the operating expenditure of the DHC last year?

Asked by: Hon IP LAU Suk-ye, Regina (LegCo internal reference no.: 45)

Reply:

In 2019-20, the expenditure on rental and operation service contract for the Kwai Tsing District Health Centre (K&TDHC) was \$43.6 million. As at 31 March 2020, the staffing establishment of the K&TDHC was:

Staff	Establishment
Executive Director	1
Chief Care Coordinator	1
Care Coordinators	6
Nurses	3
Physiotherapists	2.5
Occupational Therapists	1.5
Dietitian	1
Pharmacist	1
Social Workers	5
Administrative Staff	8
Supporting Staff	28

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)084****(Question Serial No. 1751)**

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:

Last year, the Government earmarked \$650 million for meeting the operating expenditure of the District Health Centres (DHCs) to be set up in six districts. It is expected that the DHCs in Sham Shui Po and Wong Tai Sin will come into operation in the coming two years. In this connection, will the Government inform this Committee of:

1. the expenditure of each DHC; and
2. the numbers of healthcare professionals of various ranks to be employed in each DHC?

Asked by: Hon IP LAU Suk-ye, Regina (LegCo internal reference no.: 46)

Reply:

Within the term of the current Government, District Health Centres (DHC) are planned to be set up in six more districts (namely Sham Shui Po (SSP), Wong Tai Sin (WTS), Tuen Mun, Yuen Long, Tsuen Wan and Southern). It will involve a recurrent expenditure of \$654 million in a full year for operation and related expenses of the six DHCs. The total contract sums for the operation of the SSP DHC and WTS DHC were about \$312 million and \$308 million respectively for a 3-year operation period.

The SSP DHC is expected to commence operation in the second quarter of 2021. The WTS DHC is expected to commence operation in the second quarter of 2022. The respective staffing establishment of the SSP DHC and WTS DHC is detailed below –

Staffing Establishment	SSP DHC	WTS DHC
Executive Director	1	1
Chief Care Coordinator	1	1
Care Coordinators	5	13
Nurses	3	8
Physiotherapists	2	2
Occupational Therapists	2	2

Pharmacist	1	1
Social Workers	6	4
Dietitian	1	1
Administrative Staff	17	15.5
Supporting Staff	18	25.5

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)085

(Question Serial No. 1752)

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:

Last year, around \$600 million was allocated for the establishment of "DHC Express" in the remaining 11 districts. In this connection, will the Government advise this Committee of:

1. the timetable of service commencement and estimated handling capacity per day for each "DHC Express"; and
2. the numbers and ranks of healthcare professionals to be engaged by each "DHC Express".

Asked by: Hon IP LAU Suk-ye, Regina (LegCo internal reference no.: 47)

Reply:

"DHC Express" will 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 their respective District Health Centres (DHCs).

Non-governmental organisations (NGOs) are being identified to operate "DHC Express" by way of invitation for proposals. The NGO applicants need to propose the premises for "DHC Express" and the service details, including service scope, service locations, output targets, manpower and operation plan, in the proposals. At least one care coordinator (nursing staff) and one social worker should be included in the staffing plan of the proposal.

Proposals for providing "DHC Express" services are under assessment. "DHC Express" in the various districts are planned to commence services in the fourth quarter of 2021. It will involve \$596 million non-recurrent expenditure for implementation of "DHC Express" in the 11 districts over three years.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)086

(Question Serial No. 1753)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding mental health services mentioned in paragraph 159 of the Budget Speech, will the Government advise this Committee of the following:

1. Of the additional recurrent funding of around \$147 million to be provided by the Government, what are the amounts that can be allocated respectively to child and adolescent psychiatric, community psychiatric and psychogeriatric services?
2. What is the estimated number of beneficiaries in each specialty?
3. Will the additional recurrent funding be mainly used for recruiting more staff or providing more subsidies to beneficiaries? Is there a specific plan? If so, what are the details?

Asked by: Hon IP LAU Suk-ye, Regina (LegCo internal reference no.: 48)

Reply:

The Hospital Authority (HA) has earmarked additional funding of around \$156 million (including additional recurrent funding of around \$147 million) in 2021-22 for addressing the escalating demand for psychiatric services across different age groups in both hospitals and community settings, including -

- (i) enhancing mental health services for children and adolescents by developing specialised child and adolescent psychiatric service in Hong Kong East Cluster and Kowloon Central Cluster in phases, enhancing the collaboration with paediatricians, training up multidisciplinary expertise, and expanding the Student Mental Health Support Scheme to more schools;
- (ii) enhancing community psychiatric service by recruiting additional case managers;
- (iii) addressing elderly mental health needs by enhancing psychogeriatric outreach services;
- (iv) supporting the upcoming service commencement of the new Kwai Chung Hospital;

and

- (v) enhancing the psychiatric in-patient services.

HA will deploy existing staff and recruit additional staff to implement the initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)087

(Question Serial No. 0229)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the action plan on prevention and control of viral hepatitis, please advise on:

1. the estimated overall expenditure of the Hong Kong Viral Hepatitis Action Plan 2020-2024 (the Action Plan) announced by the Department of Health last year, the estimated expenditure for each measure under the Action Plan's 4 strategic axes and the overall manpower involved;
2. the respective expenditures involved in providing a treatment option to use antivirals for pregnant women with hepatitis B and post-vaccination serologic testing for their babies;
3. whether the Government will include hepatitis B in the screening programme in order to identify asymptomatic patients, and whether additional funding will be allocated to subsidise hepatitis B carriers to undergo half-yearly ultrasonography.

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 47)

Reply:

Given the public health threat posed by viral hepatitis, the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) co-chaired by the Director of Health and the Chief Executive of the Hospital Authority (HA) formulated the Hong Kong Viral Hepatitis Action Plan 2020-2024 (the Action Plan) in October 2020 in accordance with the advice of World Health Organization (WHO), international practices and local situation. The Action Plan adopts 4 strategic axes in the action framework of the WHO (namely awareness, surveillance, prevention and treatment), and sets out the actions and timeline of implementation by the Department of Health (DH), the HA and other stakeholders, so as to achieve the WHO's goal in eliminating the public health threat posed by viral hepatitis.

- 1-2. While the breakdown of resources allocated for carrying out each measure of the 4 strategies of the Action Plan and the overall manpower involved is not available, a provision of \$9.9 million has been provided for the DH in 2021-22 to carry out the work related to the hepatitis control, including the annual recurrent cost of 11 civil

service posts.

Relating to treatment, which is one of the strategic axes in the Action Plan, the HA has made available recurrent funding of around \$125 million to enhance the drug treatment for viral hepatitis B and C which includes -

- (a) around \$5 million to provide indicated hepatitis B-infected pregnant women with antiviral treatment to minimise mother-to-child-transmission; and
- (b) \$120 million to expand the access of direct-acting antivirals, a more effective therapy to all hepatitis C patients.

Besides enhancement of treatment, the HA will continue to earmark funding of around \$44 million in 2021-22 (including recurrent \$37 million and one-off \$7 million) to enhance the prevention and control of viral hepatitis, which includes setting up nurse clinics, building up laboratory capacity of hepatitis-related tests, procuring equipment and executive support for this initiative.

3. To address the long-term healthcare needs of hepatitis B patients in Hong Kong, both diagnosis and treatment capacity for HBV infection have to be built up. Enhancement has been made in the HA in 4 areas, including laboratory, equipment, drug and model of care.

From the public health perspective, the Government must carefully assess a number of factors when considering whether to introduce a population-based screening programme for a specific disease. These factors include local prevalence of the disease, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality, as well as feasibility and cost-effectiveness of implementation of a screening programme and the capacity of the healthcare system with respect to resources, manpower, infrastructure and public acceptance. The overriding principle is whether screening does more good than harm to the society.

The SCVH will keep in view the local developments and advise the Government on feasible, sustainable and effective strategies related to the prevention and control of chronic hepatitis.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)088

(Question Serial No. 1328)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the design of hospital projects under the 2 ten-year Hospital Development Plans will be reviewed taking into account the experience in combating COVID-19 and required provisions will be incorporated for 2 to 3 general wards in each selected hospital, so that they can be readily converted into Tier-two isolation wards when the need arises. What is the Government's estimated expenditure on the proposal for 2021-22?

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 9)

Reply:

The ten-year Hospital Development Plans (the Plans) are funded under the Capital Works Reserve Fund, details of which are outside the scope of Head 140 under the General Revenue Account. The expenditure of the proposal in question, if any, would be absorbed under the Plans.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)089****(Question Serial No. 1357)**

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:

Please provide the following information for 2020-21 with a breakdown by hospital cluster:

- A) the staffing establishment of doctors by specialty and by rank;
B) the number of doctor vacancies by specialty and by rank; and
C) the turnover rate of doctors by specialty and by rank, and the average length of service of doctors who left the HA on grounds other than retirement.

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 52)

Reply:

A)

The Hospital Authority (HA) delivers healthcare services through multi-disciplinary team approach involving 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 2021-22, HA plans to recruit about 480 doctors.

The table below sets out the number of all ranks of doctors by major specialty in each hospital cluster of HA in 2020-21 (as at 31 December 2020).

Cluster	Specialty	2020-21 (as at 31 December 2020)			
		Consultant	SMO/AC	MOR/R	Total
HKEC	Accident & Emergency	8	29	27	64
	Anaesthesia	6	14	16	36
	Family Medicine	2	13	41	57
	Intensive Care Unit	2	5	11	18
	Medicine	21	60	90	171
	Neurosurgery	2	2	8	12
	Obstetrics & Gynaecology	6	6	10	22
	Ophthalmology	4	5	11	20
	Orthopaedics & Traumatology	6	13	17	36
	Paediatrics	6	7	18	31

Cluster	Specialty	2020-21 (as at 31 December 2020)			
		Consultant	SMO/AC	MO/R	Total
	Pathology	8	6	8	22
	Psychiatry	7	13	20	40
	Radiology	10	10	25	45
	Surgery	8	16	31	55
	Others	5	9	17	31
	Total	100	208	351	659
HKWC	Accident & Emergency	3	12	17	32
	Anaesthesia	16	25	32	73
	Cardiothoracic Surgery	4	2	4	10
	Family Medicine	3	19	22	44
	Intensive Care Unit	2	4	7	13
	Medicine	25	54	79	158
	Neurosurgery	4	3	7	13
	Obstetrics & Gynaecology	7	9	14	30
	Ophthalmology	2	4	7	13
	Orthopaedics & Traumatology	5	9	21	35
	Paediatrics	7	10	23	40
	Pathology	10	7	17	34
	Psychiatry	3	10	15	28
	Radiology	9	10	19	38
	Surgery	13	19	48	80
	Others	6	8	17	31
	Total	119	204	349	672
KCC	Accident & Emergency	7	28	42	77
	Anaesthesia	16	39	53	108
	Cardiothoracic Surgery	5	9	7	21
	Family Medicine	5	26	86	117
	Intensive Care Unit	5	10	9	24
	Medicine	35	116	140	290
	Neurosurgery	8	9	19	35
	Obstetrics & Gynaecology	11	16	29	56
	Ophthalmology	6	12	19	37
	Orthopaedics & Traumatology	14	22	30	66
	Paediatrics	31	59	71	161
	Pathology	23	18	20	61
	Psychiatry	6	9	26	40
	Radiology	22	25	38	86
	Surgery	23	37	73	133
	Others	13	17	22	52
	Total	227	452	683	1 362
KEC	Accident & Emergency	7	26	40	73
	Anaesthesia	7	21	26	53
	Family Medicine	2	33	64	98
	Intensive Care Unit	2	5	6	13
	Medicine	29	60	94	182
	Obstetrics & Gynaecology	7	9	12	28
	Ophthalmology	2	10	11	23
	Orthopaedics & Traumatology	8	14	31	53
	Paediatrics	8	17	23	47
	Pathology	10	7	11	28
	Psychiatry	5	18	22	45
	Radiology	12	9	12	33
	Surgery	10	24	35	69
	Others	3	12	12	27
	Total	112	265	397	774
KWC	Accident & Emergency	10	44	74	127
	Anaesthesia	7	34	26	66
	Family Medicine	4	33	87	124
	Intensive Care Unit	3	12	18	33
	Medicine	30	81	116	227
	Neurosurgery	2	3	9	14
	Obstetrics & Gynaecology	5	9	13	27
	Ophthalmology	3	11	12	26

Cluster	Specialty	2020-21 (as at 31 December 2020)			
		Consultant	SMO/AC	MO/R	Total
	Orthopaedics & Traumatology	12	20	42	73
	Paediatrics	9	20	24	54
	Pathology	16	12	19	47
	Psychiatry	10	32	40	82
	Radiology	13	11	16	40
	Surgery	17	30	54	101
	Others	10	15	23	48
	Total	151	367	572	1 090
NTEC	Accident & Emergency	8	31	37	76
	Anaesthesia	9	34	28	71
	Cardiothoracic Surgery	2	3	9	14
	Family Medicine	4	28	71	103
	Intensive Care Unit	5	11	19	35
	Medicine	33	69	132	235
	Neurosurgery	3	3	6	12
	Obstetrics & Gynaecology	6	11	18	36
	Ophthalmology	3	7	19	29
	Orthopaedics & Traumatology	12	17	41	70
	Paediatrics	9	19	32	60
	Pathology	8	12	17	37
	Psychiatry	8	26	37	71
	Radiology	14	12	23	49
	Surgery	20	24	49	93
	Others	9	18	30	57
Total	151	326	569	1 046	
NTWC	Accident & Emergency	8	30	54	92
	Anaesthesia	8	12	31	51
	Cardiothoracic Surgery	1	1	0	2
	Family Medicine	3	25	65	94
	Intensive Care Unit	2	10	9	21
	Medicine	29	56	96	181
	Neurosurgery	3	4	8	15
	Obstetrics & Gynaecology	8	9	16	33
	Ophthalmology	5	7	14	26
	Orthopaedics & Traumatology	7	14	33	55
	Paediatrics	8	11	24	44
	Pathology	8	7	9	24
	Psychiatry	11	27	46	83
	Radiology	12	6	24	42
	Surgery	18	17	49	84
	Others	8	12	20	40
Total	141	248	498	887	

As at 31 December 2020, there were 588 part-time doctors working in HA, providing support equivalent to about 215 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.

B)

As at 2020-21, the cumulative number of doctor shortfall is around 260. At the same time, HA is facing the challenge of attrition of doctors. On top of retirement, drainage to the private market is another major reason of doctor attrition. In 2020-21, the attrition rate is 3.9% (rolling 12 months from 1 January 2020 to 31 December 2020), equivalent to 237 full-time doctors.

Note:

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%

C)

The table below sets out the attrition (wastage) number of all ranks of full-time doctors by major specialty in each hospital cluster of HA in 2020-21 (rolling 12 months from January to December 2020).

Cluster	Major Specialty	Consultant	SMO/AC	MOR
HKEC	Accident & Emergency	0	1	1
	Anaesthesia	1	0	1
	Family Medicine	0	0	4
	Medicine	0	2	1
	Obstetrics & Gynaecology	0	0	2
	Ophthalmology	0	1	0
	Radiology	1	1	1
	Surgery	0	1	0
	Others	2	0	1
	Total	4	6	11
HKWC	Accident & Emergency	0	1	0
	Anaesthesia	1	1	1
	Family Medicine	0	0	1
	Intensive Care Unit	1	1	0
	Medicine	2	3	4
	Neurosurgery	1	1	0
	Ophthalmology	1	0	2
	Paediatrics	1	0	1
	Pathology	0	1	0

Cluster	Major Specialty	Consultant	SMO/AC	MOR
	Psychiatry	0	2	2
	Radiology	2	1	1
	Surgery	1	2	1
	Total	10	13	13
KCC	Accident & Emergency	0	3	0
	Anaesthesia	1	0	0
	Family Medicine	0	2	7
	Medicine	3	4	2
	Neurosurgery	0	0	1
	Obstetrics & Gynaecology	2	2	0
	Ophthalmology	1	4	0
	Paediatrics	5	2	1
	Pathology	1	1	1
	Psychiatry	1	0	0
	Radiology	0	1	0
	Surgery	1	3	0
	Others	2	1	0
	Total	17	23	12
KEC	Accident & Emergency	1	1	4
	Anaesthesia	2	1	1
	Family Medicine	0	1	2
	Intensive Care Unit	0	1	0
	Medicine	1	0	2
	Obstetrics & Gynaecology	1	0	0
	Orthopaedics & Traumatology	0	1	0
	Paediatrics	0	0	1
	Psychiatry	1	1	1
	Radiology	0	1	1
	Surgery	0	1	0
	Others	1	0	0
	Total	7	8	12
KWC	Accident & Emergency	0	0	4
	Anaesthesia	0	4	0
	Family Medicine	0	1	1
	Medicine	1	5	4
	Obstetrics & Gynaecology	0	0	1
	Ophthalmology	1	0	1
	Orthopaedics & Traumatology	1	0	0
	Paediatrics	1	1	0
	Pathology	2	0	1

Cluster	Major Specialty	Consultant	SMO/AC	MOR
	Radiology	0	1	0
	Surgery	0	2	0
	Total	6	14	12
NTEC	Accident & Emergency	1	1	1
	Anaesthesia	0	1	2
	Family Medicine	0	0	1
	Intensive Care Unit	0	0	3
	Medicine	2	1	3
	Neurosurgery	0	1	0
	Ophthalmology	0	0	1
	Orthopaedics & Traumatology	0	3	0
	Paediatrics	2	1	0
	Pathology	0	2	0
	Psychiatry	0	1	0
	Radiology	1	1	0
	Surgery	1	2	0
	Others	1	0	2
	Total	8	14	13
NTWC	Accident & Emergency	0	1	1
	Anaesthesia	2	1	1
	Family Medicine	0	0	4
	Medicine	2	0	2
	Obstetrics & Gynaecology	2	1	0
	Ophthalmology	0	0	2
	Orthopaedics & Traumatology	1	0	0
	Paediatrics	0	0	1
	Pathology	1	2	1
	Psychiatry	0	2	0
	Radiology	1	1	1
	Surgery	0	0	1
	Others	1	0	0
	Total	10	8	14

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. 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.

The table below sets out the attrition (wastage) number of all ranks of full-time doctors, who left HA on grounds other than retirement, by cluster, by major specialty and by year of service in 2020-21 (rolling 12 months from January to December 2020).

Cluster	Major Specialty	< 1 year		1- <6 years		6- <11 years			11- <16 years		16- <21 years			21- <26 years			26- <31 years	
		CON	MO/R	CON	MO/R	CON	SMO/AC	MO/R	SMO/AC	MO/R	CON	SMO/AC	MO/R	CON	SMO/AC	MO/R	CON	SMO/AC
HKEC	Accident & Emergency	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
	Family Medicine	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	0
	Medicine	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	Obstetrics & Gynaecology	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
	Ophthalmology	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Radiology	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0
	Surgery	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
	Others	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0
	Total	0	1	1	4	0	1	3	2	0	1	2	1	0	0	0	1	1
HKWC	Accident & Emergency	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Anaesthesia	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0
	Family Medicine	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0
	Medicine	0	0	0	2	0	0	2	1	0	0	2	0	0	0	0	1	0
	Neurosurgery	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0
	Ophthalmology	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0
	Paediatrics	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
	Psychiatry	0	0	0	1	0	0	1	2	0	0	0	0	0	0	0	0	0
	Radiology	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0
	Surgery	0	0	0	1	0	0	0	2	0	1	0	0	0	0	0	0	0
Total	0	0	0	7	1	0	6	8	0	2	3	0	2	1	0	1	0	
KCC	Accident & Emergency	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0
	Anaesthesia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	Family Medicine	0	0	0	3	0	0	1	1	1	0	0	0	0	0	0	0	0
	Medicine	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	1	0
	Neurosurgery	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0

Cluster	Major Specialty	< 1 year		1- <6 years		6- <11 years			11- <16 years		16- <21 years			21- <26 years			26- <31 years	
		CON	MO/R	CON	MO/R	CON	SMO/AC	MO/R	SMO/AC	MO/R	CON	SMO/AC	MO/R	CON	SMO/AC	MO/R	CON	SMO/AC
	Ophthalmology	0	0	0	0	0	3	0	1	0	0	0	0	1	0	0	0	0
	Paediatrics	1	0	1	1	0	0	0	1	0	0	0	0	0	0	0	1	1
	Pathology	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	Radiology	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Surgery	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0
	Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	Total	1	0	2	8	0	4	1	12	1	0	0	0	2	1	0	4	1
KEC	Accident & Emergency	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
	Anaesthesia	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0
	Family Medicine	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Medicine	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	Paediatrics	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Radiology	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
	Surgery	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Total	0	1	1	6	0	1	3	2	0	0	1	0	2	0	1	0	1
KWC	Accident & Emergency	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Anaesthesia	0	0	0	0	0	1	0	2	0	0	1	0	0	0	0	0	0
	Family Medicine	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0
	Medicine	0	0	0	4	0	0	0	1	0	0	0	0	1	0	0	0	1
	Obstetrics & Gynaecology	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ophthalmology	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
	Paediatrics	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	Pathology	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	Radiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Surgery	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Total	0	1	0	9	0	1	0	5	0	1	2	0	2	1	0	0	2	
NTEC	Accident & Emergency	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Anaesthesia	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Intensive Care Unit	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0
	Medicine	0	0	0	2	0	0	1	0	0	0	0	0	0	1	0	0	0
	Neurosurgery	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
	Ophthalmology	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0

Cluster	Major Specialty	< 1 year		1- <6 years		6- <11 years			11- <16 years		16- <21 years			21- <26 years			26- <31 years	
		CON	MO/R	CON	MO/R	CON	SMO/AC	MO/R	SMO/AC	MO/R	CON	SMO/AC	MO/R	CON	SMO/AC	MO/R	CON	SMO/AC
	Paediatrics	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	Pathology	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0
	Psychiatry	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Radiology	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
	Surgery	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
	Others	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0
	Total	1	1	0	7	0	2	3	5	1	1	2	0	0	3	0	0	2
NTWC	Accident & Emergency	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Anaesthesia	0	0	0	0	0	0	1	1	0	0	0	0	2	0	0	0	0
	Family Medicine	0	0	0	1	0	0	2	0	0	0	0	1	0	0	0	0	0
	Medicine	0	0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Ophthalmology	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
	Paediatrics	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pathology	0	0	1	1	0	0	0	1	0	0	1	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
	Radiology	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
	Surgery	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	Total	0	0	2	8	0	0	5	4	0	0	2	1	3	1	0	1	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 (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. 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

CON - Consultants

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 -

CONTROLLING OFFICER'S REPLY**FHB(H)090****(Question Serial No. 1889)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under Programme (1), the estimated provisions for the Government sector and the subvented sector increase by 71.1% and 132.7% respectively for 2021-22 when compared with the revised estimates for 2020-21. What are the reasons? How will the Government allocate the resources and manpower? Please provide in table form a breakdown of the estimated additional provisions by expenditure.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 60)

Reply:

The 2021-22 draft Estimates for the Government sector and Subvented sector are respectively \$847.1 million (71.1%) and \$146.0 million (132.7%) higher than the 2020-21 Revised Estimates. This is mainly due to the increase in –

Government sector	
Cash flow requirements for the general non-recurrent item on Health and Medical Research Fund	+\$436.0 million
Cash flow requirements for the general non-recurrent item on "District Health Centre Express" Scheme	+\$238.5 million
Departmental expenses to support primary healthcare development	+\$46.9 million
Departmental expenses to support the Pilot Scheme for the new service protocol for children and adolescents with Attention Deficit/Hyperactivity Disorder	+\$14.7 million
Departmental expenses to support the Chinese medicine hospital project	+\$14.2 million
Subvented sector	
Cash flow requirements for the general non-recurrent item to kick-start Hong Kong Genome Project offset by a decrease in recurrent subvention to the Hong Kong Genome Institute	+\$146.0 million

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)091

(Question Serial No. 1892)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government will establish a \$1 billion vaccination indemnity fund to offer compensation to members of the public who suffer serious adverse events after COVID-19 vaccinations. Please advise this Committee of the staffing establishment of the fund in this financial year, including the programme areas concerned, as well as the ranks, job natures and estimated expenditures on emoluments involved. What are the details of the monitoring and auditing mechanism of the fund?

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 62)

Reply:

A \$1 billion Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines (AEFI Fund) has been set up as a non-recurrent commitment to provide support to eligible individuals who have proof of suffering unexpected serious adverse events (SAEs) associated with a COVID-19 vaccine.

All SAEs should be reported by medical professionals through the platform of the Department of Health. After a report arising from an SAE is received, the Expert Committee on Clinical Events Assessment following COVID-19 Immunization (Expert Committee) will conduct causality assessment. The affected individual will be eligible for a lump-sum payment at a level corresponding to the event under the Fund if the below two conditions are met –

- (a) there is certification by a registered medical practitioner of the SAE; and
- (b) causal association with the administration of a vaccine under the Government's COVID-19 Vaccination Programme is either confirmed or considered "indeterminate" by the Expert Committee.

For (a), as an additional safeguard, the affected individual may be required to undergo medical examination by public sector doctors if necessary.

The administration fee of setting up and operating the AEFI Fund will be charged to the Fund. We are in the process of engaging a third-party administrator for the Fund for receiving applications and processing payments according to the established criteria and the expenditure to be incurred is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)092

(Question Serial No. 2285)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

According to the Department of Health, it will continue the work in prevention and control of Coronavirus Disease 2019 (COVID-19). Also, strengthening COVID-19 testing is an integral part of the epidemic control strategy, which can help to slow down the transmission of the virus by early identification, early isolation and early treatment. In this connection, please inform this Committee, in table form, of the following:

1. the cumulative total attendance of COVID-19 testing in Hong Kong with age and geographical distribution, and the details of the expenditure involved;
2. the number of qualified private laboratories from which the Government has procured COVID-19 testing services, the number of tests conducted by each laboratory, prices for services and the details of the expenditure involved;
3. the locations and costs of setting up vending machines of deep throat saliva specimen collection packs at MTR stations, including venue hiring charges, vending machine procurement costs, operating and maintenance expenses, logistics and transportation fees; the details of the expenditure involved in manpower resources; and the number of specimen collection packs distributed since the setting up of such vending machines.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 63)

Reply:

Expenses on COVID-19 testing are financed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill or the estimates of the General Revenue Account. That said, for Members' information, since the commencement of the fourth wave of the epidemic in mid-November 2020 (from 15 November 2020 to 6 March 2021), the Government has conducted more than 5.68 million tests, including (i) more than 1.63 million compulsory tests (3 715 samples or 0.23% tested preliminarily positive); (ii) more than 2.28 million targeted tests (669 samples or 0.03% tested preliminarily positive); and (iii) more than 1.76 million voluntary tests (1 081 samples or 0.06% tested preliminarily positive).

There are over 20 accredited private laboratories on the Department of Health's list of "Local COVID-19 nucleic acid testing institutions recognised by the Hong Kong SAR Government" with a total daily testing capacity of over 80 000. Up to February 2021, the Food and Health Bureau engaged a total of 5 accredited laboratories as testing agencies service providers to operate the community testing centres.

The MTR Corporation has set up vending machines for the public to collect COVID-19 specimen collection packs free of charge since 7 December 2020. The packs are available at 20 MTR stations. They are supplied by government contractor, while the vending machines are arranged by the MTR Corporation (hence the latter absorbed the expenses arising from the vending machines at MTR stations, and other relevant expenses). As of 10 March 2021, some 1.3 million specimen collection packs were distributed to the public through these machines.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)093

(Question Serial No. 1841)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government has established a Chinese Medicine Clinic cum Training and Research Centre (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 (CMPs) employed by the CMCTR in each district, the expenditure involved and the number of attendances in the past 3 years; and
- (2) among the CMPs 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.: 20)

Reply:

- (1) The Government has earmarked \$112 million, \$147 million and \$227 million in 2018-19, 2019-20 and 2020-21 respectively for Hospital Authority (HA) for the operation of the 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) to provide Government-subsidised service and Chinese medicine practitioner (CMP) trainee programme, operation of the Toxicology Reference Laboratory, quality assurance and central procurement of Chinese medicine (CM) drugs, development and provision of training in “evidence-based” CM, enhancement and maintenance of the CM Information System and development of new Information Technology system to support the provision of CM services at the CMCTRs.

The numbers of CMPs employed by the 18 CMCTRs in the past three years are set out in the table below:

District	Number of CMPs as at year end		
	2018	2019	2020
Central and Western	22	21	27
Tsuen Wan	25	25	26
Tai Po	28	29	32
Wan Chai	22	25	24
Sai Kung	17	18	24
Yuen Long	25	25	24
Tuen Mun	25	25	25
Kwun Tong	25	27	30
Kwai Tsing	19	21	18
Eastern	18	17	27
North	20	20	20
Wong Tai Sin	20	22	22
Sha Tin	23	22	23
Sham Shui Po	24	24	21
Southern	26	26	26
Kowloon City	20	23	23
Yau Tsim Mong	22	25	25
Islands	22	20	24
Total	403	415	441

Note: The CMPs are employees of the NGOs operating the CMCTRs and these figures are provided by the respective NGOs. Their terms of employment and remuneration packages are determined by the NGOs.

The attendances of the 18 CMCTRs in the past three years are set out in the table below:

District	Attendance for the year		
	2018	2019	2020
Central & Western	58 483	58 805	33 527
Tsuen Wan	76 132	75 038	81 132
Tai Po	81 362	71 735	60 933
Wan Chai	65 346	55 004	52 074
Sai Kung	62 667	58 593	50 932
Yuen Long	80 850	83 099	74 952
Tuen Mun	66 351	64 844	58 732
Kwun Tong	73 470	68 003	63 010

District	Attendance for the year		
	2018	2019	2020
Kwai Tsing	55 609	47 387	36 196
Eastern	57 090	54 795	61 732
North	79 966	81 868	75 723
Wong Tai Sin	71 637	58 360	50 179
Sha Tin	70 782	68 631	65 284
Sham Shui Po	68 848	66 436	54 304
Southern	66 808	59 250	52 521
Kowloon City	60 544	57 878	64 199
Yau Tsim Mong	56 782	50 685	56 585
Islands	44 516	49 732	55 282
Total	1 197 243	1 130 143	1 047 297

Note: The above attendances cover all kinds of CM services provided in the respective CMCTRs.

- (2) Of the 441 CMPs employed at the 18 CMCTRs as at 31 December 2020, 276 were graduates of local Chinese medicine degree programmes.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)094****(Question Serial No. 1842)**

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) (Thomas CHAN)

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 drugs run by tertiary institutions?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 21)

Reply:

As at 28 February 2021, there were a total of 10 437 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 912 were registered CMPs, 27 were CMPs with limited registration and 2 498 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 intakes and graduates of the above programme in the 2018/19 to 2020/21 academic years are as follows:

Academic year	Student intakes	No. of graduates
2018/19	17	20
2019/20	16	24 ^{Note}
2020/21	18 ^{Note}	Not yet available

Note: Provisional figures

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)095

(Question Serial No. 1879)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise if the Government has information on :

- (1) the current number of Red Cross blood donor centres;
- (2) the donor attendance figures by donor center in each of the past 3 years;
- (3) the respective number of days on which blood inventory had less than 3 days' stock, 3 to 5 days' stock, 5 to 10 days' stock and over 10 days' stock in each of the past 3 years;
- (4) the plans, including providing more venues for blood donation, to encourage more members of the public to donate blood in 2021-2022, with a breakdown of the expenditure involved; and
- (5) what measures are in place to support the operation of Red Cross and their details.

Asked by : Hon LEE Wai-king, Starry (LegCo internal reference no.: 71)

Reply :

(1)

Currently, Hong Kong Red Cross Blood Transfusion Service (BTS) operates 9 donor centres and a University Campus Donor Centre. In addition, BTS also operates 4 mobile blood collection teams and 1 blood donation vehicle to facilitate blood donation across the territory. To enhance the blood donation services, BTS plans to open a new donor centre in Wan Chai in 2021.

(2)

The below table sets out the blood collection figures of donor centres and mobile spots, i.e. mobile blood collection teams and blood donation vehicle in the past 3 years :

Year	Donor Centres	Mobile Spots	Total Collection
	(Number of blood units collected)		
2018-19	171 257	48 691	219 948
2019-20	174 759	47 160	221 919
2020-21 (up to 31 December 2020)	135 393	17 991	153 384

Note:

The drop in quantity of blood collection in 2020 was due to the impact of the Coronavirus Disease 2019 (COVID-19) epidemic, resulting in disruption of scheduled blood collection activities.

(3)

BTS closely monitors the blood collection, demand, and stock level and correspondingly initiates blood donation drives and other blood donation promotion/appeal actions. For instance, when it is anticipated that the depleting blood inventories cannot meet the daily blood demand for local hospitals, urgent public appeals would be made, including in describing the urgency in terms of number of days for public communication purposes. The below table sets out the number of appeals made to the public in the past 3 years :

Year	Number of appeals made	Date(s)
2018-19	0	–
2019-20	1	23 January 2020
2020-21 (up to 31 December 2020)	3	28 April 2020, 28 July 2020 and 20 November 2020

(4) and (5)

The Government has been supporting the operation of BTS in various fronts, including provision of funding through the Hospital Authority, policy facilitation in establishment of new donor centres and organisation of blood collection activities. In 2021-22, BTS will deliver the following key projects to continue foster blood donation in collaboration with various government departments and corporate partners -

- (a) A new donor centre at the Immigration Tower in Wan Chai will be put into operation in 2021. Together with the existing donor centres at Central and Causeway Bay, the new centre will help enhance blood collection on the Hong Kong Island side.
- (b) With donation support, an additional blood donation vehicle will be added to facilitate blood donation activities at tertiary institutions and secondary schools, as well as more outreaching blood donation drives in the community.

- (c) With the support of the Food and Health Bureau, BTS will continue to liaise with various government departments to organise blood donation activities for their staff, as well as to facilitate temporary use of community halls, parks and public areas, etc. for mobile blood donation activities in the community.
- (d) BTS will also continue to collaborate with shopping malls across different districts to provide more mobile blood donation spots to facilitate and encourage blood donation by members of the public at their convenience.
- (e) BTS will continue to launch various social media promotion projects via BTS festive promotion campaigns.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)096****(Question Serial No. 1880)**

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:

Does the Government have the following information:

- (1) in each of the past 3 years, how many people registered for “Great Body Teacher” Body Donation Programme of Li Ka Shing Faculty of Medicine, the University of Hong Kong and “Silent Teacher” Body Donation Programme of Faculty of Medicine, the Chinese University of Hong Kong to donate their bodies after they pass away for medical education and research;
- (2) in each of the past 3 years, how many bodies were donated to these two programmes;
- (3) what kind of support is provided by the Government to these programmes and the details; will the Government introduce any support programmes in 2021-22 and what is the expenditure involved?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 73)

Reply:

1.

According to the information provided by the University of Hong Kong (“HKU”) and the Chinese University of Hong Kong (“CUHK”), the numbers of registrants for the two body donation programmes in 2018, 2019 and 2020 are tabulated below –

Year	Number of registrants	
	“Great Body Teacher” Body Donation Programme of Li Ka Shing Faculty of Medicine, HKU	“Silent Teacher” Body Donation Programme of Faculty of Medicine, CUHK
2018	600	1 577
2019	550	1 342
2020	430	1 102

2.

The numbers of bodies donated to the two programmes in 2018, 2019 and 2020 are tabulated below –

Year	Number of donated bodies	
	“Great Body Teacher” Body Donation Programme of Li Ka Shing Faculty of Medicine, HKU	“Silent Teacher” Body Donation Programme of Faculty of Medicine, CUHK
2018	97	110
2019	74	44
2020	45	89

3.

The deceased bodies for the two programmes come from donations of registrants and unclaimed bodies from the Food and Environmental Hygiene Department. No government expenditure is involved in the two programmes.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)097****(Question Serial No. 3029)**

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:

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.: 22)

Reply:

The tables below set out the number of 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 2018-19 to 2020-21 (up to 31 December 2020).

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

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	244	<1	885	3	2 026	15
HKWC	557	1	735	4	2 019	56
KCC	193	1	1 068	4	1 185	14
KEC	156	1	1 486	3	5 027	69
KWC	271	<1	701	3	11 839	21
NTEC	891	1	2 263	4	5 477	57
NTWC	449	1	1 385	2	4 405	18

2020-21 (up to 31 December 2020) [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	177	1	730	3	1 708	14
HKWC	391	1	857	4	1 419	18
KCC	278	1	918	4	922	14
KEC	190	1	1 696	3	3 857	46
KWC	286	<1	820	4	9 092	16
NTEC	826	1	1 807	4	4 075	54
NTWC	386	1	1 242	3	3 736	33

With reference to past trend, it is estimated that there will be about 1-4% increase in the attendances of psychiatric SOP clinics in HA each year.

Remark:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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**FHB(H)098****(Question Serial No. 3030)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of accident and emergency (A&E) attendances and number of patients in each cluster under the Hospital Authority (HA) in the past 3 years; the average waiting time of patients of each triage category and the manpower in A&E departments; and the measures to be implemented by HA to strengthen the support to the healthcare personnel in A&E departments in 2021-22.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 51)

Reply:

The tables below set out the number of Accident & Emergency (A&E) attendances in each hospital cluster under the Hospital Authority (HA) in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

Cluster	Number of A&E attendances		
	2018-19	2019-20	2020-21 (up to 31 December 2020) [Provisional figures]
HKEC	214 728	196 321	116 778
HKWC	123 901	118 213	74 060
KCC	312 561	285 204	181 832
KEC	282 684	266 486	165 617
KWC	474 082	453 578	268 233
NTEC	356 459	334 359	203 874
NTWC	393 202	393 878	233 542
Overall HA	2 157 617	2 048 039	1 243 936

The tables below set out the average waiting time for A&E services in various triage categories in each hospital cluster under HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

2018-19

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	16	95	134
HKWC	0	9	25	90	149
KCC	0	8	34	150	168
KEC	0	9	27	161	230
KWC	0	7	18	78	89
NTEC	0	10	34	123	114
NTWC	0	5	21	107	101
Overall HA	0	8	26	111	125

2019-20

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	121	162
HKWC	0	9	24	82	137
KCC	0	8	34	152	159
KEC	0	9	29	180	250
KWC	0	6	18	79	89
NTEC	0	9	32	120	121
NTWC	0	5	19	103	93
Overall HA	0	7	25	113	125

2020-21 (up to 31 December 2020) [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	7	20	102	138
HKWC	0	9	23	62	106
KCC	0	8	27	102	118
KEC	0	9	25	153	220
KWC	0	6	19	72	82
NTEC	0	9	26	94	110
NTWC	0	6	20	118	122
Overall HA	0	7	23	100	127

The table below sets out the manpower of doctors and nurses in A&E specialty in each hospital cluster under HA in 2018-19, 2019-20 and 2020-21 (as at 31 December 2020).

Cluster	Full-time Equivalent Strength of Doctors and Nurses in A&E Specialty					
	2018-19 (as at 31 March 2019)		2019-20 (as at 31 March 2020)		2020-21 (as at 31 December 2020)	
	Doctors	Nurses	Doctors	Nurses	Doctors	Nurses
HKEC	59	124	60	128	64	143
HKWC	29	51	30	52	32	54
KCC	74	164	70	171	77	177
KEC	66	162	70	171	73	169
KWC	119	251	119	271	127	272
NTEC	72	227	73	231	76	238
NTWC	86	240	88	247	92	254

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 will continue to implement the following measures to strengthen the healthcare support at A&E departments in 2021-22:

- a) Implementing A&E Support Session Programme to recruit additional medical and nursing staff to handle semi-urgent and non-urgent cases;

- b) Augmenting doctor manpower through the following:
- (i) recruitment of local graduates with increase in resident trainee posts to recruit and provide specialist training to all qualified local medical graduates;
 - (ii) recruitment of non-locally trained doctors under limited registration to relieve manpower pressure;
 - (iii) recruitment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments. A locum office has 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;
 - (iv) extra financial incentives, such as Special Honorarium Scheme, enhanced Fixed-rate Honorarium and leave encashment; and
 - (v) 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 (AC). To further enhance the promotion opportunities of doctors, additional measure has also been introduced targeting at serving ACs for promotion to Consultant rank for retention of expertise.
- c) Strengthening manpower of nurses and supporting staff through the following:
- (i) employment of locum nurses, undergraduate nurses and other healthcare workers;
 - (ii) enhancement of recruitment and retention, promotion opportunities, improvement of working conditions and training opportunities for nurses;
 - (iii) strengthening of phlebotomist services and clerical support; and
 - (iv) deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting.
- d) Rehiring retired doctors, nurses, allied health professionals and supporting staff, depending on the service needs and funding availability, including those in the A&E specialty, subject to an age limit of 65. HA will continue to re-employ suitable retired / retiring staff in 2021-22.

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**FHB(H)099****(Question Serial No. 3032)**

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

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government inform this Committee of, in the past 5 years, the number of persons who registered their wish to donate organs in the Centralised Organ Donation Register (the Register) with a breakdown by type of organ or tissue; the number of patients waiting for organ or tissue transplant in public hospitals; the average waiting time of patients on the waiting list and the number of donations? What are the promotion plans to encourage more people to register in the Register in 2021-22 and the expenditure involved?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 72)

Reply:

The number of registrations recorded in the Centralised Organ Donation Register (CODR) in the past 5 years with breakdown by type of organ/ tissue to be donated are as follows –

Year	2016	2017	2018	2019	2020
Total number of registrations during the year	52 550	37 285	18 772	20 001	13 317
Cumulative total number of registrations	241 389	278 674	297 446	317 447	330 764
Organ they wish to donate (number of persons) :					
All organs	47 798	33 619	16 976	18 254	12 162
Kidney	4 168	3 235	1 564	1 477	1 035
Heart	4 135	3 125	1 515	1 454	991
Liver	4 137	3 150	1 507	1 399	1 000

Lung	3 930	3 006	1 424	1 325	963
Cornea	3 538	2 802	1 370	1 295	859
Bone	1 724	1 350	703	625	425
Skin	991	779	407	377	229

Note: A person can indicate his/her wish to donate more than one or all organs.

The numbers of patients waiting for organ / tissue transplant, their average waiting time and the numbers of organ / tissue donations for transplant handled by the Hospital Authority (HA) in the past five 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
2016	Kidney	2 047	52	78
	Liver	89	42.9	73
	Heart	50	16	12
	Lung	19	12.9	9
	Cornea (piece)	298	15	276
	Skin	Not Applicable ^{Note 2}		10
	Bone			1
2017	Kidney	2 153	51	78
	Liver	87	42	74
	Heart	48	21.7	13
	Lung	20	9.3	13
	Cornea (piece)	273	11	367
	Skin	Not Applicable ^{Note 2}		11
	Bone			3
2018	Kidney	2 237	52	76
	Liver	69	43.2	53
	Heart	51	22	17
	Lung	19	13.1	7
	Cornea (piece)	274	12	346
	Skin	Not Applicable ^{Note 2}		10
	Bone			0
2019	Kidney	2 268	54	57
	Liver	60	43.8	43
	Heart	54	26	8
	Lung	24	15	7
	Cornea (piece)	269	11	324
	Skin	Not Applicable ^{Note 2}		5
	Bone			1

Year (as at December 31)	Organ / Tissue	Number of Patients Waiting for Transplant	Average Waiting Time (months) ^{Note 1}	Number of Donations
2020	Kidney	2 302	56	65
	Liver	72	37	50
	Heart	78	24.4	10
	Lung	29	18.1	8
	Cornea (piece)	280	14.5	267
	Skin	Not Applicable ^{Note 2}		1
	Bone			0

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. Cases of skin and bone transplant are spontaneous and emergency in nature. Substitutes will be used if no suitable skin or bone is identified for transplant.

In 2021-22, the Food and Health Bureau, together with the Department of Health (DH) and HA, will continue to make efforts to promote organ donation on various fronts in collaboration with community partners. These include: (1) conducting promotion booths/ promotion activities in the nine 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 at 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 for distribution in various occasions and events; and (7) organisation of large-scale activities. 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 will continue to organise 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

FHB(H)100

(Question Serial No. 1599)

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) (Thomas 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:

- (1) Are there plans to formulate a policy relating to the usage of EHV's in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA) which serves to facilitate the use of local healthcare services by eligible elderly persons living in GBA cities?
- (2) If yes, what are the details?
- (3) If not, what are the reasons?

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 57)

Reply:

The Government launched the Pilot Scheme at the University of Hong Kong – Shenzhen Hospital (HKU-SZH) in 2015 to enable Hong Kong elderly persons, whether they are residing in Shenzhen or living nearby in Hong Kong, 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 elderly persons 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 elderly persons 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 elderly persons 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, 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 to follow up and assist the elderly persons on cases of non-compliance with the requirements of the Elderly Health Care Voucher Scheme. At this stage, the Government has no plan to further extend the use of vouchers outside of Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)101****(Question Serial No. 1600)**

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:

(1) What is the wastage of medical, nursing and allied health staff in the Hospital Authority during the 3 years from 2018 to 2020?

		2018 Number of staff (Rate)	2019 Number of staff (Rate)	2020 Number of staff (Rate)
Medical staff	Specialist			
	Non-specialist			
	Intern			
	Dental officer			
Nursing staff	Nurse			
	Trainee			
Allied health staff				

(2) What are the estimated wastage rates of the above posts in this financial year?

(3) What are the measures to attract and retain staff?

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 58)

Reply:

(1) & (2)

The tables below set out the attrition numbers and rates of full-time doctors, nurses and allied health professionals in the Hospital Authority (HA) in 2018-19, 2019-20, and 2020-21 (rolling 12 months from 1 January to 31 December 2020).

Staff Group		Attrition Number			Attrition Rate		
		2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)	2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)
Doctor	CON	84	66	62	10.0%	7.7%	7.0%
	SMO/AC	154	133	86	8.2%	6.8%	4.3%
	MO/R	136	123	89	4.3%	3.9%	2.7%
Nursing Staff		1 586	1 543	1 533	6.3%	5.9%	5.7%
Allied Health		414	387	352	5.3%	4.8%	4.2%

Note:

1. Doctors exclude Interns and Dental Officers.
2. Medical interns and nursing trainees are employed by HA for a fixed period for training purpose.
3. There was no attrition for Dental Officers in the past 3 years in HA.
4. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis. Temporary staff such as nursing trainees were not included.
5. Since April 2013, Attrition (Wastage) 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.
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%

(3)

Over the years, HA has been closely monitoring its manpower situation and introduced a series of measures to attract, develop and retain talents. As part of its overall budget, HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, hiring full-time and part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, rehiring suitable retired healthcare staff, recruitment of non-locally trained doctors under the limited registration scheme to supplement local recruitment, improving promotion prospects to retain expertise, provision of better training opportunities for various grades, and enhancement of the Fixed Rate Honorarium.

HA established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Government announced in the 2020-21 Budget that resources were committed for 3 major proposals put forward by the Task Group, including –

- (a) enhancing the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in HA after retirement until 65;
- (b) creating opportunities for around 200 Associate Consultants to be promoted to Consultant rank in 5 years so as to retain experienced medical personnel; and
- (c) providing Specialty Nurse Allowance to eligible registered nurses so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications.

The above initiatives are being gradually implemented by HA. 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.

HA will continue to closely monitor the manpower situation to make proactive arrangements to attract, develop and retain talents for supporting the overall service needs and development in HA.

Abbreviations

CON – Consultant

SMO/AC – Senior Medical Officers / Associate Consultants

MO/R – Medical Officers / Residents

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)102

(Question Serial No. 3202)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- (1) What is the latest implementation progress of the measures targeting at rare diseases?
- (2) What are the respective numbers of new drugs appraised and the existing drugs in the Drug Formulary reviewed regularly by the Hospital Authority in each of the past 3 years from 2018 to 2020? What are the types of rare diseases involved?
- (3) What is the progress of the work on pricing by drug manufacturers and the drug subsidy programme?
- (4) It is estimated there are about 20 million rare disease patients in the Mainland. More than 100 rare diseases are now on the list compiled with dozens of drugs treating rare diseases added to the category covered by healthcare security. In this connection, is there any collaboration plan with the Mainland on the definition of rare diseases, the development of a comprehensive database and the use of drugs treating rare diseases? If yes, what is the plan? If no, what are the reasons?

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 59)

Reply:

(1)

The Government and the Hospital Authority (HA) highly value provision of sustainable, affordable and optimal treatments and care for all patients (including those with uncommon disorders). Currently, mechanisms have been put in place to provide support for patients with uncommon disorders in various aspects, including clinical diagnosis, multi-disciplinary care and rehabilitation services, introduction of new drugs, as well as subsidising drug treatments.

To further support patients with uncommon disorders, the Government and HA plan to implement progressively a series of targeted measures. These measures include developing databases for individual uncommon disorders (e.g. spinal muscular atrophy and

inborn errors of metabolism covered under the existing newborn screening programme) starting from 2021-22 to facilitate clinical diagnosis and treatment; enhancing public awareness of such disorders through HA's Smart Patient Website; strengthening support for 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. We will also further refine the means test mechanism of the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes in the first half of 2021.

The Government and HA will continue to work closely to discuss, formulate and review the policy support for patients with uncommon disorders, while maintaining communication with stakeholders (including patient groups) to keep reviewing and enhancing relevant mechanisms and measures for supporting such patients.

(2)

HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review the existing drugs in the Hospital Authority Drug Formulary (HADF). Under the existing mechanism, HA's Drug Advisory Committee (DAC) would review all new drug applications every 3 months. The number of new drug or new indication applications assessed by DAC in 2018-19, 2019-20 and 2020-21 are 95, 93 and 80 respectively. In addition, the Drug Formulary Committee, with the support of multiple expert panels, conducts biennial comprehensive review of the drugs listed on HADF which at present has approximately 1 400 drugs for treatment of various diseases. There is currently no common definition of rare diseases / uncommon disorders worldwide and the coverage of HADF is driven by clinical service needs. HA will continue to regularly appraise new drugs and review the existing drug list on HADF according to the prevailing mechanisms in order to meet evolving service needs.

(3)

To facilitate early access to self-financed drugs, HA welcomes every opportunity to collaborate with pharmaceutical industry to formulate programmes in providing affordable, sustainable and appropriate support to patients' drug treatment and would continue to ensure equitable access to cost-effective drugs of proven efficacy and safety in HA hospitals and clinics. HA has been in close liaison with pharmaceutical companies on setting up a number of risk sharing programmes for specific drugs.

On drug subsidy, HA supports needy patients (including those with uncommon disorders) to receive medical treatment through the recurrent funding from the Government, SF and CCF Medical Assistance Programmes. Currently, HA makes use of the designated funding from the Government to provide enzyme replacement therapy (ERT) under a special drug programme for treatment of eligible patients with specific lysosomal storage disorders (LSD). The following table sets out the number of HA patients with LSDs who are on ERT as at 31 December 2020:

LSD	Number of HA Patients Undergoing ERT
a) Pompe	9
b) Gaucher	3
c) Fabry	20
d) Mucopolysaccharidosis Type I	3
e) Mucopolysaccharidosis Type II	0
f) Mucopolysaccharidosis Type IV	2
g) Mucopolysaccharidosis Type VI	1
Total	38

Taking into account the increasing demand for ultra-expensive drug treatments for uncommon disorders, the Government and HA introduced a CCF Medical Assistance Programme in August 2017 to provide subsidy for eligible patients to purchase ultra-expensive drugs (including those for treating uncommon disorders) (the CCF Ultra-expensive Drugs Programme). HA's Expert Panels will assess the clinical benefits of drug treatments under the relevant arrangement on a case-by-case basis according to the clinical conditions of individual patients and the established clinical guidelines.

The following table sets out the number of applications approved for the drugs under the CCF Ultra-expensive Drugs Programme since its implementation in August 2017 (as at 31 December 2020):

Ultra-expensive Drug and Clinical Indication	Number of Applications Approved
1. Eculizumab for Paroxysmal Nocturnal Haemoglobinuria ^{Note 1}	41
2. Eculizumab for Atypical Haemolytic Uraemic Syndrome ^{Note 2}	3
3. Nusinersen for Spinal Muscular Atrophy ^{Note 3}	31
4. Tafamidis for Familial Amyloid Polyneuropathy ^{Note 4}	2
5. Dinutuximab beta for Neuroblastoma ^{Note 5}	0
Total	77

Note:

- From 1 August 2017 to 31 December 2020. The drug and specified clinical indication has been repositioned to the SF safety net since 11 July 2020. The application statistics includes the applications approved under SF since that date.
- From 25 November 2017 to 31 December 2020
- From 25 September 2018 to 31 December 2020
- From 13 July 2019 to 31 December 2020
- From 29 December 2020 to 31 December 2020

(4)

At present, there is no common definition of rare diseases / uncommon disorders worldwide. Same with other regions, Hong Kong makes arrangements on how to treat

various diseases depending on the characteristics of its healthcare system and local situation. The optimal treatment for a patient hinges on professional judgement, the seriousness (not just rarity) of the disease and the availability of clinical facilities and resources, etc.

If we lay down a definition of rare diseases, it would be difficult to determine the patients' appropriate treatment and support relying solely on such a definition based on the prevalence rate. Other more important considerations including the severity of the diseases may be neglected. This may deviate from addressing the specific clinical needs of individual patients.

HA has all along been keeping abreast of clinical evidence and technological development on treatment options for uncommon disorders worldwide, and has exchanges with overseas and Mainland experts on issues of common concern from time to time, so as to learn from each other's experiences and promote service development.

HA has an established mechanism for regular evaluation of new drugs and review of the coverage of the safety net. Based on scientific and clinical evidence, the process evaluates the safety, efficacy and cost-effectiveness of drugs, taking into account relevant considerations, such as the views of professionals and patient groups, so as to procure drugs that meet the statutory requirements and relevant quality standards for patients' use, and to ensure equitable and effective use of limited public resources in the provision of appropriate treatment and support for patients.

HA will continue to pay close attention to international medical researches on uncommon disorders and the development of healthcare policies on uncommon disorders in other regions. It will also review the HADF through the established mechanism and include suitable self-financed drugs in the scope of subsidy under the safety net so as to benefit more patients in need.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)103****(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) (Thomas CHAN)

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 number of hospital beds by hospital over the past 3 years and in the coming year.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 35)

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 2018, 2019, 2020 and 2021.

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

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Overall Hong Kong		7 451 000	1 266 200

Population Estimates in 2019 (as at mid-2019)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	765 300	140 900
Central & Western, Southern	HKWC	515 300	93 500
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 179 700	212 400
Kwun Tong, Sai Kung	KEC	1 169 200	207 400
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 403 300	244 500
Sha Tin, Tai Po, North	NTEC	1 320 300	229 300
Tuen Mun, Yuen Long	NTWC	1 153 200	193 900
Overall Hong Kong		7 507 400	1 322 000

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

Projected Population in 2021 (as at mid-2021)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	752 300	150 300
Central & Western, Southern	HKWC	503 800	98 900
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 179 600	232 300
Kwun Tong, Sai Kung	KEC	1 193 600	228 900
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 438 500	269 600

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Sha Tin, Tai Po, North	NTEC	1 369 300	259 000
Tuen Mun, Yuen Long	NTWC	1 170 200	214 600
Overall Hong Kong		7 608 400	1 453 700

The tables below set out the number of doctors, nurses, and general beds in HA by cluster in 2018-19, 2019-20, 2020-21 and 2021-22, together with their respective ratios to overall population :

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

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	2 947	3.9	2 248	2.9	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	659	1.3	3 060	5.9	2 846	5.5	Central & Western, Southern
KCC	1 272	1.0	5 970	4.8	5 137	4.2	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	727	0.6	3 321	2.8	2 604	2.2	Kwun Tong, Sai Kung
KWC	1 038	0.7	4 955	3.5	3 559	2.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 004	0.8	4 696	3.6	3 886	2.9	Sha Tin, Tai Po, North
NTWC	844	0.7	3 968	3.4	2 787	2.4	Tuen Mun, Yuen Long
Cluster Total	6 183	0.8	28 919	3.9	23 067	3.1	

Hospital beds as at 31 March 2020

2020-21 (as at 31 December 2020)

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	659	0.9	3 049	4.0	2 273	3.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	672	1.3	3 058	6.0	2 797	5.5	Central & Western, Southern

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	
KCC	1 362	1.0	6 066	4.8	5 278	4.3	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	774	0.7	3 411	2.9	2 674	2.3	Kwun Tong, Sai Kung
KWC	1 090	0.8	4 950	3.5	3 633	2.5	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	1 046	0.8	4 797	3.6	3 960	2.9	Sha Tin, Tai Po, North
NTWC	887	0.8	4 074	3.5	2 851	2.5	Tuen Mun, Yuen Long
Cluster Total	6 490	0.9	29 405	3.9	23 466	3.1	

[^] Hospital beds as at 31 December 2020

2021-22 (Estimate)

Cluster	Number of general beds with ratio per 1 000 population		Catchment districts
	General Beds (Estimate) [#]	Ratio to overall population	
HKEC	2 280	3.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 794	5.5	Central & Western, Southern
KCC	5 293	4.3	Kowloon City, Yau Tsim Mong, Wong Tai Sin
KEC	2 766	2.3	Kwun Tong, Sai Kung
KWC	3 682	2.6	Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	4 095	3.0	Sha Tin, Tai Po, North
NTWC	2 933	2.5	Tuen Mun, Yuen Long
Cluster Total	23 843	3.1	

[#] Hospital beds as at 31 March 2022

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 2018-19, 2019-20 and 2020-21.

Cluster	Hospital	Number of hospital beds		
		2018-19 (as at 31 March 2019)	2019-20 (as at 31 March 2020)	2020-21 (as at 31 December 2020)
HKEC	CCH	240	240	240
	PYNEH	1 829	1 890	1 895
	RTSKH	623	633	653
	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	1 711	1 691	1 642
	TWH	532	532	532
	TYH	1	1	1
KCC	HKBH	324	364	376
	HKCH #	40	179	241
	HKEH	45	45	45
	KH	1 361	1 361	1 361
	KWH	1 186	1 186	1 186
	OLMH	236	236	236
	QEH	1 941	1 950	2 017
	WTSH	531	531	531
KEC	HHH	481	521	521
	TKOH	747	757	777
	UCH	1 499	1 522	1 532
KWC	CMC	1 211	1 229	1 245
	KCH	920	920	920
	NLTH	90	130	180
	PMH	1 773	1 747	1 760
	YCH	813	809	801
NTEC	AHNH	585	605	605
	BBH	26	26	26
	NDH	646	658	667
	PWH	1 734	1 749	1 782
	SCH	304	304	304
	SH	571	591	591
	TPH	994	994	1 026
NTWC	CPH	1 156	1 156	1 156
	POH	795	768	770
	SLH	520	520	520
	TMH	2 016	2 034	2 036
	TSWH *	32	140	200

HKCH commenced inpatient services in March 2019.

* TSWH 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 2021-22 :

Cluster	Hospital	Planned number of new hospital beds in 2021-22
HKEC	PYNEH	1
	RH	4
KCC	QEH	3
KEC	HHH	40
	TKOH	36
KWC	CMC	22
	PMH	24
	YCH	4
NTEC	AHNH	15
	NDH	14
	PWH	50
	TPH	28
NTWC	POH	12
	TSWH	55
	TMH	15

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

FHB(H)104

(Question Serial No. 2531)

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:

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.: 39)

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-2020, there were 576 Participating Service Providers (PSPs) and 38 416 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 2020, 5 415 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		
	2018-19	2019-20	2020-21 (as at end-2020)
Eastern	26	28	35
Southern	9	9	9
Wan Chai	8	8	18
Central & Western	28	29	37
Kowloon City	15	19	21
Kwun Tong	56	58	70
Sham Shui Po	18	24	32
Wong Tai Sin	22	23	27
Yau Tsim Mong	29	36	55
Islands	8	11	13
Kwai Tsing	27	30	35
North	7	13	15
Sai Kung	16	17	35
Sha Tin	21	22	32
Tai Po	14	14	20
Tsuen Wan	18	24	33
Tuen Mun	41	43	49
Yuen Long	29	31	40
TOTAL	392	439	576

The expenditures from 2018-19 to 2020-21 are set out in the table below.

	2018-19 Actual Expenditure (\$ million)	2019-20 Actual Expenditure (\$ million)	2020-21 Projected Expenditure (\$ million)
GOPC PPP	72.2	82.5	96.1

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)105

(Question Serial No. 2553)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The outbreak of social incidents since June 2019 and the novel coronavirus epidemic has affected the mental health of many people in Hong Kong. In this connection, what measures have been/are being/will be taken by the Food and Health Bureau and the Labour and Welfare Bureau to provide appropriate support for people suffering from mental distress? What is the additional expenditure involved? Besides, what measures have been/are being/will be taken to disseminate mental health messages based on positive psychology to the public?

2. Has the Government conducted or commissioned institutions to conduct any mental health surveys and related service demand surveys in view of the impact of the social incidents and novel coronavirus epidemic? If yes, what are the details (including the institution commissioned, expenditure, content of survey/study and estimated completion time)? If not, what are the reasons?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 69)

Reply:

(1) As announced by the Chief Executive in her 2020 Policy Address, the social unrest in 2019, together with the persisting COVID-19 epidemic since early 2020, have brought different levels of impact and influence on the mental well-being of the people in the community. The Government has therefore decided to provide additional resources of \$300 million under the Beat Drugs Fund to better support the needy in the community and raise public awareness of mental health. The Advisory Committee on Mental Health (the Advisory Committee) will be responsible for co-ordinating the initiative and will work with the service providers and non-governmental organisations in the sector to identify needs and set priorities, with a view to facilitating or promoting projects as appropriate.

The Advisory Committee has endorsed the draft framework for the funding scheme at its meeting held in February 2021. The details are being finalised and invitation for proposals will be issued in due course.

For the promotion of mental health, the Department of Health (DH) has earmarked annual funding of \$50 million to undertake an on-going mental health promotion and public education initiative. The “Shall We Talk” initiative was launched in July 2020 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 Mental Health Workplace Charter was also launched jointly by DH, the Labour Department and the Occupational Safety and Health Council in November 2019 to promote mental well-being at workplace.

- (2) The Government has not commissioned any mental health related surveys or studies arising from the social unrest or COVID-19 epidemic.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)106

(Question Serial No. 2554)

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:

Please provide a breakdown of the numbers of attendances of: i. general outpatient; ii. specialist outpatient; iii. accident and emergency; and iv. general inpatient services by the hospital cluster of the Hospital Authority based on patients' districts of residence in the past 3 years.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 70)

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 general outpatient (GOP), specialist outpatient (SOP), accident and emergency (A&E) as well as inpatient services provided by HA, by hospital cluster for 2018-19, 2019-20 and 2020-21 (up to 31 December 2020), are set out in the following tables.

(i)

Number of attendances of GOP service provided by HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020)

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, Mainland China, etc.)		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

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	465 977	16 697	6 519	4 043	3 153	2 351	1 587	500 327
Central & Western, Southern	HKWC	33 485	316 413	4 542	1 903	2 234	1 635	1 417	361 629
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	11 695	7 225	864 616	52 427	22 954	9 982	4 956	973 855
Kwun Tong, Sai Kung	KEC	22 715	9 334	81 274	836 771	15 251	10 154	4 100	979 599
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	11 572	9 304	83 604	8 783	932 492	11 622	11 382	1 068 759
Sha Tin, Tai Po, North	NTEC	8 349	4 663	43 077	13 462	17 147	935 874	8 882	1 031 454
Tuen Mun, Yuen Long	NTWC	5 664	4 141	15 760	3 431	18 013	14 563	835 217	896 789
Others (e.g. Macau, Mainland China, etc.)		213	102	621	174	207	1 407	544	3 268
Overall		559 670	367 879	1 100 013	920 994	1 011 451	987 588	868 085	5 815 680

2020-21 (up to 31 December 2020) [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	329 396	11 588	4 504	2 660	2 150	1 341	1 120	352 759
Central & Western, Southern	HKWC	23 124	226 012	3 191	1 233	1 562	923	1 018	257 063
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	7 783	5 336	614 612	34 451	16 396	6 601	3 916	689 095
Kwun Tong, Sai Kung	KEC	16 575	6 769	60 540	564 252	11 454	7 160	2 968	669 718
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	8 265	6 679	60 765	6 186	684 072	7 888	8 524	782 379
Sha Tin, Tai Po, North	NTEC	5 296	3 252	29 720	8 501	11 876	685 779	6 572	750 996
Tuen Mun, Yuen Long	NTWC	3 617	2 949	10 695	2 332	12 791	10 221	607 420	650 025
Others (e.g. Macau, Mainland China, etc.)		138	63	395	97	162	474	303	1 632
Overall		394 194	262 648	784 422	619 712	740 463	720 387	631 841	4 153 667

(ii)

Number of attendances of SOP service provided by HA in 2018-19, 2019-20 and 2020-21
(up to 31 December 2020)

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, Mainland China, etc.)		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

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	673 175	130 313	18 695	6 058	6 921	7 537	2 314	845 013
Central & Western, Southern	HKWC	42 508	520 610	11 339	2 472	4 372	4 785	1 741	587 827
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	20 114	45 466	897 776	49 077	132 658	32 347	8 118	1 185 556
Kwun Tong, Sai Kung	KEC	41 493	51 564	220 309	753 425	30 736	34 391	6 135	1 138 053
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	19 235	64 011	193 657	13 142	1 096 228	37 022	19 569	1 442 864
Sha Tin, Tai Po, North	NTEC	12 996	31 264	77 087	14 074	28 870	1 070 461	13 499	1 248 251
Tuen Mun, Yuen Long	NTWC	9 294	32 429	44 821	5 319	35 880	37 513	1 016 156	1 181 412
Others (e.g. Macau, Mainland China, etc.)		224	4 395	2 165	178	750	3 925	1 107	12 744
Overall		819 039	880 052	1 465 849	843 745	1 336 415	1 227 981	1 068 639	7 641 720

2020-21 (up to 31 December 2020) [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	489 301	94 797	13 989	4 139	4 854	5 120	1 593	613 793
Central & Western, Southern	HKWC	31 731	377 832	8 911	1 785	3 122	3 167	1 239	427 787
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	15 199	33 087	633 268	34 875	97 132	22 821	6 189	842 571
Kwun Tong, Sai Kung	KEC	31 306	38 753	161 052	540 774	22 367	24 357	4 468	823 077
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	14 837	48 117	138 531	9 959	794 785	26 784	14 845	1 047 858
Sha Tin, Tai Po, North	NTEC	9 677	22 836	54 799	9 851	20 525	793 355	10 327	921 370
Tuen Mun, Yuen Long	NTWC	7 277	24 443	33 029	3 753	25 714	26 541	745 207	865 964
Others (e.g. Macau, Mainland China, etc.)		149	349	1 019	87	476	1 127	470	3 677
Overall		599 477	640 214	1 044 598	605 223	968 975	903 272	784 338	5 546 097

(iii)

Number of attendances of A&E service provided by HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020)

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, Mainland China, etc.)		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

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	154 411	9 551	2 926	1 984	2 594	1 692	1 090	174 248
Central & Western, Southern	HKWC	16 523	91 297	1 959	895	1 644	1 046	942	114 306
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	5 607	3 633	209 917	19 310	18 146	6 994	3 575	267 182
Kwun Tong, Sai Kung	KEC	8 058	3 610	22 173	234 626	9 209	6 278	2 845	286 799
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	4 560	4 327	28 225	3 469	396 760	7 310	6 477	451 128
Sha Tin, Tai Po, North	NTEC	3 174	2 093	10 054	3 505	9 697	299 714	5 599	333 836
Tuen Mun, Yuen Long	NTWC	2 532	2 086	6 382	1 788	12 254	9 074	371 297	405 413
Others (e.g. Macau, Mainland China, etc.)		1 456	1 616	3 568	909	3 274	2 251	2 053	15 127
Overall		196 321	118 213	285 204	266 486	453 578	334 359	393 878	2 048 039

2020-21 (up to 31 December 2020) [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	91 478	5 758	1 749	1 266	1 456	866	715	103 288
Central & Western, Southern	HKWC	9 721	57 328	1 278	591	1 116	596	545	71 175
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	3 304	2 334	135 052	11 919	10 305	3 966	2 400	169 280
Kwun Tong, Sai Kung	KEC	5 004	2 446	14 178	145 622	5 398	3 589	1 842	178 079
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	2 983	2 761	17 720	2 328	235 310	4 146	4 274	269 522
Sha Tin, Tai Po, North	NTEC	1 953	1 259	6 286	2 202	5 774	184 696	3 737	205 907
Tuen Mun, Yuen Long	NTWC	1 522	1 362	3 978	1 152	7 657	5 224	218 781	239 676
Others (e.g. Macau, Mainland China, etc.)		813	812	1 591	537	1 217	791	1 248	7 009
Overall		116 778	74 060	181 832	165 617	268 233	203 874	233 542	1 243 936

(iv)

(a) Number of inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020)

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, Mainland China, etc.)		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

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	93 113	12 167	1 535	645	769	770	349	109 348
Central & Western, Southern	HKWC	6 589	74 847	942	305	529	497	298	84 007
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 855	4 463	156 296	8 400	5 721	3 225	1 180	181 140
Kwun Tong, Sai Kung	KEC	3 621	4 787	20 962	118 791	2 759	3 298	912	155 130
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 701	6 150	22 189	1 230	183 007	3 800	2 014	220 091
Sha Tin, Tai Po, North	NTEC	1 125	2 802	6 257	1 469	2 953	159 891	1 663	176 160
Tuen Mun, Yuen Long	NTWC	845	3 312	4 611	635	3 758	4 300	139 304	156 765
Others (e.g. Macau, Mainland China, etc.)		404	1 252	1 425	286	1 032	1 015	690	6 104
Overall		109 253	109 780	214 217	131 761	200 528	176 796	146 410	1 088 745

2020-21 (up to 31 December 2020) [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	59 025	7 818	960	450	654	402	298	69 607
Central & Western, Southern	HKWC	4 259	50 019	691	203	485	239	210	56 106
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 430	2 989	100 497	5 437	3 987	2 015	1 031	117 386
Kwun Tong, Sai Kung	KEC	2 376	3 251	14 270	75 141	2 059	1 980	709	99 786
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 201	4 380	13 763	909	116 636	2 166	1 596	140 651
Sha Tin, Tai Po, North	NTEC	808	1 775	3 887	920	2 122	104 174	1 298	114 984
Tuen Mun, Yuen Long	NTWC	595	2 462	2 999	404	2 739	2 599	89 856	101 654
Others (e.g. Macau, Mainland China, etc.)		316	364	728	220	742	332	577	3 279
Overall		70 010	73 058	137 795	83 684	129 424	113 907	95 575	703 453

(b) Number of day inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020)

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, Mainland China, etc.)		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

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	59 269	14 028	1 306	362	302	590	151	76 008
Central & Western, Southern	HKWC	3 152	55 419	1 042	103	156	338	84	60 294
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 584	6 480	84 893	4 027	3 588	2 941	640	104 153
Kwun Tong, Sai Kung	KEC	3 526	7 735	22 120	61 585	2 248	3 822	488	101 524
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 393	8 399	16 439	806	82 303	3 167	1 252	113 759
Sha Tin, Tai Po, North	NTEC	868	4 605	5 759	651	1 399	109 302	1 171	123 755
Tuen Mun, Yuen Long	NTWC	592	5 460	4 091	310	2 741	3 844	85 594	102 632
Others (e.g. Macau, Mainland China, etc.)		20	607	188	9	44	268	62	1 198
Overall		70 404	102 733	135 838	67 853	92 781	124 272	89 442	683 323

2020-21 (up to 31 December 2020) [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	41 410	10 605	1 095	254	264	419	103	54 150
Central & Western, Southern	HKWC	2 489	40 683	884	72	103	247	54	44 532
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	1 162	4 513	59 044	3 313	2 807	2 277	435	73 551
Kwun Tong, Sai Kung	KEC	2 519	5 928	15 554	44 689	1 458	2 601	283	73 032
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 041	6 114	11 736	827	61 548	2 659	934	84 859
Sha Tin, Tai Po, North	NTEC	548	3 187	4 099	462	1 119	84 961	824	95 200
Tuen Mun, Yuen Long	NTWC	502	4 317	3 238	237	1 869	2 910	63 254	76 327
Others (e.g. Macau, Mainland China, etc.)		9	9	70	6	19	75	6	194
Overall		49 680	75 356	95 720	49 860	69 187	96 149	65 893	501 845

(c)

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, 2019-20 and 2020-21 (up to 31 December 2020)

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, Mainland China, etc.)		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

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	585 866	87 875	11 575	3 564	4 465	5 681	1 985	701 011
Central & Western, Southern	HKWC	42 483	458 996	7 204	1 293	3 416	3 054	1 819	518 265
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	10 988	39 277	1 163 506	52 253	29 904	24 877	9 309	1 330 114
Kwun Tong, Sai Kung	KEC	19 540	39 546	202 574	766 161	14 429	25 223	6 496	1 073 969
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	8 605	49 653	144 960	6 116	1 051 167	27 808	13 960	1 302 269
Sha Tin, Tai Po, North	NTEC	5 029	25 793	39 370	7 762	16 069	1 119 685	10 079	1 223 787
Tuen Mun, Yuen Long	NTWC	4 072	27 106	31 301	2 883	19 830	32 355	934 782	1 052 329
Others (e.g. Macau, Mainland China, etc.)		3 470	11 781	11 971	1 947	6 266	8 642	7 919	51 996
Overall		680 053	740 027	1 612 461	841 979	1 145 546	1 247 325	986 349	7 253 740

2020-21 (up to 31 December 2020) [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	389 132	54 846	8 218	2 768	4 652	3 172	2 585	465 373
Central & Western, Southern	HKWC	29 408	309 128	4 846	1 125	3 304	1 719	2 108	351 638
Kowloon City, Yau Tsim Mong, Wong Tai Sin	KCC	9 132	26 888	775 127	37 682	25 431	14 928	8 894	898 082
Kwun Tong, Sai Kung	KEC	13 864	27 341	144 265	523 895	12 672	15 805	5 802	743 644
Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	7 051	33 553	98 294	5 254	714 698	17 516	11 809	888 175
Sha Tin, Tai Po, North	NTEC	5 043	17 743	29 826	5 680	12 802	775 561	9 002	855 657
Tuen Mun, Yuen Long	NTWC	3 531	22 249	20 946	2 160	15 555	19 921	641 707	726 069
Others (e.g. Macau, Mainland China, etc.)		2 609	4 694	6 822	1 613	6 714	3 175	8 097	33 724
Overall		459 770	496 442	1 088 344	580 177	795 828	851 797	690 004	4 962 362

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 1 day. The calculation of the number of patient days and discharges and deaths includes both inpatients and day inpatients.

In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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

FHB(H)107

(Question Serial No. 2555)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. What is the latest progress of the setting up of District Health Centres (DHCs) and DHC Express in Hong Kong? How many DHCs will be set up in permanent sites and rental premises respectively?
2. In respect of those DHCs which have started operation and have been awarded operation contract, what are the staff establishment and the expenditure involved for each centre in the coming year?
3. Apart from setting up DHCs and DHC Express throughout the territory, how many resources have been allocated by the Government to promote primary care services? What initiatives have been put in place, what progress has been made, and what are the details of the work plan and the estimated expenditure in the coming year?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 71)

Reply:

(1)

Within the current term of Government, District Health Centres (DHC) are planned to be set up in six more districts (Sham Shui Po (SSP), Wong Tai Sin (WTS), Tuen Mun (TM), Yuen Long, Tsuen Wan and Southern) in rental premises. The SSP DHC, located in Shek Kip Mei Estate Phase 6 Redevelopment, is expected to commence operation in the second quarter of 2021, while the WTS DHC, located in Diamond Hill Public Housing Development Phase I, is expected to commence operation in the second quarter of 2022. Invitation to tender for the provision of services to operate the TM DHC, located in the Tuen Mun Rosedale Gardens Shopping Mall, was issued in January 2021 with a view to commencing operation in the second quarter of 2022. We are identifying suitable rental premises for setting up DHCs in Southern, Tsuen Wan and Yuen Long districts since the permanent sites identified can only be ready in the longer term. We aim to launch these three DHCs in 2022. The Government will work in parallel to take forward the works projects required for the permanent sites of DHCs in all districts.

“DHC Express” will be established in the other 11 districts pending the establishment of DHCs. Non-governmental organisations (NGOs) are being identified to operate “DHC Express” by way of invitation for proposals. Proposals for providing "DHC Express" services are under assessment. “DHC Express” in the various districts are planned to commence services in the fourth quarter of 2021.

(2)

The total contract sums to operate the K&TDHC, SSP DHC and WTS DHC were about \$304 million, \$312 million and \$308 million respectively for a 3-year operation period.

In 2020-21, the K&TDHC has an establishment of 70 staff with breakdown outlined below.

Staff	Establishment
Executive Director	1
Chief Care Coordinator	1
Care Coordinators	11
Nurses	2
Physiotherapists	3
Occupational Therapists	2
Pharmacist	1
Social Workers	5
Dietitian	1
Administrative Staff	17
Supporting Staff	26

The respective staffing establishment of the SSP DHC and WTS DHC is detailed below-

	SSP DHC	WTS DHC
Executive Director	1	1
Chief Care Coordinator	1	1
Care Coordinators	5	13
Nurses	3	8
Physiotherapists	2	2
Occupational Therapists	2	2
Pharmacist	1	1
Social Workers	6	4
Dietitian	1	1
Administrative Staff	17	15.5
Supporting Staff	18	25.5

(3)

In 2021-22, the Department of Health (DH) will continue to deliver primary healthcare with emphasis on preventive care and using a life-course approach through its various services

(e.g. Family Health Service, Student Health Service and Elderly Health Service) and initiatives/programmes (e.g. health promotion and education, prevention and control of non-communicable diseases, Elderly Health Care Voucher Scheme, vaccination programmes, cancer screening programmes and dental care services). The manpower and expenditure of DH on supporting these measures cannot be separately quantified.

For drawing up a blueprint for the further development of primary healthcare services, the Steering Committee on Primary Healthcare Development has been providing advice on primary healthcare development from different aspects, namely manpower and infrastructure planning, collaboration model, community engagement, planning and evaluation framework and strategy formulation. The work will go on in 2021-22, with enhancing district-based primary healthcare services by setting up District Health Centres in six more districts and “DHC Express” in the remaining 11 districts within the term of the current Government as priority.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)108****(Question Serial No. 2556)**

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:

Please provide information on the newly incorporated drugs and drugs with extended therapeutic application in the Hospital Authority Drug Formulary, the additional recurrent resources involved and the estimated number of patients benefitted for each of the past 3 years and the coming year.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 72)

Reply:

With additional recurrent resources from the Government, the Hospital Authority (HA) has been expanding the Hospital Authority 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.

The tables below set out the additional recurrent resources involved and the estimated number of patients benefiting from the drugs repositioned as Special drugs and the extended therapeutic application of the Special drugs / drug classes in 2018-19, 2019-20 and 2020-21.

2018-19		
Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved (\$ million)	Estimated Number of Patients Benefitted
Newly Incorporated Drugs		
i) Rituximab for granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA)	3.06	38
ii) Thyrotropin Alfa for adjunctive treatment for radioiodine ablation of thyroid tissue remnants	1.10	100

2018-19		
Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved (\$ million)	Estimated Number of Patients Benefited
Drugs with Extended Therapeutic Application		
i) Long-acting β adrenoceptor agonists (LABA) /Long-acting muscarinic antagonists (LAMA) inhalers for Chronic Obstructive Pulmonary Disease	3.65	2 000
ii) Selective sodium-glucose cotransporter-2 (SGLT-2) inhibitor for Diabetes Mellitus	16.30	8 537
iii) Atorvastatin for GOPC	4.10	29 678
iv) Ticagrelor for Non ST-segment elevation myocardial infarction (NSTEMI)	6.80	800
v) HBV for Pre-emptive treatment for patient on immunosuppressive therapy with high and moderate risk of hepatitis B reactivation	19.85	4 506
vi) Febuxostat for Hyperuricaemia	7.48	1 340

2019-20		
Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved (\$ million)	Estimated Number of Patients Benefited
Newly Incorporated Drugs		
i) GLP1 agonists for diabetes mellitus management	14.00	1 950
ii) Pemetrexed for metastatic stage IV non-small-cell lung cancer	21.00	1 016
iii) Zoledronic acid & Denosumab for prevention of skeletal related events in patients with lytic bone metastases from breast cancer	1.91	184
iv) Fingolimod for relapsing-remitting multiple sclerosis with high disease activity	20.80	133
v) TS-One® for post-operative adjuvant chemotherapy for locally advanced gastric cancer	3.12	53
vi) Everolimus for Subependymal giant cell astrocytoma (SEGA) and Angiomyolipoma (AML) associated Tuberous Sclerosis Complex (TSC)	4.51	19
vii) Temozolomide for concurrent chemoradiotherapy for Glioblastoma multiforme (GBM)	3.80	88
viii) Docetaxel for advanced/metastatic lung cancer	6.90	679

2019-20		
Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved (\$ million)	Estimated Number of Patients Benefited
Drugs with Extended Therapeutic Application		
i) New Long Acting Antipsychotic Injection for treatment of psychotic disease	23.60	600
Drugs with Extended Therapeutic Application		
ii) Erythropoiesis-stimulating agents for Chronic Kidney Disease stage 5 non-dialysis patients	3.70	1 223
iii) Pioglitazone +/- Metformin for diabetes mellitus management (GOPC)	1.30	6 988
iv) Selective sodium-glucose cotransporter-2 (SGLT-2) inhibitors for diabetes mellitus management (FM)	5.41	2 793
v) Basal long-acting Insulin (Degludec / Detemir / Glargine) for diabetes mellitus management	15.50	3 550
vi) Docetaxel for use in breast cancer	9.30	560
vii) New oral anticoagulants for primary & secondary stroke prevention for Atrial Fibrillation patients	128.20	23 412
viii) Zoledronic acid & Denosumab for secondary prevention of osteoporotic fracture in patients with fragility fracture admitted for operation	9.24	3 400
ix) Luteinizing hormone-releasing hormone agonist for castration sensitive metastatic prostate cancer	5.50	612
x) Direct Acting Antiviral for Hepatitis C	70.00	1 000
xi) Long-acting bronchodilator combinations (LABA/LAMA) for Chronic Obstructive Pulmonary Disease	19.00	5 200

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	63.00	1 000
ii) Sacubitril / Valsartan for heart failure	15.60	2 167
Drugs with Extended Therapeutic Application		
i) Tenofovir for treating Hepatitis B for pregnant women	5.60	783

In 2021-22, HA will incorporate 3 new drugs into HADF as Special drugs and extend the therapeutic application of 4 Special drugs / drug classes 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 the extended therapeutic application of the Special drugs / drug classes in 2021-22.

Drug Name / Class and Therapeutic Use	Additional Recurrent Resources Involved (\$ million)	Estimated Number of Patients Benefited
Newly Incorporated Drugs		
i) Everolimus for seizures associated with tuberous sclerosis complex	26.03	123
ii) PCSK9 inhibitors for familial hypercholesterolemia	27.85	840
iii) Alemtuzumab for relapsing remitting multiple sclerosis with active disease	7.19	15
Drugs with Extended Therapeutic Application		
i) Erythropoiesis-stimulating agents for patients with chronic kidney disease	10.49	3 330
ii) Alpha blockers for benign prostatic hyperplasia (GOPC)	5.69	13 679
iii) SGLT-2 inhibitors for diabetes mellitus	46.70	24 450
iv) Denozumab for patients with lung cancer and chronic renal impairment	3.07	66

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)109

(Question Serial No. 2557)

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:

Please provide information on the following for the past 3 years:

1. the number of attendances at each General Out-patient Clinic (GOPC);
2. the number of doctors, their lengths of service and wastage rates in GOPCs of each hospital cluster; and
3. the number of GOPC appointments successfully made by patients with episodic diseases through Hospital Authority (HA)'s GOPC telephone appointment system or "Book GOPC" function in HA's one-stop mobile app "HA Go".

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 73)

Reply:

(1)

Service users of the general outpatient clinics (GOPCs) under the Hospital Authority (HA) are mainly the elders, low-income individuals, and patients with chronic diseases. At present, the HA operates a total of 73 GOPCs throughout the territory.

The table below sets out the number of general outpatient attendances in the past three years:

2018-19	2019-20	2020-21 (Revised Estimate)
6 059 222	5 815 680	6 236 000

(2)

The table below sets out the full-time equivalent strength of doctors working in the Family Medicine specialty who deliver services in the HA's outpatient clinics, including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics, in the past three years:

Specialty	2018-19 (as at 31 March 2019)	2019-20 (as at 31 March 2020)	2020-21 (as at 31 December 2020)
Family Medicine	597	607	635

Note:

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

The table below sets out the number and the years of service of doctors working in the Family Medicine specialty in the past three years:

Year of Service	2018-19 (as at 31 March 2019)	2019-20 (as at 31 March 2020)	2020-21 (as at 31 December 2020)
<1 Year	11	21	30
1 - <6 Years	198	205	212
6 - <11 Years	111	110	125
11 - <16 Years	158	84	66
16 - <21 Years	111	175	184
21 - <26 Years	25	32	40
26 Years or above	12	15	17
Overall	626	642	674

Note:

1. Manpower on headcount basis includes permanent, contract staff in the HA's workforce.
2. Doctors exclude Interns and Dental Officers.

The table below sets out the attrition (wastage) rate of full-time doctors working in the Family Medicine specialty in the past three years:

Specialty	2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)
Family Medicine	6.6%	6.1%	4.0%

Note:

1. Attrition (Wastage) includes all types of cessation of services from the 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 the HA in the past 12 months / Average strength in the past 12 months) x 100%
4. Doctors exclude Interns and Dental Officers.

(3)

Members of the public with episodic illness can make appointments for general outpatient services through two booking means offered by the HA, namely the GOPC telephone appointment system, and the “Book GOPC” function in the HA’s one-stop mobile app “HA Go”. Consultation quotas of the clinics have been fully utilised all along. The HA will continue to monitor closely the appointment booking service, collect views through various channels and explore enhancements to ensure that the service could be appropriately provided to the major service users.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)110****(Question Serial No. 2566)**

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:

Please inform this Committee of the following concerning the Drug Formulary over the past 3 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.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 84)

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 Programmes in the Hospital Authority Drug Formulary (HADF) in the past 3 years from 2018-19 to 2020-21:

Number of drugs

Drug Category	January 2019	January 2020	January 2021
General drugs	880	888	886
Special drugs	372	407	415
Self-financed items	75	65	67

Drug Category	January 2019	January 2020	January 2021
Drugs covered by the Samaritan Fund	33	42	51
Drugs covered by the CCF Medical Assistance Programmes	20	27	37
Total *	1 380	1 429	1 456

* 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 3 years from 2018-19 to 2020-21.

	2018-19	2019-20	2020-21
Drug consumption expenditure on General and Special drugs in the HADF (\$ million)	5,662	6,223	6,431*

* Projection based on the expenditure figure as at 31 December 2020

(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 3 years from 2018-19 to 2020-21.

	2018-19	2019-20	2020-21
Number of Self-financed items repositioned as Special or General drugs	3	16	5
Number of Special drugs repositioned as General drugs	1	0	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.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)111

(Question Serial No. 2603)

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) (Thomas CHAN)

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:

1. 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
2. details of the computation of the said figures and the items included for computation.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 164)

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>.

Another reference for government expenditure on health is 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 2021-22 Budget at https://www.budget.gov.hk/2021/eng/pdf/e_appendices_b.pdf.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)112

(Question Serial No. 3017)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What were the monthly figures of inspections carried out under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) by various government departments (i.e. Hong Kong Police Force, Department of Health, Tobacco and Alcohol Control Office, Agriculture, Fisheries and Conservation Department, Food and Environmental Hygiene Department, Leisure and Cultural Services Department, Home Affairs Department, Housing Department and Labour Department) since March 2019? How many persons were fined, prosecuted and convicted?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 150)

Reply:

The Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) came into force on 28 March 2020 to implement temporary measures on catering businesses and certain premises as listed in Schedule 2 of the Regulation (“Scheduled Premises”) to address the public health emergency situation. The monthly enforcement statistics of inspections, reminders and prosecutions of the respective enforcement departments from March 2020 to February 2021 are set out at **Annex**. The enforcement statistics are based on the preliminary information provided by the enforcement departments as of the cut-off date and time. The enforcement figures and details are subject to finalisation by the relevant enforcement departments. We do not maintain any record of the number of convicted cases.

Statistics from the effective date of Cap. 599F to 30 April 2020 (as of 0:00am)

Table 1a. Catering Premises

	Inspection	Reminder	Prosecution
Food and Environmental Hygiene Department (FEHD)	68 842	2 455	40
Department of Health (DH)	1 214	23	0
Hong Kong Police Force (HKPF)	5 027	398	15
Home Affairs Department (HAD)	721	24	0
Total	75 804	2 900	55

Table 1b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	1 648	0	0
Leisure and Cultural Services Department (LCSD)	291	0	0
HKPF	4 871	21	2
HAD	1 475	38	0
Lands Department (LandsD)	128	0	0
DH	1 406	4	0
Total	9 819	63	2

Statistics from 1 to 31 May 2020 (as of 0:00am)

Table 2a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	49 730	698	12
DH	1 149	1	0
HKPF	1 205	31	3
HAD	79	4	0
Total	52 163	734	15

Table 2b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	1 188	39	0
LCSD	155	0	0
HKPF	1 333	46	3
HAD	230	16	0
LandsD	33	0	0

DH	920	0	0
Total	3 859	101	3

Statistics from 1 to 30 June 2020 (as of 0:00am)

Table 3a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	43 554	656	16
DH	1 276	0	0
HKPF	355	20	0
HAD	22	1	0
Total	45 207	677	16

Table 3b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	551	0	0
LCSD	35	0	0
HKPF	195	6	0
HAD	3	2	0
LandsD	0	0	0
DH	161	0	0
Total	945	8	0

Statistics from 1 to 31 July 2020 (as of 0:00am)

Table 4a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	66 323	648	383
DH	1 815	12	0
HKPF	1 642	34	2
HAD	112	1	0
Total	69 892	695	385

Table 4b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	1 169	0	1
LCSD	70	0	0
HKPF	1 999	26	8
HAD	147	8	0
LandsD	58	0	0
DH	669	0	0
Total	4112	34	9

Statistics from 1 to 31 August 2020 (as of 0:00am)

Table 5a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	61 112	158	93
DH	2 427	45	0
HKPF	2 196	18	7
HAD	139	1	0
Total	65 874	222	100

Table 5b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	1 413	0	25
LCSD	14	0	0
HKPF	3 381	10	51
HAD	173	8	0
LandsD	84	0	0
DH	534	0	0
Total	5 599	18	76

Statistics from 1 to 30 September 2020 (as of 0:00am)

Table 6a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	52 227	84	146
DH	2 752	35	0
HKPF	2 114	27	12
HAD	99	11	0
Total	57 192	157	158

Table 6b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	658	0	1
LCSD	73	0	0
HKPF	1 960	1	5
HAD	146	0	0
LandsD	39	0	0
DH	278	0	0
Total	3 154	1	6

Statistics from 1 to 31 October 2020 (as of 0:00am)

Table 7a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	47 880	36	120
DH	2 002	23	0
HKPF	2 231	21	25
HAD	85	8	0
Total	52 198	88	145

Table 7b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	452	0	0
LCSD	2 042	891	0
HKPF	1 523	2	4
HAD	243	16	0
LandsD	0	0	0
DH	201	1	0
Total	4 461	910	4

Statistics from 1 to 30 November 2020 (as of 0:00am)

Table 8a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	46 872	4	72
DH	2 309	26	0
HKPF	2 159	28	38
HAD	539	95	0
Total	51 879	153	110

Table 8b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	327	0	0
LCSD	14	0	0
HKPF	1 668	1	18
HAD	742	109	0
LandsD	40	0	0
DH	186	1	0
Total	2 977	111	18

Statistics from 1 to 31 December 2020 (as of 0:00am)

Table 9a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	56 543	122	107
DH	2 820	25	0
HKPF	3 313	46	14
HAD	2 200	10	1
Total	64 876	203	122

Table 9b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	765	0	7
LCSD	8 040	2 873	0
HKPF	2 886	46	40
HAD	3 434	25	1
LandsD	114	0	0
DH	269	4	0
Total	15 508	2 948	48

Statistics from 1 to 31 January 2021 (as of 0:00am)

Table 10a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	56 613	26	85
DH	2 825	25	0
HKPF	2 325	5	37
HAD	1 192	4	0
Total	62 955	60	122

Table 10b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	686	0	3
LCSD	13 186	4 202	0
HKPF	2 874	3	51
HAD	2 812	14	0
LandsD	57	0	0
DH	263	0	0
Total	19 878	4 219	54

Statistics from 1 to 28 February 2021 (as of 0:00am)

Table 11a. Catering Premises

	Inspection	Reminder	Prosecution
FEHD	54 142	39	72
DH	1 996	12	0
HKPF	1 966	24	18
HAD	863	16	0
Total	58 967	91	90

Table 11b. Scheduled Premises

	Inspection	Reminder	Prosecution
FEHD	457	0	5
LCSD	12 401	10 381	0
HKPF	2 038	11	48
HAD	2 226	29	0
LandsD	27	0	0
DH	182	1	0
Total	17 331	10 422	53

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)113

(Question Serial No. 3020)

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:

Please provide information on the following items in respect of each hospital cluster in 2018-19, 2019-20 and 2020-21:

1. the number of new cases for specialist outpatient services, with a breakdown by specialty, and the median waiting time for first appointment for priority 1, priority 2 and routine cases;
2. the average waiting time for Accident & Emergency services, with a breakdown by urgency of patients' conditions.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 28)

Reply:

1.

The tables below set 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 (50th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

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
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

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)
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
Overall HA	ENT	15 274	<1	18 699	5	64 846	55
	MED	12 993	1	26 553	5	102 033	69
	GYN	9 611	<1	8 555	5	43 232	34
	OPH	46 498	<1	22 120	4	74 312	68
	ORT	17 614	<1	16 378	5	77 992	71
	PAE	5 267	<1	5 279	4	15 136	14
	PSY	2 694	1	8 859	4	34 684	30
	SUR	15 196	1	31 404	6	129 031	38

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	569	<1	2 733	5	6 499	26
	MED	1 311	1	3 668	5	8 611	35
	GYN	741	<1	429	5	3 646	26
	OPH	5 090	<1	1 837	7	6 802	59
	ORT	1 340	1	1 549	5	7 162	65
	PAE	139	<1	768	4	163	7
	PSY	244	<1	885	3	2 026	15
	SUR	941	1	3 434	7	9 498	53
HKWC	ENT	1 980	<1	2 279	6	3 543	26
	MED	1 927	<1	1 701	4	10 824	39
	GYN	1 456	<1	889	5	4 475	38
	OPH	3 196	1	1 598	7	4 530	62
	ORT	1 019	<1	1 602	4	8 240	22
	PAE	157	<1	437	3	1 537	10
	PSY	557	1	735	4	2 019	56
	SUR	2 115	<1	2 513	4	9 956	19
KCC	ENT	1 460	<1	2 015	5	12 021	71
	MED	1 719	1	3 664	5	18 601	79
	GYN	1 057	<1	2 888	5	7 380	23
	OPH	8 114	<1	4 779	2	13 476	120
	ORT	1 996	<1	1 917	5	11 848	57
	PAE	1 070	<1	822	4	2 596	17
	PSY	193	1	1 068	4	1 185	14
	SUR	2 806	1	5 220	5	24 659	44
KEC	ENT	1 971	<1	2 792	4	6 579	91
	MED	1 472	1	4 907	7	15 932	114
	GYN	1 347	1	891	5	5 825	45
	OPH	5 416	<1	738	6	11 712	15
	ORT	3 401	<1	3 302	6	9 015	56
	PAE	964	<1	702	4	2 552	12
	PSY	156	1	1 486	3	5 027	69
	SUR	1 639	1	5 188	6	16 288	51

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)
KWC	ENT	2 821	<1	2 257	5	10 363	60
	MED	2 009	1	5 151	5	12 592	72
	GYN	252	<1	1 395	6	6 549	51
	OPH	6 432	<1	5 600	3	7 067	97
	ORT	1 983	1	2 653	3	11 666	57
	PAE	2 226	<1	957	4	2 740	15
	PSY	271	<1	701	3	11 839	21
	SUR	2 209	1	5 671	5	18 705	33
NTEC	ENT	3 155	<1	4 590	4	10 046	62
	MED	2 309	<1	3 210	6	21 249	83
	GYN	2 425	<1	1 094	5	7 712	64
	OPH	5 823	<1	3 127	4	13 962	50
	ORT	4 825	<1	2 047	5	14 922	79
	PAE	209	<1	468	6	3 422	17
	PSY	891	1	2 263	4	5 477	57
	SUR	1 952	1	3 252	5	24 071	36
NTWC	ENT	3 652	<1	1 568	4	8 962	47
	MED	1 140	1	3 473	4	9 829	81
	GYN	1 543	<1	214	5	5 025	66
	OPH	8 977	<1	2 864	4	8 794	68
	ORT	1 772	1	1 624	5	11 950	69
	PAE	203	1	775	7	1 731	37
	PSY	449	1	1 385	2	4 405	18
	SUR	1 822	1	4 341	6	19 154	59
Overall HA	ENT	15 608	<1	18 234	5	58 013	60
	MED	11 887	1	25 774	5	97 638	74
	GYN	8 821	<1	7 800	5	40 612	35
	OPH	43 048	<1	20 543	4	66 343	62
	ORT	16 336	<1	14 694	5	74 803	58
	PAE	4 968	<1	4 929	4	14 741	16
	PSY	2 761	1	8 523	3	31 978	27
	SUR	13 484	1	29 619	6	122 331	40

2020-21 (up to 31 December 2020) [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	369	<1	1 696	7	5 139	35
	MED	840	1	2 707	5	6 982	30
	GYN	498	<1	321	5	2 699	30
	OPH	3 358	<1	1 481	7	4 665	48
	ORT	908	1	1 223	5	6 089	47
	PAE	81	<1	426	3	78	8
	PSY	177	1	730	3	1 708	14
	SUR	743	1	2 670	7	7 424	52
HKWC	ENT	1 020	<1	1 594	6	2 401	26
	MED	1 886	<1	1 317	3	9 814	30
	GYN	926	<1	517	5	2 927	42
	OPH	2 457	1	1 094	5	3 242	55
	ORT	904	1	907	3	5 777	18
	PAE	86	<1	189	3	869	12
	PSY	391	1	857	4	1 419	18
	SUR	2 101	<1	1 926	4	7 169	26
KCC	ENT	1 137	<1	1 554	4	10 497	78
	MED	1 046	1	2 569	5	14 229	76
	GYN	729	<1	1 911	5	5 561	20
	OPH	5 673	<1	3 860	2	8 997	123
	ORT	1 442	<1	1 541	4	8 410	51
	PAE	930	<1	700	3	1 712	9
	PSY	278	1	918	4	922	14
	SUR	2 363	1	4 245	5	19 180	34
KEC	ENT	1 389	<1	1 843	7	5 923	83
	MED	1 138	1	3 473	6	13 376	70
	GYN	1 004	1	650	5	4 321	41
	OPH	3 909	<1	1 726	7	6 992	23
	ORT	2 181	<1	2 244	6	6 867	79
	PAE	575	<1	331	6	1 827	10
	PSY	190	1	1 696	3	3 857	46
	SUR	1 309	1	4 109	7	12 816	53

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)
KWC	ENT	1 590	<1	1 502	5	8 062	82
	MED	1 256	1	4 054	5	10 463	80
	GYN	220	<1	1 156	5	5 413	31
	OPH	4 671	<1	4 530	1	4 598	13
	ORT	1 355	1	1 897	3	8 955	55
	PAE	916	<1	668	3	1 509	11
	PSY	286	<1	820	4	9 092	16
	SUR	1 702	1	4 859	6	14 825	37
NTEC	ENT	2 390	<1	3 613	5	8 463	69
	MED	1 760	<1	2 345	6	16 452	88
	GYN	1 780	<1	807	5	5 944	47
	OPH	4 613	<1	2 495	4	9 751	30
	ORT	3 161	<1	1 169	5	10 530	59
	PAE	103	1	253	5	2 226	12
	PSY	826	1	1 807	4	4 075	54
	SUR	1 718	1	2 527	6	18 865	35
NTWC	ENT	2 516	<1	1 170	4	6 897	40
	MED	703	<1	2 433	5	7 919	87
	GYN	1 003	<1	241	6	3 699	71
	OPH	6 502	<1	2 115	3	5 793	10
	ORT	1 357	1	1 313	6	8 368	79
	PAE	174	1	499	6	999	23
	PSY	386	1	1 242	3	3 736	33
	SUR	1 559	1	3 735	6	13 956	59
Overall HA	ENT	10 411	<1	12 972	5	47 382	59
	MED	8 629	1	18 898	5	79 235	67
	GYN	6 160	<1	5 603	5	30 564	34
	OPH	31 183	<1	17 301	3	44 038	53
	ORT	11 308	<1	10 294	4	54 996	58
	PAE	2 865	<1	3 066	4	9 220	11
	PSY	2 534	1	8 070	3	24 809	26
	SUR	11 495	1	24 071	6	94 235	40

2.

The tables below set out the average waiting time for Accident & Emergency (A&E) services in various triage categories in each hospital cluster under HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

2018-19

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	16	95	134
HKWC	0	9	25	90	149
KCC	0	8	34	150	168
KEC	0	9	27	161	230
KWC	0	7	18	78	89
NTEC	0	10	34	123	114
NTWC	0	5	21	107	101
Overall HA	0	8	26	111	125

2019-20

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	121	162
HKWC	0	9	24	82	137
KCC	0	8	34	152	159
KEC	0	9	29	180	250
KWC	0	6	18	79	89
NTEC	0	9	32	120	121
NTWC	0	5	19	103	93
Overall HA	0	7	25	113	125

2020-21 (up to 31 December 2020) [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	7	20	102	138
HKWC	0	9	23	62	106
KCC	0	8	27	102	118
KEC	0	9	25	153	220
KWC	0	6	19	72	82

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)
NTEC	0	9	26	94	110
NTWC	0	6	20	118	122
Overall HA	0	7	23	100	127

Note:

In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

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

FHB(H)114

(Question Serial No. 3025)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What were the monthly figures of inspections carried out under the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation (Cap. 599G) by various government departments (i.e. Hong Kong Police Force, Department of Health, Tobacco and Alcohol Control Office, Agriculture, Fisheries and Conservation Department, Food and Environmental Hygiene Department, Leisure and Cultural Services Department, Home Affairs Department, Housing Department and Labour Department) since March 2019? How many penalty notices were issued? How many persons were prosecuted and convicted?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 160)

Reply:

The Prevention and Control of Disease (Prohibition on Group Gathering) Regulation (Cap. 599G) came into force on 29 March 2020 to restrict group gatherings exceeding a specified number of persons in public places as temporary measures to address the public health emergency situation. The monthly enforcement statistics of inspections, reminders, fixed penalty tickets and prosecutions of the respective enforcement departments from March 2020 to February 2021 are set out at Annex. The enforcement statistics are based on the preliminary information provided by the enforcement departments as of the cut-off date and time. The enforcement figures and details are subject to finalisation by the relevant enforcement departments. We do not maintain any record of the number of convicted cases.

Statistics from the effective date of Cap. 599G to 30 April 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
Hong Kong Police Force (HKPF)	4 472	699	338	14
Department of Health (DH)	2 872	18	0	0
Agriculture, Fisheries and Conservation Department (AFCD)	7 975	656	0	0
Leisure and Cultural Services Department (LCSD)	40 091	6 771	0	0
Housing Department (HD)	110	190	0	0
Home Affairs Department (HAD)	86	0	0	0
Food and Environmental Hygiene Department (FEHD)	3 929	185	0	0
Total	59 535	8 519	338	14

Statistics from 1 to 31 May 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	1 558	141	340	1
DH	2 857	3	0	0
AFCD	7 741	313	0	0
LCSD	61 839	5 428	0	0
HD	25	47	0	0
HAD	135	0	0	0
FEHD	4 166	40	0	0
Total	78 321	5 972	340	1

Statistics from 1 to 30 June 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	580	70	37	0
DH	3 458	0	0	0
AFCD	7 077	4	0	0
LCSD	63 906	2 996	0	0
HD	0	0	0	0
HAD	88	0	0	0
FEHD	3 992	4	0	0
Total	79 101	3 074	37	0

Statistics from 1 to 31 July 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	1 923	299	844	0
DH	2 472	7	0	0
AFCD	7 570	116	0	0
LCSD	43 998	4 352	0	0
HD	302	83	0	0
HAD	124	0	0	0
FEHD	4 201	15	0	0
Total	60 590	4 872	844	0

Statistics from 1 to 31 August 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	2 756	316	1 533	9
DH	2 346	31	0	0
AFCD	7 630	612	0	0
LCSD	46 039	14 167	0	0
HD	1 288	606	0	0
HAD	88	0	0	0
FEHD	4 292	78	5	0
Total	64 439	15 810	1 538	9

Statistics from 1 to 30 September 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	1 386	149	1 291	19
DH	2 553	19	0	0
AFCD	7 348	343	0	0
LCSD	63 447	11 730	0	0
HD	2 063	609	0	0
HAD	315	0	0	0
FEHD	4 143	22	4	0
Total	81 255	12 872	1 295	19

Statistics from 1 to 31 October 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	1 513	151	1 363	8
DH	1 922	5	0	0
AFCD	7 781	784	0	0
LCSD	95 928	17 693	0	0
HD	1 913	677	0	0
HAD	218	0	0	0
FEHD	4 309	32	0	0
Total	113 584	19 342	1 363	8

Statistics from 1 to 30 November 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	1 561	120	1 320	3
DH	1 999	1	0	0
AFCD	7 549	359	0	0
LCSD	98 019	15 039	0	0
HD	2 100	860	0	0
HAD	237	0	0	0
FEHD	4 034	13	45	0
Total	115 499	16 392	1 365	3

Statistics from 1 to 31 December 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	3 744	775	974	24
DH	2 916	70	0	0
AFCD	7 612	1 488	0	0
LCSD	60 058	20 292	13	0
HD	1 630	621	0	0
HAD	552	0	0	0
FEHD	4 444	30	9	0
Total	80 956	23 276	996	24

Statistics from 1 to 31 January 2021 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	3 262	247	1 649	37
DH	2 813	25	0	0
AFCD	7 687	1 275	0	0
LCSD	47 221	19 065	34	0
HD	1 233	549	0	0
HAD	597	0	6	0
FEHD	4 319	61	0	0
Total	67 132	21 222	1 689	37

Statistics from 1 to 28 February 2021 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
HKPF	2 816	264	1 173	26
DH	2 260	46	12	0
AFCD	6 952	467	40	0
LCSD	48 085	16 051	0	0
HD	1 666	616	5	0
HAD	652	0	0	0
FEHD	3 870	80	12	0
Labour Department (LD)	38	255	0	0
Total	66 339	17 779	1 242	26

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)115

(Question Serial No. 3026)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What were the monthly figures of inspections carried out under the Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I) by various government departments (i.e. Hong Kong Police Force, Tobacco and Alcohol Control Office, Agriculture, Fisheries and Conservation Department, Food and Environmental Hygiene Department, Leisure and Cultural Services Department, Home Affairs Department, Housing Department and Labour Department) since July 2020? How many penalty notices were issued? How many persons were prosecuted and convicted?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 161)

Reply:

The Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I) came into force on 15 July 2020 to mandate the wearing of masks on public transport and specified public places as temporary measures to address the public health emergency situation. The monthly enforcement statistics of inspections, reminders, fixed penalty tickets and prosecutions of the respective enforcement departments from July 2020 to February 2021 are set out at Annex. The enforcement statistics are based on the preliminary information provided by the enforcement departments as of the cut-off date and time. The enforcement figures and details are subject to finalisation by the relevant enforcement departments. We do not maintain any record of the number of convicted cases.

Statistics from effective date of the Cap. 599I to 31 July 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
Food and Environmental Hygiene Department (FEHD)	110 591	383	34	4
Department of Health (DH)	1 076	182	0	0
Hong Kong Police Force (HKPF)	677	95	20	6
Home Affairs Department (HAD)	71	0	0	0
Housing Department (HD)	244	166	0	0
Leisure and Cultural Services Department (LCSD)	6 030	1 474	0	0
Agriculture, Fisheries and Conservation Department (AFCD)	509	562	0	0
Total	119 198	2 862	54	10

Statistics from 1 to 31 August 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
FEHD	446 833	1 365	142	3
DH	4 308	1 619	0	0
HKPF	3 341	680	301	1
HAD	227	1	0	0
HD	1 983	1 905	0	0
LCSD	41 125	42 912	0	0
AFCD	6 850	6 555	0	0
Total	504 667	55 037	443	4

Statistics from 1 to 30 September 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
FEHD	424 514	1 398	88	5
DH	5 518	2 131	0	2
HKPF	1 381	171	70	3
HAD	414	0	0	0
HD	3 125	3 805	0	0
LCSD	60 281	27 655	0	0
AFCD	Not applicable*			
Total	495 233	35 160	158	10

Statistics from 1 to 31 October 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
FEHD	429 539	1 193	79	3
DH	4 243	1 858	0	0
HKPF	1 246	91	91	3
HAD	303	0	0	0
HD	3 096	4 622	2	0
LCSD	93 070	35 209	0	0
AFCD	Not applicable*			
Total	531 497	42 973	172	6

Statistics from 1 to 30 November 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
FEHD	418 690	1 044	88	2
DH	4 588	1 802	0	0
HKPF	1 483	75	120	2
HAD	776	0	0	0
HD	3 139	4 735	0	0
LCSD	97 295	35 091	0	0
AFCD	Not applicable*			
Total	525 971	42 747	208	4

Statistics from 1 to 31 December 2020 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
FEHD	437 779	1 029	32	4
DH	5 719	1 368	1	1
HKPF	3 054	328	153	0
HAD	2 752	0	0	0
HD	2 325	2 696	0	0
LCSD	59 820	28 518	28	2
AFCD	Not applicable*			
Total	511 449	33 939	214	7

Statistics from 1 to 31 January 2021 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
FEHD	435 229	1 130	28	1
DH	5 411	1 224	0	2
HKPF	2 290	229	244	0
HAD	1 789	2	0	0
HD	1 776	2 077	0	0
LCSD	47 221	22 624	15	0
AFCD	Not applicable*			
Total	493 716	27 286	287	3

Statistics from 1 to 28 February 2021 (as of 0:00am)

	Inspection	Reminder	Fixed Penalty Tickets	Prosecution
FEHD	399 021	748	20	0
DH	4 348	1 215	0	1
HKPF	2 106	202	324	0
HAD	1 515	1	0	0
HD	2 347	2 502	0	0
LCSD	48 085	19 191	9	0
AFCD	Not applicable*			
Labour Department (LD)	38	45	0	0
Total	457 460	23 904	353	1

*From 27 August 2020 onwards, directions under the Prevention and Control Disease (Wearing of Mask) Regulation (Cap.599I) specified that a person must wear a mask all the time in all public places, save for outdoor public places in country parks and special areas as defined in section 2 of the Country Parks Ordinance (Cap.208).

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)116

(Question Serial No. 0589)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under Programme (1), one of the Matters Requiring Special Attention in 2021-22 is to continue to combat the Coronavirus Disease 2019 epidemic. It is also stated in paragraph 22 of the Budget Speech that “the Government strives to step up surveillance and testing efforts. In order to identify cases in the community as early as possible to help cut the transmission chains, various means are provided to collect specimens up to about 100 000 for testing each day. At present, the actual testing capacity of public and private laboratories in Hong Kong has reached the level of over 100 000 tests per day.” In this connection, please advise this Committee on:

1. the current daily number of specimens collected, the daily testing capacity, as well as the average and the longest time required for diagnosis upon collection of specimens by type of testing method;
2. the number of tests performed and the expenditure involved in 2020-21 by type of testing method;
3. details of the estimated expenditure involved in the testing efforts in 2021-22, including the estimated test volume of compulsory testing, testing for targeted groups and testing on voluntary basis respectively; the respective daily testing capacity of various testing methods; and the manpower and other relevant expenditures involved.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 38)

Reply:

Expenses on COVID-19 testing are financed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill or the estimates of the General Revenue Account. That said, for Members' information, since the commencement of the fourth wave of the epidemic in mid-November 2020 (from 15 November 2020 to 6 March 2021), the Government has conducted more than 5.68 million tests, including (i) more than 1.63 million compulsory tests (3 715 samples or 0.23% tested preliminarily positive); (ii) more than 2.28 million targeted tests (669 samples or 0.03% tested preliminarily positive); and

(iii) more than 1.76 million voluntary tests (1 081 samples or 0.06% tested preliminarily positive).

There are over 20 accredited private laboratories on the Department of Health's list of "Local COVID-19 nucleic acid testing institutions recognised by the Hong Kong SAR Government" with a total daily testing capacity of over 80 000 up to about 100 000. Up to February 2021, the Food and Health Bureau commissioned a total of 5 accredited laboratories as testing service providers to operate the community testing centres. Generally speaking, most members of the public who undergo testing in the community testing centres or mobile specimen collection stations receive SMS notification in a day or two after specimen collection. The service lag of few testing agencies in late February was due to the sudden surge of demand for deep throat saliva specimen collection packs from catering business, scheduled premises and construction sector within a short period of time. As the testing agencies adopted various measures to uplift the testing capacity and increase manpower, the testing speed resumed normal gradually towards end of February.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)117

(Question Serial No. 0650)

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:

Please inform this Committee of the following:

1. details of the measures for retaining staff introduced by the Hospital Authority (HA) in the past 3 years and the expenditures involved;
2. details of the attrition of medical personnel (specialists, non-specialists, interns and dental officers), nursing personnel (nurses, trainee nurses) and allied health professionals in the HA, including attrition figures, the number of staff lost as a proportion of the total strength of relevant profession, and the specialties involved, in the past 3 years.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 49)

Reply:

(1)

Over the years, the Hospital Authority (HA) has been closely monitoring its manpower situation and introduced a series of measures to attract, develop and retain talents. As part of its overall budget, HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, hiring full-time and part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, rehiring suitable retired healthcare staff, recruitment of non-locally trained doctors under the limited registration scheme to supplement local recruitment, improving promotion prospects to retain expertise, provision of better training opportunities for various grades, and enhancement of the Fixed Rate Honorarium.

HA established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Government announced in the 2020-21 Budget that resources were committed for 3 major proposals put forward by the Task Group, including –

- (a) enhancing the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in HA after retirement until 65;

- (b) creating opportunities for around 200 Associate Consultants to be promoted to Consultant rank in 5 years so as to retain experienced medical personnel; and
- (c) providing Specialty Nurse Allowance to eligible registered nurses so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications.

The above initiatives are being gradually implemented by HA. 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.

HA will continue to closely monitor the manpower situation to make proactive arrangements to attract, develop and retain talents for supporting the overall service needs and development in HA.

(2)

The tables below set out the attrition number and rate of full-time doctors by major specialty by rank group in 2018-19, 2019-20, and 2020-21 (rolling 12 months from 1 January to 31 December 2020).

2018-19

Major Specialty	Attrition (Wastage) No.				Attrition (Wastage) Rate			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	3	6	16	25	7.1%	3.2%	6.1%	5.1%
Anaesthesia	9	18	9	36	14.4%	10.7%	4.8%	8.6%
Cardiothoracic Surgery	3	0	1	4	25.5%	0.0%	5.6%	9.6%
Family Medicine	2	6	30	38	12.2%	4.2%	7.2%	6.6%
Intensive Care Unit	1	2	1	4	5.5%	3.7%	1.4%	2.8%
Medicine	12	23	19	54	7.2%	5.2%	2.7%	4.1%
Neurosurgery	5	1	2	8	27.4%	4.5%	3.5%	8.2%
Obstetrics & Gynaecology	4	8	5	17	9.5%	13.5%	4.5%	8.0%
Ophthalmology	3	6	5	14	14.7%	11.3%	5.8%	8.8%
Orthopaedics & Traumatology	6	20	9	35	10.7%	19.8%	4.8%	10.2%
Paediatrics	9	5	7	21	14.2%	4.1%	3.8%	5.7%
Pathology	2	2	2	6	2.9%	3.0%	2.2%	2.6%
Psychiatry	4	5	9	18	10.8%	4.0%	5.0%	5.3%
Radiology	5	18	1	24	6.9%	20.6%	0.8%	8.4%
Surgery	10	19	13	42	11.5%	12.3%	4.3%	7.7%
Others	6	15	7	28	10.7%	16.9%	4.9%	9.8%
Total	84	154	136	374	10.0%	8.2%	4.3%	6.4%

2019-20

Major Specialty	Attrition (Wastage) No.				Attrition (Wastage) Rate			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	6	8	15	29	14.5%	4.2%	5.8%	5.9%
Anaesthesia	4	14	4	22	6.3%	8.2%	2.0%	5.1%
Cardiothoracic Surgery	0	2	0	2	0.0%	15.4%	0.0%	4.9%
Family Medicine	0	4	32	36	0.0%	2.5%	7.8%	6.1%
Intensive Care Unit	1	2	4	7	5.3%	3.6%	5.7%	4.9%
Medicine	9	27	28	64	5.3%	5.9%	3.9%	4.8%
Neurosurgery	1	2	3	6	5.9%	7.9%	5.7%	6.3%
Obstetrics & Gynaecology	4	6	3	13	9.3%	9.8%	2.7%	6.0%
Ophthalmology	2	11	1	14	10.0%	19.6%	1.2%	8.7%
Orthopaedics & Traumatology	6	8	3	17	10.3%	7.9%	1.5%	4.8%
Paediatrics	5	5	6	16	7.5%	3.8%	3.1%	4.1%
Pathology	9	7	3	19	12.4%	10.9%	3.0%	8.0%
Psychiatry	4	6	9	19	10.1%	4.8%	4.8%	5.4%
Radiology	6	13	3	22	8.0%	15.4%	2.1%	7.4%
Surgery	4	13	3	20	4.5%	8.0%	1.0%	3.6%
Others	5	5	6	16	9.3%	5.8%	4.4%	5.8%
Total	66	133	123	322	7.7%	6.8%	3.9%	5.4%

2020-21 (Rolling 12 months from 1 January to 31 December 2020)

Major Specialty	Attrition (Wastage) No.				Attrition (Wastage) Rate			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	2	8	11	21	4.6%	4.1%	4.1%	4.2%
Anaesthesia	7	8	6	21	11.0%	4.7%	2.9%	4.8%
Cardiothoracic Surgery	0	0	0	0	0.0%	0.0%	0.0%	0.0%
Family Medicine	0	4	20	24	0.0%	2.5%	4.8%	4.0%
Intensive Care Unit	1	2	3	6	5.1%	3.6%	4.1%	4.0%
Medicine	11	15	18	44	6.3%	3.2%	2.5%	3.2%
Neurosurgery	1	2	1	4	5.7%	8.3%	1.9%	4.2%
Obstetrics & Gynaecology	5	3	3	11	11.7%	4.6%	2.7%	5.0%
Ophthalmology	3	5	6	14	14.8%	8.8%	6.7%	8.4%
Orthopaedics & Traumatology	2	4	0	6	3.4%	3.8%	0.0%	1.6%
Paediatrics	9	4	4	17	13.6%	3.0%	1.9%	4.2%
Pathology	4	6	3	13	5.4%	9.4%	2.9%	5.4%
Psychiatry	2	6	3	11	4.7%	4.8%	1.5%	3.0%
Radiology	5	7	4	16	6.4%	8.3%	2.7%	5.1%
Surgery	3	11	2	16	3.1%	6.7%	0.6%	2.8%
Others	7	1	5	13	13.0%	1.1%	3.5%	4.5%
Total	62	86	89	237	7.0%	4.3%	2.7%	3.9%

The table below sets out the attrition number and rate of full-time nursing staff by major specialty in 2018-19, 2019-20, and 2020-21 (rolling 12 months from 1 January to 31 December 2020).

Major Specialty	Attrition (Wastage) No.			Attrition (Wastage) Rate		
	2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)	2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)
Accident & Emergency	66	67	66	5.9%	5.6%	5.4%
Intensive Care Unit	63	56	70	6.0%	5.2%	6.5%
Medicine	482	488	458	6.8%	6.6%	6.0%
Obstetrics & Gynaecology	108	86	77	9.2%	7.4%	6.5%
Orthopaedics & Traumatology	57	48	63	5.0%	4.1%	5.3%
Paediatrics	106	80	86	7.3%	5.3%	5.5%
Psychiatry	104	91	114	4.1%	3.5%	4.3%
Surgery	143	138	125	6.3%	5.9%	5.3%
Others	457	489	474	6.2%	6.4%	6.0%
Total	1 586	1 543	1 533	6.3%	5.9%	5.7%

The table below sets out the attrition number and rate of full-time allied health staff in 2018-19, 2019-20, and 2020-21 (rolling 12 months from 1 January to 31 December 2020).

Staff Group	Attrition (Wastage) No.			Attrition (Wastage) Rate		
	2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)	2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)
Allied Health	414	387	352	5.3%	4.8%	4.2%

Note:

- (1) Medical interns and nursing trainees are employed for training purpose.
- (2) There was no attrition for dental officers in the past three years in HA.
- (3) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis. Temporary staff such as trainee nurses was not included.

- (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 number of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%
- (6) Doctors exclude Interns and Dental Officers.

Abbreviations

SMO/AC – Senior Medical Officers/Associate Consultants

MO/R – Medical Officers/Residents

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)118

(Question Serial No. 0651)

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:

Please advise this Committee on the following:

1. The Hospital Authority (HA) is expected to increase the number of non-specialist doctors by 200 to 3 340 while the number of specialist doctors will remain at 3 290 in 2021-22. What are the reasons? There will also be 200 additional doctors and 68 additional interns. What are the respective expenditures involved?
2. What is the total expenditure of the HA on doctors' salary in 2021-22? Is the Government's plan to attract more non-locally trained doctors covered in the estimated expenditure? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 50)

Reply:

1.

Specialist training of doctors normally requires 6 to 7 years (or more) as resident trainees employed by the Hospital Authority (HA). Resident trainees employed by HA would become specialists after completion of at least 6 years of specialist training as stipulated by Hong Kong Academy of Medicine. In this regard, the number of resident trainees / non-specialist is mainly determined by the number of local graduates.

To fill the manpower shortfall, the Government has been proactively training local doctors. The 2 local medical schools have increased the number of medical training places each year from 250 in the 2008/09 academic year to the current 530, an increase of more than one-fold. With that, the estimated number of specialist trainees in HA is expected to increase in a few years' time.

The financial requirements for recruitment of additional 200 doctors and 68 interns are \$316 million and \$29 million respectively.

2.

As the budget of HA for 2021-22 is being worked out, information on personnel-related expenditure is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)119

(Question Serial No. 0652)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Matters Requiring Special Attention of the Health Branch in 2021-22 include continuing to pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders. In this connection, please advise this Committee of:

1. the follow-up actions taken in respect of the Healthcare Manpower Projection 2020 so far. Has the expenditure involved been included in the estimates of expenditure for 2021-22? If yes, what are the details?
2. the anticipated implications of the Government's proposed admission of more non-locally trained doctors through legislative amendments on the manpower shortage of doctors in Hong Kong as projected in the Healthcare Manpower Projection 2020.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 51)

Reply:

1.

The Government has commissioned the University of Hong Kong to conduct a new round of manpower projection exercise, the Healthcare Manpower Projection 2020, 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 results of this new round of projection exercise on 24 March 2021 (LC Paper No. CB(4)600/20-21(05)). The Government will consider whether and if so how to further increase the number of healthcare training places including providing inputs on training requirements in the next University Grants Committee triennium and formulate relevant policies on sustaining the manpower of the healthcare professions. At bureau level, the additional workload arising from the projection exercise will be absorbed by existing manpower resources.

2.

According to the “Healthcare Manpower Projection 2020” (with 2017 as the base year for projection), there will be continuous shortage of doctors in the long term in the light of the projection of healthcare needs and demographic changes. The projected shortfall of doctors in 2030 and 2040 will be 1 610 and 1 949 respectively.

In order to help narrow the manpower gap of doctors, the Government has proposed relevant legislative amendments so as to create a new pathway for admission of qualified non-locally trained Hong Kong doctors to practise in our public healthcare sector.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)120****(Question Serial No. 3140)**

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) (Thomas CHAN)

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 2019-20. 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 Endowment Fund of the Hospital Authority

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 73)

Reply:

1. Samaritan Fund (SF)

The SF's balance, interest and other income, and total expenditure in 2019-20 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)
2019-20	10,431	371	677

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 2019-20 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)
2019-20	6.9	0.2	4.2

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 2019-20 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)
2019-20	1,718	220

4. Hospital Authority (HA) Public-Private Partnership (PPP) Fund

The HA PPP Fund's balance, interest and other income, and total expenditure in 2019-20 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)
2019-20	10,844	340	287

5. Chinese Medicine Development Fund (CMDF)

The CMDF was officially launched in June 2019 with funding schemes rolled out in phases thereafter. The CMDF's balance and total expenditure in 2019-20 are listed in the table below. There was no injection of fund from the Government during this period. There was a very small amount of bank interest income (about \$7,600) derived from small part of the funding, which was deposited in a specific bank account by the Hong Kong Productivity Council as the implementation agent of the CMDF.

Year	Annual balance as at 31 March (\$ million)	Total expenditure (\$ million)
2019-20	428.45	71.55

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)121

(Question Serial No. 3178)

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:

Will the Food and Health Bureau/Hospital Authority advise on the following:

1. the average waiting time of preschoolers suspected of having special educational needs for assessment by general practitioners and psychiatric doctors in 2020-21 (listed by the categories of Priority 1, Priority 2 and Routine cases);
2. the number of preschoolers who are still waiting for assessment in 2020-21; and
3. the measures to be taken by the Bureau in 2021-22 to support preschoolers with special educational needs?

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 107)

Reply:

1. & 2.

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 and their respective median waiting time in HA in 2020-21 (up to 31 December 2020) [provisional figures]. HA does not have the number of pre-school children waiting for assessment.

2020-21 (up to 31 December 2020) [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	2 865	<1	3 066	4	9 220	11
C&A psychiatric SOP clinics	330	1	733	3	7 179	64

Note:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

3.

In 2021-22, HA plans to enhance mental health services for children and adolescents by developing specialised C&A psychiatric service in the Hong Kong East Cluster and Kowloon Central Cluster in phases. HA will also continue 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 expand the Student Mental Health Support Scheme to more schools.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)122

(Question Serial No. 1784)

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:

Regarding the enhancement of mental health services, will the Government advise on the following:

1. What are the numbers of cases in the Childhood and Adolescent Psychiatric Service, community psychiatric services and psychogeriatric services of the Hospital Authority (HA) in the past 3 years? What are the numbers of new cases?
2. What is the waiting time for the mental health services provided by the Government in the past 3 years?
3. What are the numbers of staff members (including medical, nursing and allied health staff) involved in providing mental health services of the HA in the past 3 years?
4. What are the details, expenditure and manpower for the Government's efforts in promoting mental health?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 34)

Reply:

1. & 2.

The table below sets out the number of psychiatric patients aged below 18 treated in the Hospital Authority (HA), the number of psychiatric patients who have received community psychiatric services in HA and the number of HA psychiatric patients aged 65 or above from 2018-19 to 2020-21 (projection as of 31 December 2020).

Financial years	Number of psychiatric patients aged below 18^{1,2,3}	Number of psychiatric patients received community psychiatric services³	Number of psychiatric patients aged 65 or above^{1, 2, 3}
2018-19	37 900	33 600	62 500
2019-20	40 300	33 000	66 700
2020-21 (projection as of 31 December 2020)	38 300	31 800	70 500

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.

The table below sets out the number of child and adolescent psychiatric 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 2018-19 to 2020-21 (up to 31 December 2020).

Financial years	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)
2018-19	282	1	930	4	10 751	82
2019-20	355	1	912	3	10 568	80
2020-21 (up to 31 December 2020) [Provisional figures]	330	1	733	3	7 179	64

The table below sets 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 HA from 2018-19 to 2020-21 (up to 31 December 2020).

Financial years	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)
2018-19	1 955	1	6 229	4	18 980	16
2019-20	1 976	1	5 783	3	16 917	15
2020-21 (up to 31 December 2020) [Provisional figures]	1 687	1	5 530	3	13 515	15

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 2018-19 to 2020-21 (up to 31 December 2020).

Financial years	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)
2018-19	457	<1	1 700	5	4 953	45
2019-20	430	<1	1 828	5	4 493	41
2020-21 (up to 31 December 2020) [Provisional figures]	517	1	1 807	5	4 115	40

3. & 4.

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, clinical psychologists, medical social workers and occupational therapists working in the psychiatric stream in HA from 2018-19 to 2020-21 (as at 31 December 2020).

Financial years	Psychiatric doctors ^{1,2}	Psychiatric Nurses ^{1,3} (including Community Psychiatric Nurses)	Allied Health Professionals		
			Clinical Psychologists ¹	Medical Social Workers ⁴	Occupational Therapists ¹
2018-19	351	2 670	90	246	263
2019-20	370	2 814	93	249	278
2020-21 (as at 31 December 2020)	390	2 905	105	258	301

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.

Mental health promotion programmes carried out by HA include educational talks, production of pamphlets, etc. HA will continue to support the Government's efforts on

public education and promotion to enhance the awareness of mental health in the community.

Remark:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)123

(Question Serial No. 1785)

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) (Thomas CHAN)

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 Clinics cum Training and Research Centres (CMCTRs) and the staff establishment and payroll costs of Chinese medicine practitioners in the CMCTRs in the past 3 years;
2. the usage of the CMCTRs in the past 3 years with a breakdown by age group and the respective percentage share;
3. the location of hospitals providing in-patient services with integrated Chinese-Western medicine (ICWM) treatment; the number of patients receiving the ICWM treatment and the percentage of these patients over the total number of patients in the past 3 years; the expenditure and staff establishment involved each year; whether the Government has assessed the effectiveness of the service; if yes, the results; and whether the service will be expanded to more hospitals in the coming year;
4. the details of the expenditure for promoting the development of CM in Hong Kong through a dedicated fund of \$500 million mentioned in paragraph 158 of the Budget Speech.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 37)

Reply:

(1)

The 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) have been established, one in each district, to promote Chinese medicine (CM) by providing services, training and research. 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 the incorporation of CM as an integral part of the healthcare system in Hong Kong, the 18 CMCTRs have been

providing Government-subsidised CM services at the district level starting from March 2020.

The Government has earmarked \$112 million, \$147 million and \$227 million in 2018-19, 2019-20 and 2020-21 respectively for HA for the operation of the 18 CMCTRs to provide Government-subsidised service and Chinese medicine practitioner (CMP) trainee programme, operation of the Toxicology Reference Laboratory, quality assurance and central procurement of CM drugs, development and provision of training in “evidence-based” CM, enhancement to and maintenance of the CM Information System and development of new Information Technology system to support the provision of CM services at the CMCTRs.

The numbers of CMPs employed by the 18 CMCTRs in the past three years are set out in the table below:

District	Number of CMPs as at year end		
	2018	2019	2020
Central and Western	22	21	27
Tsuen Wan	25	25	26
Tai Po	28	29	32
Wan Chai	22	25	24
Sai Kung	17	18	24
Yuen Long	25	25	24
Tuen Mun	25	25	25
Kwun Tong	25	27	30
Kwai Tsing	19	21	18
Eastern	18	17	27
North	20	20	20
Wong Tai Sin	20	22	22
Sha Tin	23	22	23
Sham Shui Po	24	24	21
Southern	26	26	26
Kowloon City	20	23	23
Yau Tsim Mong	22	25	25
Islands	22	20	24
Total	403	415	441

Note: The CMPs are employees of the NGOs operating the CMCTRs and these figures are provided by the respective NGOs. Their terms of employment and remuneration packages are determined by the NGOs.

(2)

The attendances of the 18 CMCTRs in the past three years are set out in the table below:

District	Attendance for the year		
	2018	2019	2020
Central & Western	58 483	58 805	33 527
Tsuen Wan	76 132	75 038	81 132
Tai Po	81 362	71 735	60 933
Wan Chai	65 346	55 004	52 074
Sai Kung	62 667	58 593	50 932
Yuen Long	80 850	83 099	74 952
Tuen Mun	66 351	64 844	58 732
Kwun Tong	73 470	68 003	63 010
Kwai Tsing	55 609	47 387	36 196
Eastern	57 090	54 795	61 732
North	79 966	81 868	75 723
Wong Tai Sin	71 637	58 360	50 179
Sha Tin	70 782	68 631	65 284
Sham Shui Po	68 848	66 436	54 304
Southern	66 808	59 250	52 521
Kowloon City	60 544	57 878	64 199
Yau Tsim Mong	56 782	50 685	56 585
Islands	44 516	49 732	55 282
Total	1 197 243	1 130 143	1 047 297

Note: The above attendances cover all kinds of CM services provided in the respective CMCTRs.

(3)

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

Phase I of the Programme 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 subsequently been enhanced. With improvement measures introduced, Phase II was launched immediately after Phase I in seven public hospitals (including the three public hospitals under Phase I and four new 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 Programme, 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 an additional disease area on shoulder and neck pain care was introduced and implemented at Pamela Youde Nethersole Eastern Hospital.

Furthermore, the Government announced in the 2018 Policy Address the incorporation of CM into the healthcare system in Hong Kong. With ICWM being another core component of the CM development framework, the Government has invited HA to explore the possibility of further developing and expanding the Programme in terms of disease areas and coverage, having regard to clinical evidence and past experience. HA plans to start a new ICWM service on stroke care in Kowloon East Cluster in 2021-22.

The accumulated expenditure incurred by the Programme up to 31 December 2020 was \$90 million.

Up to 31 December 2020, the number of patients enrolled in the Programme is as follows:

Disease	Number of patient enrollment
Stroke Care	630
Musculoskeletal Pain Management (Low back pain and Shoulder and neck pain)	1 177
Cancer Palliative Care	613
Total	2 420

Note: Following the activation of the Emergency Response Level due to COVID-19 epidemic, the in-patient CM service of ICWM treatment in public hospitals has been suspended from 24 January 2020. Having regard to the assessment on COVID-19 situation, the in-patient CM service has been resumed gradually starting from September 2020.

HA will continue to explore the development of ICWM services and examine the feasibility of expanding the Programme in a timely manner in response to and in line with the Government's planning and operational model of the Chinese Medicine Hospital (CMH).

(4)

The Chinese Medicine Development Fund (the Fund) was formally launched in June 2019, with funding schemes rolled out in phases thereafter. The Food and Health Bureau (FHB) allocated \$71.550 million and \$148.409 million in 2019-2020 and 2020-2021 respectively for operation of the Fund. For 2021-2022, the FHB has earmarked \$118.120 million for the purpose. The expenditure covers the funding for approved projects, operating cost for a resources platform, publicity and promotional expenses as well as administrative costs for the Hong Kong Productivity Council (HKPC), which is the agent for implementing and administering the Fund.

Since the launch of the Fund in June 2019, various funding schemes have been launched in phases to support training, improvement of clinic facilities, enhancement of proprietary Chinese medicine (pCm) manufacturing quality and management systems, pCm registration, promotion of CM, applied studies and research. As at 17 March 2021, about 1 800 funding applications of a total sum of over \$52 million have been approved. Details of the approved applications, including the implementation timetable of the projects have been uploaded onto the Fund's website (www.cmdevfund.hk).

There are two main programmes under the Fund. The Enterprise Support Programme provides matching funds for individual Chinese medicine practitioners (CMPs) and clinics, members of the 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 CMH and facilitate development of CM, conduct applied or policy research on CM, and organise various CM promotional activities. As technical support to the CM industry, a CM resources platform has been established under the Fund to provide practical information.

A new funding scheme, namely the CM Warehouse Management, Logistics and Services Improvement Funding Scheme was launched in late March 2021 with the aim of providing financial support to CM drug wholesalers and retailers in improving/upgrading their warehouse and logistics facilities. The FHB and HKPC, in consultation with the Advisory Committee on the Fund, will continue to engage the CM sector and relevant stakeholders to review the existing schemes under the Fund and introduce new measures as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)124

(Question Serial No. 1890)

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:

Regarding the supporting staff of the Hospital Authority, please advise on the following:

1. What were the numbers of newly recruited supporting staff in each of the past 3 financial years?
2. What was the overall attrition rate of supporting staff? In terms of attrition rates, which types of supporting staff posts ranked the top 5? What were the numbers of incumbent staff in these posts and the respective attrition rates? What were the entry salary points and maximum salary points of these 5 types of posts?
3. What were the numbers of supporting staff joining the Special Honorarium Scheme in each of the past 3 financial years? How much allowance could a staff member get on average?
4. Will the remuneration package, training and promotion opportunities of supporting staff be enhanced in the future? What are the details and initiatives?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 42)

Reply:

(1)

The table below sets out the intake numbers of “care-related support staff” and “other support staff” in 2018-19, 2019-20 and 2020-21 (April to December 2020) in the Hospital Authority (HA).

Staff Group	Intake Number		
	2018-19	2019-20	2020-21 (April to December 2020)
Care-related Support Staff	2 465	2 856	1 997
Other Support Staff	3 453	4 085	3 357

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. Intake of “care-related support staff” mainly includes patient care assistants.
3. Intake of “other support staff” includes operation assistants, executive assistants, etc.

(2)

The table below sets out the full-time attrition (wastage) rate of “care-related support staff” and “other support staff” in 2018-19, 2019-20 and 2020-21 (rolling 12 months from 1 January to 31 December 2020).

Staff Group	Full-time Attrition (Wastage) Rate		
	2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)
Care-related Support Staff	14.3%	12.9%	11.4%
Other Support Staff	14.2%	13.1%	12.1%

Supporting jobs in HA are generally grouped into three job streams, namely Patient Support, Operation Support and Executive Support, and the job incumbents are mainly 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 2018-19, 2019-20 and 2020-21 (as at 31 December 2020).

Rank Group	FTE Strength		
	2018-19 (As at 31 March 2019)	2019-20 (As at 31 March 2020)	2020-21 (As at 31 December 2020)
PCA	13 393	14 633	15 680
OpA	7 901	8 766	9 576
EA	4 650	5 238	5 649

The table below sets out the full-time attrition (wastage) rate of PCA/OpA/EA in 2018-19, 2019-20 and 2020-21 (rolling 12 months from 1 January to 31 December 2020).

Rank Group	Full-time Attrition (Wastage) Rate		
	2018-19	2019-20	2020-21 (Rolling 12 months from 1 January to 31 December 2020)
PCA	13.8%	12.3%	11.0%
OpA	13.6%	12.4%	12.9%
EA	25.2%	20.6%	16.6%

The pay ranges for PCA/OpA/EA as at 1 April 2020 are as follows:

Rank Group	Pay Range	
	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. "Care-related support staff" includes health care assistants, ward attendants, PCA, etc.
6. "Other support staff" includes assistant laundry managers, clerical assistants, data processors, OpA, EA, etc.

(3)

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 2018-19, 2019-20 and 2020-21 (full year projection) :

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

Staff Group	No. of Staff	Payment for SHS (\$ million)
Care-related Support Staff	6 499	89.1
Other Support Staff	3 914	39.7
Total	10 413	128.8

2020-21 (Full Year Projection)

Staff Group	No. of Staff	Payment for SHS (\$ million)
Care-related Support Staff	5 041	71.9
Other Support Staff	4 235	61.9
Total	9 276	133.8

Note:

1. The number of staff receiving payment for SHS in 2018-19, 2019-20 and 2020-21 are based on headcount statistics as at 31 March 2019, 31 March 2020 and 31 January 2021 respectively.
2. Payment for SHS for 2020-21 represents full-year projection.
3. “Care-related support staff” includes health care assistants, ward attendants, PCA, etc.
4. “Other support staff” includes assistant laundry managers, clerical assistants, data processors, OpA, EA, etc.

(4)

Over the years, HA has implemented various enhancement measures including pay enhancement, enhancement of annual leave entitlement and career opportunities to attract and retain different groups of supporting staff. For instance, unified pay rise at 8% was offered to new recruits and serving PCA/OpA/EA with effect from 1 April 2019. In addition, HA has dedicated additional resources from 2020-21 for increasing training opportunities and varieties of training for supporting staff to meet operational needs and facilitate their career development. HA will continue to explore medium and longer term measures to enhance career advancement opportunities for supporting staff.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)125

(Question Serial No. 1900)

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:

Regarding the protective materials and manpower involved in preventing the epidemic, please advise on the following:

1. in each of the past 3 financial years, the Hospital Authority's consumption of protective equipment (including surgical masks, working clothes, N95 respirators, gowns, face shields and goggles); the average stock of such equipment; the expenditure involved in procuring such equipment each year;
2. the increase in the overall staff number and expenditure due to the epidemic; the number of staff recruited (list by doctor, nurse and supporting staff) for the Community Treatment Facility at AsiaWorld-Expo and the expenditure involved.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 43)

Reply:

1.

The Government allocated \$4.7 billion from the Anti-epidemic Fund to provide additional resources for the Hospital Authority (HA) in tackling the Coronavirus Disease 2019 (COVID-19) epidemic, including the expenditure required for the procurement of additional personal protective equipment (PPE) and other necessary accessories for healthcare staff. To enhance HA's capacity in preparation for the fourth wave of epidemic and winter surge, the Government also allocated an additional funding of \$3,044 million for HA to establish and operate the Community Treatment Facility (CTF) at the AsiaWorld-Expo (AWE) and the North Lantau Hospital Hong Kong Infection Control Centre (HKICC), to procure additional PPE for frontline staff providing services in the CTF and HKICC, and to sustain HA's anti-epidemic measures and ensure support for frontline healthcare staff.

HA has expedited the procurement of PPE since January 2020 and increased the stockpiling target to 6 months. The current stock quantities of major PPE items are sufficient for use for more than 6 months. The latest stock level of major PPE items in HA is as follows:

Major PPE items	As at 5 March 2021 (million pieces)
Surgical Mask	97
Isolation Gown	16.3
Face Shield	9.4
Surgical Respirator	7.4

The quantities and expenditures on major PPE items purchased by HA in the past 3 years are set out in the table below:

Major PPE items	2018-19		2019-20		2020-21 (up to 31 December 2020)	
	Purchase Quantity (million pieces)	Purchase Amount (\$ million)	Purchase Quantity (million pieces)	Purchase Amount (\$ million)	Purchase Quantity (million pieces)	Purchase Amount (\$ million)
Surgical Mask	53	12	207	63	134	176
Isolation Gown	15	47	30.2	195	29	503
Face Shield	1.6	5	16.5	190	4.5	20
Surgical Respirator	1.4	10	18.4	178	6.7	97

2.

As the manpower of healthcare workers deployed for supporting the operation of the CTF at AWE and tackling the COVID-19 epidemic as a whole has been adjusted from time to time having regard to the latest development of the epidemic situation and operational needs, the requested information on manpower deployment and related expenditure is not available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)126

(Question Serial No. 1906)

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:

Regarding anti-epidemic efforts and facilities, please inform this Committee of the following:

1. the respective numbers and percentages of patients with severe, mild, and asymptomatic infections since the outbreak of Coronavirus disease 2019 (COVID-19);
2. the number of patients who were not sent straight to hospitals and the longest waiting time for in-patient admission (please provide the overall and individual figures in each of the 4 waves of COVID-19);
3. the number of people who have used the community treatment facilities at the AsiaWorld-Expo, the highest bed occupancy rate during the fourth waves of COVID-19, the number of patients who have used the Chinese medicine services and its percentage against the total number of infected people since the outbreak of COVID-19;
4. the number of patients admitted to and the utilisation rate of the Hong Kong Infection Control Centre at the North Lantau Hospital since its commissioning, as well as the manpower, construction cost and the operating expenses involved; and
5. the numbers of first-tier isolation wards, second-tier isolation wards and negative pressure beds in each of the hospitals, number of users and utilisation rate, and the highest bed occupancy rate.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 44)

Reply:

1.

Since 23 January 2020, a total of 11 312 confirmed/probable Coronavirus Disease 2019 (COVID-19) cases were reported as at 15 March 2021, among them, 3 297 patients were

asymptomatic on the day of reporting. As clinical condition of COVID-19 patients changes over time, breakdown of the numbers of patients by their conditions is not available.

2. & 5.

Patients suspected to be infected with COVID-19 would be admitted to public hospitals and treatment facilities under the Hospital Authority (HA) for isolation and treatment. HA receives referrals of confirmed COVID-19 cases, preliminary positive cases, and indeterminate cases from various units of the Department of Health. There is no statistics on the waiting time for these admissions to public hospitals. HA strives to admit the patients to isolation facilities as soon as possible, subject to circumstances of individual cases; special needs, if any, of the patients; and availability of isolation facilities etc.

As at 15 March 2021, HA activated 1 184 Tier-1 isolation beds, and the occupancy rate was 58.7%. Over the various waves of the epidemic, the occupancy rate for Tier-1 isolation beds peaked at around 80% in April 2020. In view of the development of the COVID-19 epidemic, HA has taken various measures to enhance its service capacity, including –

- (a) deploying around 1 250 Tier-1 isolation beds in public hospitals;
- (b) retrofitting 1 to 2 general wards in each hospital cluster into standard negative pressure wards to provide about 660 Tier-2 isolation beds;
- (c) establishing the Community Treatment Facility (CTF) in Halls 1 and 2 of the AsiaWorld-Expo (AWE), providing around 900 beds, and with the support of the Central Government, providing an additional 1 000 beds in the CTF in Halls 8 to 11 of AWE. A total of 1 900 beds were available in the CTF in full capacity;
- (d) a two-storey North Lantau Hospital Hong Kong Infection Control Centre (HKICC) (i.e. temporary hospital) was constructed with the assistance of the Central Government to provide 816 beds in full capacity.

3. & 4.

The Government allocated \$4.7 billion from the Anti-epidemic Fund to provide additional resources for HA in tackling the COVID-19 epidemic, in particular for ensuring sufficient support and protection for frontline healthcare staff. To provide further support to HA in combating the fourth wave of the epidemic and winter surge, the Government also allocated an additional funding of \$3,044 million for HA to establish and operate the CTF at AWE and the HKICC, and to sustain its anti-epidemic measures.

The CTF in AWE, which was established to manage clinically stable COVID-19 patients aged 16 to 60 who are independent with activities of daily living, first commenced services on 1 August 2020. As at 12 March 2021, a total of 3 761 patients were admitted to the CTF at AWE. As the CTF at AWE is operated according to the service need, the number of beds provided and the manpower of healthcare workers deployed to the CTF for handling service demand arising from the COVID-19 epidemic is adjusted as and when necessary.

The HKICC comprises 6 two-storey ward buildings with a total capacity of 816 isolation beds. Depending on the evolving epidemic situation, the independent ward buildings can be activated in phases to help alleviate the pressure on isolation facilities in public

hospitals. A ward with 48 isolation beds was first opened on 26 February 2021 to admit COVID-19 patients aged between 16 and 65 with mild or moderate clinical conditions. As at mid-March 2021, around 200 beds were available in the HKICC. Following the HKICC's commencement of service, patients staying in the CTF were transferred to the HKICC. The CTF at AWE has been in standby mode since 13 March 2021. As at 17 March 2021, HA has deployed around 22 doctors, 84 nurses, 30 laboratory staff and other supporting staff from various hospital clusters to support the operations of the HKICC. HA will continue to flexibly deploy manpower and other resources to meet the service and operational needs of the HKICC. The operating expenditure to be incurred is therefore not available.

The Special Chinese Medicine Programme for COVID-19 in-patients in the CTF at AWE has commenced since 26 January 2021, and has been further extended to the HKICC on 12 March 2021. The Programme aimed to provide another treatment option to COVID-19 patients receiving treatment at the CTF by offering free Chinese medicine general consultation through the tripartite Chinese Medicine Clinic cum Training and Research Centres. As at 28 February 2021, a total of 73 patients have enrolled in the Programme.

The HKICC and the CTF in Halls 8 to 11 of AWE are projects supported by the Central Government for the Government of the Hong Kong Special Administrative Region to fight against the COVID-19 epidemic. The relevant construction and set-up costs are fully borne by the Central Government.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)127

(Question Serial No. 1986)

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:

Regarding the manpower of the Hospital Authority (HA), please provide the following information:

1. the numbers of newly recruited and existing doctors, nurses and allied health (AH) professionals, their attrition figures and rates, the total salary expenditures of the above staff in the past 3 year, and their estimated manpower shortfall in the coming 3 years;
2. the numbers of existing and additional doctors, their attrition figures and rates by specialty in the past 3 years, and their estimated manpower shortfall in the coming 3 years;
3. the numbers of non-locally trained doctors working in the HA or the Department of Health (DH) under limited registration in the past 3 years by specialty, and these non-locally trained doctors as a percentage of the total number of newly registered doctors in Hong Kong in the same years;
4. the numbers of doctors, nurses, AH professionals and supporting staff rehired through the Special Retired and Rehire Scheme (SRRS) in the past 3 years, and the staff cost involved;
5. the number of doctors who will reach retirement age in the next 2 years.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 45)

Reply:

1. & 2.

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach involving 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.

The numbers of staff, intake numbers, attrition numbers and attrition rates of doctors, nurses and AH professionals in HA in the past 3 years from 2018-19 to 2020-21 are set out in Tables 1 and 2 below –

Table 1 : Numbers of staff and intake numbers of doctors, nurses and AH professionals

Staff Group	2018-19		2019-20		2020-21	
	Number of Staff	Intake	Number of Staff	Intake	Number of Staff (as at 31 December 2020)	Intake (April – December 2020)
Doctors	5 963	571	6 195	589	6 507	525
Nursing	27 252	2 423	28 957	2 537	29 459	2 287
AH professionals	8 056	621	8 420	762	8 811	634

Table 2 : Attrition numbers and attrition rates of full-time doctors, nurses and AH professionals

Staff Group	2018-19		2019-20		2020-21 (Rolling 12 months from 1 January to 31 December 2020)	
	Attrition Number	Attrition Rate	Attrition Number	Attrition Rate	Attrition Number	Attrition Rate
Doctors	374	6.4%	322	5.4%	237	3.9%
Nursing	1 586	6.3%	1 543	5.9%	1 533	5.7%
AH professionals	414	5.3%	387	4.8%	352	4.2%

The numbers of staff, intake numbers, attrition numbers and attrition rates of doctors by major specialty in the past 3 years from 2018-19 to 2020-21 are set out in Tables 3 and 4 below –

Table 3 : Numbers of staff and intake numbers of doctors by major specialty

Major Specialty	2018-19		2019-20		2020-21	
	Number of Staff	Intake	Number of Staff	Intake	Number of Staff (as at 31 December 2020)	Intake (April – December 2020)
Accident & Emergency	506	48	510	48	541	49
Anaesthesia	428	38	446	39	458	25
Cardio-thoracic Surgery	42	8	43	0	47	1
Family Medicine	597	47	607	47	635	54
Intensive Care Unit	143	15	144	14	157	10
Medicine	1 342	133	1 382	116	1 445	115

Major Specialty	2018-19		2019-20		2020-21	
	Number of Staff	Intake	Number of Staff	Intake	Number of Staff (as at 31 December 2020)	Intake (April – December 2020)
Neurosurgery	94	18	98	17	101	14
Obstetrics & Gynaecology	221	24	226	25	233	17
Ophthalmology	162	18	167	22	174	16
Orthopaedics & Traumatology	341	27	368	36	387	26
Paediatrics	393	37	416	48	437	42
Pathology	234	17	241	25	253	17
Psychiatry	351	35	370	40	390	28
Radiology	292	24	314	31	331	25
Surgery	538	45	571	62	615	73
Others	278	37	291	19	305	13
Total	5 963	571	6 195	589	6 507	525

Table 4 : Attrition numbers and attrition rates of full-time doctors by major specialty

Major Specialty	2018-19		2019-20		2020-21 (rolling 12 months from 1 January to 31 December 2020)	
	Attrition Number	Attrition Rate	Attrition Number	Attrition Rate	Attrition Number	Attrition Rate
Accident & Emergency	25	5.1%	29	5.9%	21	4.2%
Anaesthesia	36	8.6%	22	5.1%	21	4.8%
Cardio-thoracic Surgery	4	9.6%	2	4.9%	0	0.0%
Family Medicine	38	6.6%	36	6.1%	24	4.0%
Intensive Care Unit	4	2.8%	7	4.9%	6	4.0%
Medicine	54	4.1%	64	4.8%	44	3.2%
Neurosurgery	8	8.2%	6	6.3%	4	4.2%
Obstetrics & Gynaecology	17	8.0%	13	6.0%	11	5.0%
Ophthalmology	14	8.8%	14	8.7%	14	8.4%
Orthopaedics & Traumatology	35	10.2%	17	4.8%	6	1.6%
Paediatrics	21	5.7%	16	4.1%	17	4.2%
Pathology	6	2.6%	19	8.0%	13	5.4%
Psychiatry	18	5.3%	19	5.4%	11	3.0%
Radiology	24	8.4%	22	7.4%	16	5.1%
Surgery	42	7.7%	20	3.6%	16	2.8%
Others	28	9.8%	16	5.8%	13	4.5%
Overall	374	6.4%	322	5.4%	237	3.9%

The salary expenditure on doctors, nurses and AH professionals in HA in the past 3 years from 2018-19 to 2020-21 is set out in Table 5 below -

Table 5 : Salary expenditure on doctors, nurses and AH professionals

Staff Group	Total Salary Expenditure (\$ million)		
	2018-19	2019-20	2020-21 (Full Year Projection)
Doctors	12,211	13,203	14,047
Nursing	19,311	21,092	22,475
AH professionals	6,536	7,122	7,534

3.

The numbers of non-locally trained doctors working in the Department of Health (DH) under limited registration in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020) are as follows. All the registered doctors under limited registration and working in DH do not possess specialist qualifications recognised in Hong Kong.

Number of non-locally trained doctors working in DH under limited registration		
2018-19	2019-20	2020-21 (up to 31 December 2020)
1	4	6

The numbers of non-locally trained doctors with limited registration employed by HA in 2018-19, 2019-20 and 2020-21 (up to 31 December 2020) breakdown by specialty are set out in Table 6 below –

Table 6 : Number of Non-locally Trained Doctors with limited registration in HA

Cluster	Specialty	2018-19	2019-20	2020-21 (up to 31 December 2020)
HKEC	Family Medicine	-	1	1
HKWC	Anaesthesia	5	3	4
	Emergency Medicine	1	1	1
	Paediatrics	-	1	1
	Pathology	1	1	1
	Radiology	-	1	1
	Surgery	-	1	1
KCC	Paediatrics	-	-	1
	Radiology	-	1	1
KEC	Emergency Medicine	1	1	1

Cluster	Specialty	2018-19	2019-20	2020-21 (up to 31 December 2020)
	Family Medicine	1	2	3
	Internal Medicine	1	2	2
	Ophthalmology	-	-	1
KWC	Internal Medicine	1	1	1
	Radiology	-	-	1
NTEC	Anaesthesia	2	1	1
	Cardiothoracic Surgery	1	1	1
	Emergency Medicine	1	1	1
	Family Medicine	1	1	1
	Internal Medicine	-	1	1
	Neurosurgery	-	1	1
	Obstetrics & Gynaecology	-	-	1
	Radiology	-	1	1
	Surgery	-	1	2
NTWC	Emergency Medicine	-	1	1
	Family Medicine	1	1	-
	Radiology	1	1	1
Total:		18	27	33

The numbers of non-locally trained doctors working in HA and DH under limited registration as a percentage of the total number of newly registered doctors in Hong Kong in the same years are as follows –

	2018-19	2019-20	2020-21
Non-locally trained doctors working in the HA and DH under limited registration	19	31	39
Newly registered doctors	472	477	450
Non-locally trained doctors as a percentage of the total number of newly registered doctors	4%	6.5%	8.7%

4.

The Special Retired and Rehire Scheme (SRRS) was first implemented in HA 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 2020, 79 doctors, 156 nurses and 19 AH professionals were rehired after retirement and serving in HA. On the other hand, 2 572 supporting / other grades staff rejoined HA after retirement to fill existing vacancies and were serving in HA as at 31 December 2020. The total salary expenditure involved in 2018-19, 2019-20 and 2020-21 (full-year projection) was \$584.6 million, \$884.7 million and \$1,269.9 million respectively.

5.

There are 61 and 82 doctors in HA 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 SRRS, part-time employment, locum employment, etc, to attract them to rejoin HA.

Note:

- (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 “Nursing” group includes senior nursing officers, department operations managers, ward managers / nursing officers / advanced practice nurses, registered nurses, enrolled nurses, midwives, etc.
- (4) The “AH professionals” group includes radiographers, medical technologists / medical laboratory technicians, occupational therapists, physiotherapists, pharmacists, medical social workers, etc.
- (5) 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.
- (6) Intake number of Doctors includes number of Interns appointed as Residents.
- (7) Individual figures may not add up to the total due to rounding.
- (8) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
- (9) 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.
- (10) Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months / Average strength in the past 12 months) x 100%
- (11) The services of the psychiatry departments include services for the mentally handicapped.
- (12) The number of non-locally trained doctors employed includes doctors who have completed or ended their contracts during the said period.
- (13) 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 2020-21 represents full-year projection.

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

FHB(H)128

(Question Serial No. 1988)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the testing for COVID-19, will the Government inform this Committee of the following:

1. Since the outbreak of COVID-19 epidemic, what were the number of tests conducted and confirmed cases identified for the following groups and their percentages in the total numbers of tests conducted for the respective groups:

- (a) community testing centres (broken down by individual centre);
- (b) testing for targeted groups (broken down by individual group); and
- (c) compulsory testing for certain persons (broken down by household members of close contacts of confirmed cases, specified premises, high risk groups or high exposure groups)?

2. What were the longest and the average waiting times for a test result report? Were there any complaints received due to prolonged waiting time for test results? If yes, what was the number of complaint cases received?

3. What were the total numbers of tests, average daily numbers of tests and actual numbers of tests conducted by the public and private sectors respectively? At present, how many private companies are providing testing services?

4. Will the Government extend the scope of compulsory testing to cover persons such as all civil servants, medical and nursing staff, school staff and domestic helpers?

5. Since January, restriction-testing declarations have been made to require people within the specified restricted areas to undergo compulsory testing. What was the number of restriction-testing declarations made? What were the numbers of tests conducted and confirmed cases identified for each restriction-testing declarations made and their respective percentages in the total numbers of tests conducted? (Please provide a breakdown by the date on which the restriction-testing declaration was made, the building/place of residence involved and each of the 18 districts.)

6. What were the manpower and expenditure involved in the above restriction-testing operations?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 47)

Reply:

1. Expenses on COVID-19 testing are financed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill nor the estimates on the General Revenue Account. That said, for Members' information, since the commencement of the fourth wave of the epidemic in mid-November 2020 (from 15 November 2020 to 6 March 2021), the Government has conducted more than 5.68 million tests, including (i) more than 1.63 million compulsory tests (3 715 samples or 0.23% tested preliminarily positive); (ii) more than 2.28 million targeted tests (669 samples or 0.03% tested preliminarily positive); and (iii) more than 1.76 million voluntary tests (1 081 samples or 0.06% tested preliminarily positive).
2. Generally speaking, most members of the public who undergo testing in the community testing centres or mobile specimen collection stations receive SMS notification in a day or two after specimen collection. The service lag of few testing agencies in late February was due to the sudden surge of demand for deep throat saliva specimen collection packs from catering business, scheduled premises and construction sector within a short period of time from mid to late February 2021. As the testing agencies adopted various measures to uplift the testing capacity and increase manpower, the testing speed resumed normal gradually towards end of February.
3. There are over 20 accredited private laboratories on the Department of Health's list of "Local COVID-19 nucleic acid testing institutions recognised by the Hong Kong SAR Government" with a total daily testing capacity of over 80 000. Up to February 2021, the Food and Health Bureau commissioned a total of 5 accredited laboratories as testing service providers to operate the community testing centres.
- 4-6. Since the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J) came into operation on 15 November 2020, the Government has exercised the power under the regulation multiple times to issue compulsory testing notices (CTNs) with a view to fully implementing the virus testing strategy of compulsory testing on a mandatory basis. On residential buildings, the Government has expanded the coverage of compulsory testing on a mandatory testing in a proactive and gradual manner, and lowered the threshold for issuing CTN to one or more new confirmed cases, or sewage samples tested positive at a building. The Government has also lowered the testing threshold for workplaces to the presence of one or more confirmed cases found for the workplace to be included in the CTN.

Subject to the epidemic development and the need for infection control, the Government also delineates restricted areas and make "restriction-testing declarations" (RTDs), such that persons within the areas are required to stay in their premises and undergo compulsory testing in accordance with the arrangement by the Government, and can only leave after the relevant test results are mostly ascertained. From 23 January to end February 2021, 27 restricted areas had been delineated in various districts with RTDs issued. Nearly 12 700 man-time of civil servants were mobilised in the relevant operations, during which around 25 000 residents in the restricted area

had undergone testing and 20 confirmed cases were found. The enforcement actions are ongoing.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)129

(Question Serial No. 1989)

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:

Regarding the Public-Private Partnership (PPP) programmes, will the Government inform this Committee of the following:

1. the numbers of persons invited to participate in the programmes, the numbers of patients who actually participated in the programmes, the take-up rates, and the details of the services covered (with a breakdown by programme) in each of the past 5 years, as well as the list of partner organisations participating in various PPP programmes;
2. the manpower and expenditure involved in the implementation of PPP programmes by the Hospital Authority in the past 5 years; and
3. whether there are any plans to introduce other PPP programmes? If yes, what are the details and the estimated expenditure?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 46)

Reply:

1.

Over the past five years from 2016-17 to 2020-21, the Hospital Authority (HA) has 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 Infirmery Service through PPP (Infirmery Service PPP), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP) launched on a pilot basis in June 2019.

Service provisions by PPP programme in the past five years from 2016-17 to 2020-21 are listed in the table below.

Programme	2016-17 Actual Provisions	2017-18 Actual Provisions	2018-19 Actual Provisions	2019-20 Actual Provisions	2020-21 Planned Provisions
CSP (surgeries)	400	465	514	604	650
HD PPP (places)	204	225	246	267 ¹	316
PEP (patients)	17 807	17 979	16 826	14 632	14 000
Radi Collaboration (scans)	19 078	17 111	18 264	22 728	49 200
GOPC PPP (participating patients)	12 156	21 297	31 239	35 815	35 280
Infirmity Service PPP (beds)	64	64	64	64 ²	64
Colon PPP (colonoscopies)	625	1 130	1 332	1 355	1 300
Glaucoma PPP (participating patients)	N/A	N/A	N/A	792	1 300

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 from 2016-17 to 2020-21 are 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	<ul style="list-style-type: none"> - 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 (started from 2018-19) - St. Paul's Hospital (started from 2018-19) - St. Teresa's Hospital (started from 2018-19) - Tung Wah Group of Hospitals - Yan Chai Hospital (started from 2018-19)
PEP	<ul style="list-style-type: none"> - 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
Infirmery 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 & Hepatology / General Surgery
Glaucoma PPP	- Registered specialists of Ophthalmology

To cope with the Coronavirus Disease 2019 (COVID-19) pandemic since early 2020, HA has expanded the service scope of some of the existing PPP Programmes, including the expansion of service group of the Radi Collaboration to cover all eligible cancer patients, increasing the service quota of the HD PPP, as well as extending the Colon PPP to cover colonoscopy cases delayed due to the epidemic (Colon PPP Surge Special). Furthermore, HA has also launched new public-private collaboration initiatives to divert some patients from public hospitals to the private sector to receive treatment, including Neonatal Phototherapy Service (NNJ), Radiation Therapy Service (RT), Cesarean Section Service (CS), Trauma Operative Service Collaboration Programme (Trauma Collaboration), Breast Cancer Operative Service Collaboration Programme (Breast Cancer Surgery Collaboration), Cystoscopy Collaboration Programme (Cystoscopy Collaboration) and Oesophago-Gastro-Duodenoscopy Collaboration Programme (OGD Collaboration).

COVID-19 PPPs	2020-21 Planned Provisions
Colon PPP Surge Special (colonoscopies)	3 200
NNJ (patients)	160
RT (patients)	105
CS (patients)	52
Trauma Collaboration (patients)	173
Breast Cancer Surgery Collaboration (patients)	140
Cystoscopy Collaboration (patients)	724

OGD Collaboration (patients)	2 800
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Among these COVID-19 PPPs, the PSPs of “Colon PPP Surge Special” and “OGD Collaboration” are registered medical practitioners and registered specialists of Gastroenterology & Hepatology / General Surgery engaged through voluntary enrollment, while the PSPs of the rest of the programmes are private hospitals awarded by tendering exercises.

The information of the number of persons invited to participate in the programmes and the take-up rates are not readily available.

2.

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	2020-21
Total Number of Staff Members	100	108	108	107	107

The total expenditure involved for the PPP programme operation, including administration, clinical and information technology support, from 2016-17 to 2020-21 are listed in the table below:

	2016-17 Actual (\$ million)	2017-18 Actual (\$ million)	2018-19 Actual (\$ million)	2019-20 Actual (\$ million)	2020-21 Projected (\$ million)
Expenditure	181.7	228.8	261.2	286.8	431.5

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. Benefited 546 patients since programme launch in March 2010 and 325 patients in 2019-20 as at end of March 2020.
2. 124 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 2020.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)130

(Question Serial No. 3183)

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:

Regarding the teleconsultation service provided by the Hospital Authority, please advise on:

1. the total number of persons using the service amidst the COVID-19 pandemic, with a breakdown by type of disease, age of user, residential district and device used (video conferencing, mobile application "HA Go");
2. the expenditure and manpower involved for the service;
3. whether the Bureau plans to extend the service to cover more hospitals and more types of diseases in the coming year; and
4. the Bureau's measures to encourage and promote the use of the service for treatment and follow-up consultations, e.g. provision of hardware support for the elderly and low income families.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 38)

Reply:

In the light of the global trend in adopting advanced technology in healthcare, the Hospital Authority (HA) has been exploring and developing the provision of healthcare services using information and telecommunication technology (ICT), i.e. telehealth.

Through telehealth, patients can receive the healthcare services provided by HA without visiting hospitals / clinics in person, which also helps reduce crowdedness in hospitals / clinics.

Due to outbreak of the Coronavirus Disease 2019 (COVID-19) worldwide and the activation of Emergency Response Level in the public hospitals on 25 January 2020, HA has since February 2020 intensified infection control measures, including social distancing in public hospitals. This has also expedited the need for developing telehealth services as an adjunct to existing services. As such, under the 'new normal' environment, HA has strived to re-engineer the mode of service, where practicable, and explore different types of

workflow to continue patient care through the use of ICT. Examples include video consultation for psychiatric inpatients and support for allied health patients, as well as rehabilitation training video in “HA Go” mobile application for patients to continue exercising at home.

Telehealth has its limitations and may not be suitable for all patients or circumstances. For example, telehealth will not be feasible for cases in which physical examination of the patients is crucial. As such, HA will offer the option of telehealth to suitable patients only.

An enhanced version of HA’s mobile application “HA Go” is being developed to further support the provision of telehealth services to patients. For patients with “HA Go” membership, their telehealth session will be conducted directly via “HA Go” without the need to install any other additional software. Small scale pilot projects are being conducted in 2021 using “HA Go” before roll-out to more service areas. HA will also work with the Government’s plan to provide telehealth services for suitable elderly patients living in remote areas following the installation of relevant facilities at village offices.

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 telehealth services in HA also provide support for other services, the manpower and related expenditure for supporting telehealth services cannot be separately quantified.

Information on the number of telehealth attendances for various service areas amidst the COVID-19 pandemic is not readily available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)131

(Question Serial No. 3184)

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:

Regarding general out-patient services, please provide the following information:

1. the respective numbers of patients requiring follow-up consultations at and episodic disease patients attending general out-patient clinics, the utilisation rates of the services, the waiting time and 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 number of consultations at these clinics in the evening sessions, as well as the expenditure involved in operating evening sessions in the past 3 financial years;
3. the respective numbers of appointments made by phone and "Book GOPC" mobile application;
4. a breakdown by general out-patient clinics and hospital clusters of the number of patients who were required to defer their follow-up consultations due to the COVID-19 pandemic, the longest deferment and the reduction in new cases.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 39)

Reply:

(1) & (2)

The Hospital Authority (HA) operates a total of 73 general outpatient clinics (GOPCs) throughout the territory. Among them, 23 GOPCs provide evening clinic services and their distribution is set out in the table below:

Cluster	Number of clinics with evening clinic services (as at December 2020)
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 around 93%. The table below sets out the total number of general outpatient attendances in the past three years including evening clinical services.

2018-19	2019-20	2020-21 (Revised Estimate)
6 059 222	5 815 680	6 236 000

For general outpatient services, consultation timeslots in the next 24 hours are available for booking through the HA's telephone appointment system or the "Book GOPC" function in the HA's one-stop mobile app "HA Go" 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 a separate appointment. Since the 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.

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.

The 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 the GOPC service, healthcare professionals supporting the evening clinic services also provide support for GOPC service in other service hours. Therefore, the costs for operating the day clinic service and evening clinic service of the GOPCs cannot be separately identified.

The table below sets out the costs for operating the GOPCs in the past three years. Cost breakdown by types of patients or by operating sessions is not available for the above stated reasons.

Year	GOPC Service Costs (\$ million)
2018-19	2,985
2019-20	3,244
2020-21 (Revised Estimate)	3,362

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)

As mentioned above, members of the public who have episodic illnesses can make appointments for general outpatient services through two booking means offered by the HA, namely the GOPC telephone appointment system and the “Book GOPC” function in the HA’s one-stop mobile app “HA Go”. Consultation quotas of the clinics have been fully utilised all along. The HA will continue to monitor closely the appointment booking service, collect views through various channels and explore enhancements to ensure that the service could be appropriately provided to the major service users.

(4)

GOPCs of the HA continue to provide service for patients under the COVID-19 epidemic. For patients requiring medical consultation due to episodic illnesses, they can make appointment as usual during this period. For patients with scheduled follow-up appointment in the GOPCs, if patients are unable to attend the scheduled appointment due to the epidemic, they may contact the relevant clinics for assistance. Clinics shall make appropriate arrangement for the patients according to their individual situation and clinical conditions, including providing drug refill for suitable patients.

To protect patients and staff, the HA has enhanced the infection control measures of the GOPCs. The HA advised all persons entering the clinics to bring and put on their own masks, perform hand hygiene and temperature check as instructed by clinic staff. For those persons who have fever or acute respiratory symptoms (e.g. cough, sore throat and runny nose), they should proactively inform clinic staff for suitable arrangement. Meanwhile, in order to maintain social distancing for infection control, some of the clinic services are adjusted as appropriate.

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

FHB(H)132

(Question Serial No. 3185)

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:

Regarding specialist outpatient (SOP) services, please provide the following information:

1. a breakdown by specialty of the median, 75th percentile and 90th percentile waiting time and the longest waiting time for new cases triaged as urgent, semi-urgent and stable cases in the past 3 years;
2. the number of doctors working in each SOP clinic and the salary expenditure involved for the past 3 years;
3. the average and longest waiting time for collecting drugs in the past 3 years; whether the Government will recruit more staff to reduce the waiting time for collecting drugs; and whether the Government will consider introducing an electronic drug collection system in the long term to provide drug delivery services to those in need;
4. a breakdown by hospital clusters of the number of patients who were required to defer their follow-up consultations due to the COVID-19 pandemic, the longest deferment and the reduction in new cases with a breakdown by new cases triaged as urgent, semi-urgent and stable cases.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 40)

Reply:

(1) & (4)

In response to the emergence of the Coronavirus Disease 2019 (COVID-19) epidemic in Hong Kong, the Hospital Authority (HA) has activated the Emergency Response Level in public hospitals on 25 January 2020. Having regard to the development of the local epidemic situation, HA has suitably adjusted its non-emergency and non-essential medical services so as to reserve service capacity and manpower for combating COVID-19, while maintaining emergency and essential services. For operational reasons such as to minimise the risk of infection and avoid over-crowdedness, as well as for deploying manpower to inpatient service and handling of COVID-19, outpatient departments may arrange rescheduling of appointments and drug refill services for follow-up patients of specialist outpatient clinics (SOPC) who are in stable conditions.

The tables below set out the numbers of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50th percentile), upper quartile (75th percentile) and longest (90th percentile) waiting time in each hospital cluster of HA for 2018-19, 2019-20 and 2020-21 (up to 31 December 2020).

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)		
			50 th	75 th	90 th		50 th	75 th	90 th		50 th	75 th	90 th
			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

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)		
			50 th	75 th	90 th		50 th	75 th	90 th		50 th	75 th	90 th
			percentile				percentile				percentile		
KWC	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
NTEC	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
NTWC	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
Overall HA	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

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)		
			50 th	75 th	90 th		50 th	75 th	90 th		50 th	75 th	90 th
percentile			percentile			percentile			percentile				
HKEC	ENT	569	<1	<1	<1	2 733	5	7	7	6 499	26	78	92
	MED	1 311	1	1	2	3 668	5	7	8	8 611	35	78	118
	GYN	741	<1	<1	1	429	5	7	7	3 646	26	45	51
	OPH	5 090	<1	<1	1	1 837	7	8	8	6 802	59	81	101
	ORT	1 340	1	1	1	1 549	5	7	7	7 162	65	104	113
	PAE	139	<1	1	1	768	4	5	7	163	7	10	11
	PSY	244	<1	1	1	885	3	5	7	2 026	15	30	43
	SUR	941	1	1	2	3 434	7	7	8	9 498	53	79	89
HKWC	ENT	1 980	<1	<1	<1	2 279	6	7	7	3 543	26	87	97
	MED	1 927	<1	1	1	1 701	4	6	7	10 824	39	89	164
	GYN	1 456	<1	1	1	889	5	6	7	4 475	38	60	64
	OPH	3 196	1	1	2	1 598	7	8	8	4 530	62	63	65
	ORT	1 019	<1	1	1	1 602	4	5	7	8 240	22	57	144
	PAE	157	<1	1	2	437	3	6	8	1 537	10	17	21
	PSY	557	1	1	2	735	4	5	7	2 019	56	85	96
	SUR	2 115	<1	1	1	2 513	4	6	7	9 956	19	53	83
KCC	ENT	1 460	<1	1	1	2 015	5	7	7	12 021	71	77	134
	MED	1 719	1	1	2	3 664	5	7	7	18 601	79	106	112
	GYN	1 057	<1	1	1	2 888	5	6	7	7 380	23	35	38
	OPH	8 114	<1	<1	<1	4 779	2	4	6	13 476	120	122	125
	ORT	1 996	<1	1	1	1 917	5	6	7	11 848	57	106	133
	PAE	1 070	<1	1	1	822	4	6	7	2 596	17	20	22
	PSY	193	1	1	1	1 068	4	7	7	1 185	14	16	72
	SUR	2 806	1	1	2	5 220	5	7	8	24 659	44	72	78
KEC	ENT	1 971	<1	<1	1	2 792	4	7	7	6 579	91	94	94
	MED	1 472	1	1	2	4 907	7	7	8	15 932	114	132	141
	GYN	1 347	1	1	1	891	5	7	7	5 825	45	51	92
	OPH	5 416	<1	<1	1	738	6	7	7	11 712	15	142	164
	ORT	3 401	<1	1	1	3 302	6	7	8	9 015	56	122	138
	PAE	964	<1	<1	1	702	4	6	7	2 552	12	32	70
	PSY	156	1	1	1	1 486	3	5	7	5 027	69	99	114
	SUR	1 639	1	1	1	5 188	6	7	7	16 288	51	61	111
KWC	ENT	2 821	<1	1	1	2 257	5	7	8	10 363	60	120	149
	MED	2 009	1	1	2	5 151	5	6	7	12 592	72	99	103

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)		
			50 th	75 th	90 th		50 th	75 th	90 th		50 th	75 th	90 th
			percentile				percentile				percentile		
	GYN	252	<1	1	1	1 395	6	7	8	6 549	51	68	73
	OPH	6 432	<1	<1	<1	5 600	3	4	5	7 067	97	116	121
	ORT	1 983	1	2	2	2 653	3	5	7	11 666	57	70	104
	PAE	2 226	<1	<1	1	957	4	6	7	2 740	15	20	25
	PSY	271	<1	1	1	701	3	6	7	11 839	21	56	117
	SUR	2 209	1	1	2	5 671	5	7	7	18 705	33	40	60
NTEC	ENT	3 155	<1	1	1	4 590	4	6	7	10 046	62	75	89
	MED	2 309	<1	1	1	3 210	6	7	8	21 249	83	107	131
	GYN	2 425	<1	1	1	1 094	5	7	7	7 712	64	73	87
	OPH	5 823	<1	1	1	3 127	4	5	7	13 962	50	82	87
	ORT	4 825	<1	1	1	2 047	5	6	7	14 922	79	103	132
	PAE	209	<1	1	2	468	6	7	8	3 422	17	25	33
	PSY	891	1	1	1	2 263	4	7	8	5 477	57	95	99
	SUR	1 952	1	1	2	3 252	5	7	8	24 071	36	64	80
NTWC	ENT	3 652	<1	<1	1	1 568	4	5	7	8 962	47	76	83
	MED	1 140	1	1	2	3 473	4	6	7	9 829	81	95	103
	GYN	1 543	<1	1	2	214	5	7	7	5 025	66	81	82
	OPH	8 977	<1	<1	1	2 864	4	6	8	8 794	68	90	93
	ORT	1 772	1	1	2	1 624	5	7	7	11 950	69	84	102
	PAE	203	1	1	1	775	7	7	8	1 731	37	39	39
	PSY	449	1	1	1	1 385	2	4	6	4 405	18	71	74
	SUR	1 822	1	1	2	4 341	6	9	13	19 154	59	72	117
Overall HA	ENT	15 608	<1	<1	1	18 234	5	7	7	58 013	60	84	97
	MED	11 887	1	1	2	25 774	5	7	7	97 638	74	105	130
	GYN	8 821	<1	1	1	7 800	5	7	7	40 612	35	65	81
	OPH	43 048	<1	<1	1	20 543	4	6	8	66 343	62	94	123
	ORT	16 336	<1	1	1	14 694	5	7	7	74 803	58	90	124
	PAE	4 968	<1	1	1	4 929	4	7	7	14 741	16	25	38
	PSY	2 761	1	1	1	8 523	3	6	7	31 978	27	75	100
	SUR	13 484	1	1	2	29 619	6	7	8	122 331	40	64	86

2020-21 (up to 31 December 2020) [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)		
			50 th	75 th	90 th		50 th	75 th	90 th		50 th	75 th	90 th
			percentile				percentile				percentile		
HKEC	ENT	369	<1	<1	<1	1 696	7	7	7	5 139	35	96	105
	MED	840	1	1	2	2 707	5	7	7	6 982	30	66	107
	GYN	498	<1	<1	1	321	5	7	7	2 699	30	40	42
	OPH	3 358	<1	<1	1	1 481	7	8	8	4 665	48	73	76
	ORT	908	1	1	2	1 223	5	7	7	6 089	47	90	116
	PAE	81	<1	1	1	426	3	5	8	78	8	10	14
	PSY	177	1	1	1	730	3	4	7	1 708	14	26	33
	SUR	743	1	1	2	2 670	7	7	8	7 424	52	73	76
HKWC	ENT	1 020	<1	<1	1	1 594	6	7	7	2 401	26	65	89
	MED	1 886	<1	1	1	1 317	3	6	7	9 814	30	63	115
	GYN	926	<1	1	1	517	5	6	7	2 927	42	58	61
	OPH	2 457	1	1	2	1 094	5	7	8	3 242	55	58	60
	ORT	904	1	1	2	907	3	5	7	5 777	18	35	74
	PAE	86	<1	1	1	189	3	5	7	869	12	15	16
	PSY	391	1	1	1	857	4	6	7	1 419	18	58	72
	SUR	2 101	<1	1	2	1 926	4	6	7	7 169	26	63	96
KCC	ENT	1 137	<1	1	1	1 554	4	6	7	10 497	78	101	147
	MED	1 046	1	1	2	2 569	5	7	7	14 229	76	99	110
	GYN	729	<1	1	1	1 911	5	7	7	5 561	20	34	36
	OPH	5 673	<1	<1	<1	3 860	2	3	5	8 997	123	127	132
	ORT	1 442	<1	1	1	1 541	4	6	7	8 410	51	101	140
	PAE	930	<1	1	1	700	3	5	6	1 712	9	12	17
	PSY	278	1	1	1	918	4	6	7	922	14	16	36
	SUR	2 363	1	1	2	4 245	5	6	7	19 180	34	75	83
KEC	ENT	1 389	<1	1	1	1 843	7	7	8	5 923	83	86	91
	MED	1 138	1	1	2	3 473	6	7	8	13 376	70	144	147
	GYN	1 004	1	1	1	650	5	7	7	4 321	41	47	94
	OPH	3 909	<1	<1	1	1 726	7	7	7	6 992	23	87	131
	ORT	2 181	<1	<1	1	2 244	6	7	7	6 867	79	100	114
	PAE	575	<1	<1	1	331	6	7	7	1 827	10	20	51
	PSY	190	1	1	2	1 696	3	6	7	3 857	46	91	94
	SUR	1 309	1	1	1	4 109	7	7	8	12 816	53	65	109
KWC	ENT	1 590	<1	1	1	1 502	5	7	8	8 062	82	99	107

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)		
			50 th	75 th	90 th		50 th	75 th	90 th		50 th	75 th	90 th
			percentile				percentile				percentile		
	MED	1 256	1	1	2	4 054	5	7	8	10 463	80	105	113
	GYN	220	<1	1	2	1 156	5	7	7	5 413	31	56	63
	OPH	4 671	<1	<1	<1	4 530	1	2	3	4 598	13	117	118
	ORT	1 355	1	1	1	1 897	3	5	7	8 955	55	64	104
	PAE	916	<1	<1	1	668	3	5	7	1 509	11	14	18
	PSY	286	<1	1	1	820	4	6	7	9 092	16	50	79
	SUR	1 702	1	1	2	4 859	6	7	7	14 825	37	45	61
NTEC	ENT	2 390	<1	1	2	3 613	5	6	8	8 463	69	81	92
	MED	1 760	<1	1	1	2 345	6	7	8	16 452	88	109	133
	GYN	1 780	<1	<1	1	807	5	7	7	5 944	47	72	83
	OPH	4 613	<1	1	1	2 495	4	6	8	9 751	30	72	77
	ORT	3 161	<1	<1	1	1 169	5	7	7	10 530	59	102	121
	PAE	103	1	1	2	253	5	6	7	2 226	12	23	26
	PSY	826	1	1	1	1 807	4	6	7	4 075	54	93	99
NTWC	SUR	1 718	1	1	2	2 527	6	7	8	18 865	35	69	78
	ENT	2 516	<1	<1	1	1 170	4	6	7	6 897	40	76	79
	MED	703	<1	1	1	2 433	5	7	7	7 919	87	105	117
	GYN	1 003	<1	<1	1	241	6	8	11	3 699	71	72	73
	OPH	6 502	<1	<1	1	2 115	3	4	5	5 793	10	61	65
	ORT	1 357	1	1	2	1 313	6	7	8	8 368	79	85	97
	PAE	174	1	1	1	499	6	7	7	999	23	28	29
Overall HA	PSY	386	1	1	1	1 242	3	5	7	3 736	33	59	64
	SUR	1 559	1	1	2	3 735	6	8	13	13 956	59	62	118
	ENT	10 411	<1	1	1	12 972	5	7	8	47 382	59	88	103
	MED	8 629	1	1	2	18 898	5	7	7	79 235	67	105	133
	GYN	6 160	<1	1	1	5 603	5	7	7	30 564	34	56	73
	OPH	31 183	<1	<1	1	17 301	3	5	7	44 038	53	83	126
	ORT	11 308	<1	1	1	10 294	4	7	7	54 996	58	88	115
PAE	2 865	<1	1	1	3 066	4	6	7	9 220	11	18	26	
PSY	2 534	1	1	1	8 070	3	6	7	24 809	26	60	91	
SUR	11 495	1	1	2	24 071	6	7	8	94 235	40	64	81	

Note:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

(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 SOPCs cannot be separately quantified.

(3)

HA has been allocating additional resources since 2012 and implemented a series of measures to enhance the efficiency of drug dispensing process at SOPC pharmacies to cope with the increasing service demand, for example, strengthening pharmacy manpower, streamlining dispensing workflow, introducing a triage system for targeted patient groups for timely drug collection, upgrading pharmacy systems and launching a mobile application to facilitate alert of drug collection status, etc. The waiting time at SOPC pharmacies varies due to a number of factors, including diversity in service demand, physical site constraints and system infrastructure of individual pharmacies and service model. The waiting time for drug dispensing at SOPCs is not available. HA will remain vigilant on the service demand and continue to allocate resources as appropriate for the provision of services in need so as to further improve the waiting time management for pharmacy service at SOPCs.

Since the emergence of the COVID-19 epidemic, HA has adopted flexible service delivery modes such as arranging drug refill for patients with stable clinical condition and facilitated community projects on the provision of pharmaceutical services, such as medication collection services, to support HA patients. Based on the experience gained and feedback from various stakeholders, HA is exploring practical service models of medication collection with a view to providing more options for patients. HA will keep in view the situation and take appropriate measures in the light of service development and operational needs in order to facilitate drug collection and meet service demand.

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

FHB(H)133

(Question Serial No. 3186)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding 10-year Hospital Development Plans (HDPs):

1. what are the completion and commissioning dates of each project?
2. what are the numbers of beds and operating theatres and the service quotas of general and specialist outpatient clinics estimated to be provided by each hospital upon redevelopment or expansion? How much waiting time for specialist outpatient clinics is expected to be shortened?
3. have these projects been delayed due to the COVID-19 epidemic? If yes, what is the additional expenditure involved?
4. it is mentioned in paragraph 154 of the Speech that required provisions will be incorporated for two to three general wards in each selected hospital, so that they can be readily converted into Tier-2 isolation wards when the need arises. How are the selected hospitals distributed? Apart from Tier-2 isolation wards, will the Government consider increasing the number of permanent Tier-1 isolation wards in each hospital, and building additional infectious disease centres in the long run?
5. what are the Hospital Authority's expenditure and staffing on the first and second 10-year HDPs?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 41)

Reply:

The ten-year Hospital Development Plans (the Plans) are funded under the Capital Works Reserve Fund, details of which are outside the scope of Head 140 under the General Revenue Account. The COVID-19 epidemic has thus far not resulted in any additional funding requirement for projects under the Plans. As mentioned in the Budget Speech 2021-22, the Hospital Authority will review the design of projects taking into account the experience in combating COVID-19. Any additional expenditure incurred in the incorporation of required provisions for conversion of general wards into Tier-2 isolation wards in this regard will be absorbed under the Plans. An update of the first ten-year Plan

was reported to the Legislative Council Panel on Health Services on 12 March 2021 (Ref: LC Paper No. CB(4)600/20-21(07) at <https://www.legco.gov.hk/yr20-21/english/panels/hs/papers/hs20210312cb4-600-7-e.pdf>).

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)134

(Question Serial No. 3238)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government is committed to significantly advancing the development of primary healthcare, in a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-focused. There have been comments that patients' participation rate of the primary healthcare services implemented by the Food and Health Bureau was low, bringing ineffective results. In connection with primary healthcare services, will the Government inform this Committee of:

1. the following details about the District Health Centres (DHCs), which came into operation in 2019, for the past 12 months:

(a) How many of the DHC members were mature persons (aged 50 or above) and elderly persons (aged 65 or above) respectively? How many members were recipients of Comprehensive Social Security Assistance (CSSA) or granted medical fee waivers (please give a breakdown by age group and whether or not CSSA or medical fee waivers were provided)?

(b) How many members were given basic health risk assessments, and how many members took the diabetes mellitus/hypertension screening through the DHCs?

(c) How many members were, with the DHCs' referral, diagnosed with diabetes mellitus/hypertension by network doctors and joined the Chronic Disease Management Programme?

(d) How many members were referred by DHCs' network doctors to the DHC to join the Chronic Disease Management Programme for patients diagnosed with diabetes mellitus/hypertension?

(e) How many members were referred by the Hospital Authority to join the DHCs' Community Rehabilitation Programme?

(f) How many members paid the service fees charged by the DHCs with Elderly Healthcare Vouchers? What was the amount involved?

2. For the colorectal cancer screening programme launched by the Department of Health since 2016, what were the number of people participating in the programme, number of eligible citizens and participation rate each year?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 53)

Reply:

(1)

The age profiles of members registered at the Kwai Tsing District Health Centre (K&TDHC), as at the date of registration, in 2019-20 and 2020-21 (up to December 2020) are set out in the following table –

		2019-20	2020-21 (up to December 2020) (Provisional figures)
Age group	0 – 17	<50	100
	18 – 64	1 100	3 100
	65 or above	1 800	5 000

(Note: Figures are rounded to the nearest hundred.)

The numbers of attendances in relation to basic health risk factor assessment, diabetes mellitus and hypertension screening, as well as participation in the Chronic Disease Management or Community Rehabilitation Programme of the K&TDHC in 2019-20 and 2020-21 are set out in the following table –

	Number of Attendances	
	2019-20	2020-21 (up to December 2020) (Provisional figures)
Basic Health Risk Factors Assessment	2 800	8 500
Screening for Diabetes Mellitus and Hypertension*	100	1 700
Chronic Disease Management/Community Rehabilitation Programme[#]	400	2 500

(Note: Figures are rounded to the nearest hundred.)

* Includes medical consultation and medical laboratory tests only

[#] Includes individualised health care services referred by network medical practitioners/Hospital Authority only

Information on the number of Comprehensive Social Security Assistance recipients and usage of Elderly Healthcare Vouchers among members is not readily available.

(2)

Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has been fully implemented 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 2021, more than 217 000 eligible persons have participated in the CRCSP. Breakdown of the number of participants (as at end February 2021) since the introduction of the Pilot Programme, by year of birth, 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 2021
<i>Pilot phase</i>		
Phase 1 (28 September 2016)	1946-1948	34 200
Phase 2 (27 February 2017)	1949-1951	40 000
Phase 3 (27 November 2017)	1952-1955	51 900
<i>Regularised phase</i>		
Phase 1 (6 August 2018)	1942-1945 1956-1957	33 500
Phase 2 (1 January 2019)	1958-1963	38 400
Phase 3 (1 January 2020)	1964-1971	19 100

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.

Based on the experience in the Pilot Programme, it is estimated 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 -

CONTROLLING OFFICER'S REPLY

FHB(H)135

(Question Serial No. 0207)

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:

According to Programme (2), the Hospital Authority (HA) will continue to combat the Coronavirus Disease 2019 epidemic in the coming year. Some members of the public stated that test results were still not available after submitting deep throat saliva specimen collection bottles to HA for more than a week. Has the situation improved since HA stated that they would hire additional private laboratories? If yes, what are the details? If not, how will HA cope with the situation? Will the accountability of the Government's laboratory contractors be enhanced? What are the manpower and expenditure involved in the testing work?

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 65)

Reply:

Under the Government's Enhanced Laboratory Surveillance Programme, to assist individuals who perceive themselves as having a higher risk of exposure and who experience mild discomfort to undergo a COVID-19 test, the Hospital Authority (HA) provides specimen collection packs and collects specimens through its 47 general out-patient clinics. To cope with the increased demand for testing, HA has outsourced laboratory testing on COVID-19 to support the Enhanced Laboratory Surveillance Programme since July 2020.

Due to a sudden surge of demand for specimen collection packs from catering business, scheduled premises and construction sector within a short period of time in February 2021, there were significant upsurges in the quantities of testing to be performed by the testing agencies. Delays of notification of test results were observed, and HA has urged the agencies involved to speed up the testing and reporting process. In parallel, testing services from other qualified laboratories were sourced and urgently arranged to cope with the rise in demand for COVID-19 testing. As the testing agencies adopted various measures to uplift the testing capacity and increase manpower, the testing speed resumed normal gradually towards end of February.

The situation of the COVID-19 epidemic is highly volatile and evolving fast. The coverage and involvements in the Enhanced Laboratory Surveillance Programme are wide and multi-facet and hence the related expenditures are yet to be known.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)136

(Question Serial No. 2002)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

According to Programme (1), the Health Branch will continue efforts to deter smoking in the coming year. In this regard, what are the details? What are the manpower and expenditure involved? While considering the Smoking (Public Health) (Amendment) Bill 2019, many Members hope that the Government will impose regulation instead of a total ban on heat-not-burn tobacco products. The Deputy Secretary for Food and Health has indicated that she would reflect Members' views to the Secretary of Food and Health that the Bill should handle heat-not-burn tobacco products and electronic cigarettes separately. Will the Secretary of Food and Health accept Members' views? If yes, what are the details? If not, what are the reasons?

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 319)

Reply:

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 the Department of Health (DH) and Hospital Authority; (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

2021-22 is \$140 million.

For the protection of public health, the Government introduced into the Legislative Council on 20 February 2019 the Smoking (Public Health) (Amendment) Bill 2019 (Amendment Bill), to ban the import, manufacture, sale, distribution and advertisement of alternative smoking products including electronic cigarettes, heated tobacco products and herbal cigarettes. The Amendment Bill is currently under scrutiny by the Bills Committee on Smoking (Public Health) (Amendment) Bill 2019 (2020-2021 legislative session). The Government will continue to explain to the public and legislators the justifications for the legislative proposal and take into consideration the different views expressed by Members at the Bills Committee.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)137

(Question Serial No. 1145)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

To combat the Coronavirus Disease 2019 (COVID-19) epidemic, the Department of Health has coordinated the provision of compulsory and voluntary testing services. What were the numbers of compulsory and voluntary tests provided by the Department to individuals in each of the months last year? What was the operating cost of each compulsory test? How many visits seeking self-paid voluntary testing service were made at community testing centres each month?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 22)

Reply:

Expenses on COVID-19 testing are financed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill or the estimates of the General Revenue Account.

For Members' information, since the commencement of the fourth wave of the epidemic in mid-November 2020 (from 15 November 2020 to 6 March 2021), the Government has conducted more than 5.68 million tests at community testing centres and mobile specimen collection stations across the territory, including (i) more than 1.63 million compulsory tests (3 715 samples or 0.23% tested preliminarily positive); (ii) more than 2.28 million targeted tests (669 samples or 0.03% tested preliminarily positive); and (iii) more than 1.76 million voluntary tests (1 081 samples or 0.06% tested preliminarily positive).

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)138

(Question Serial No. 1221)

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:

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 2018-19, 2019-20 and 2020-21 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.: 49)

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 2018-19, 2019-20 and 2020-21 (as at 31 December 2020).

Cluster	2018-19 (As at 31 March 2019)	2019-20 (As at 31 March 2020)	2020-21 (As at 31 December 2020)
HKEC	1 551	1 659	1 795
HKWC	1 388	1 373	1 386
KCC	3 214	3 466	3 595
KEC	1 658	1 812	1 930
KWC	2 269	2 413	2 558
NTEC	2 675	2 791	2 886
NTWC	2 595	2 761	2 888

Note:

1. “Care-related support staff” includes health care assistants, ward attendants, patient care assistants, etc.
2. The manpower figures are calculated on FTE 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 2018-19, 2019-20 and 2020-21:

2018-19

Cluster	Intake Number	Attrition (Wastage) Number	
		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 Number	Attrition (Wastage) Number	
		Full-time	Part-time
HKEC	353	247	0
HKWC	150	147	3
KCC	611	411	0
KEC	352	207	1
KWC	364	259	2
NTEC	519	393	1
NTWC	505	344	2

2020-21

Cluster	Intake Number (April to December 2020)	Attrition (Wastage) Number (April to December 2020)	
		Full-time	Part-time
HKEC	293	167	1
HKWC	115	101	0
KCC	369	275	0
KEC	247	140	0
KWC	303	186	1
NTEC	377	283	2
NTWC	291	193	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 2018-19, 2019-20 and 2020-21 (full year projection).

Cluster	2018-19 Average Monthly Salary Expenditure (\$ thousand)	2019-20 Average Monthly Salary Expenditure (\$ thousand)	2020-21 Average Monthly Salary Expenditure (Full Year Projection) (\$ thousand)
HKEC	20.0	21.9	23.1
HKWC	20.7	23.3	24.1
KCC	18.7	20.8	22.9
KEC	20.2	21.9	24.1
KWC	19.6	21.7	23.4
NTEC	19.3	21.9	23.5
NTWC	19.1	21.5	22.7

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 2020-21 represent full year projection.

(d), (e) & (f)

According to HA's prevailing human resources policy, conditioned hours of work of HA employees are expressed on a 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.

(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 2018-19, 2019-20 and 2020-21 (full year projection).

Cluster	2018-19 Total Expenditure on SHS and Overtime Allowance (\$ million)	2019-20 Total Expenditure on SHS and Overtime Allowance (\$ million)	2020-21 Total Expenditure on SHS and Overtime Allowance (Full Year Projection) (\$ million)
HKEC	7.8	9.3	11.2
HKWC	6.5	8.9	8.2
KCC	14.6	21.0	25.1
KEC	11.0	12.5	9.4
KWC	7.5	10.9	4.4
NTEC	12.9	17.1	10.9
NTWC	10.8	19.1	7.7

Note:

1. The number of staff receiving payment for SHS in 2018-19, 2019-20 and 2020-21 are based on headcount statistics as at 31 March 2019, 31 March 2020 and 31 January 2021 respectively.
2. Payment for SHS for 2020-21 represents full year projection.

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

FHB(H)139

(Question Serial No. 1415)

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 stated in the Analysis of Financial and Staffing Provision, the provision for the Hospital Authority (HA) in 2021-22 is \$3,702.9 million higher than the revised estimate for 2020-21. This is mainly due to the additional provision to the HA for implementing “various measures” to meet the increasing demand for hospital services and to improve the quality of clinical care as well as to combat the Coronavirus Disease 2019 (COVID-19) epidemic. Regarding the “various measures”, will the Bureau provide the specific details of these measures and the relevant funding allocation?

COVID-19 has increased the burden on the healthcare system and the demand on manpower is strong. Figures on the HA's full-time staff show that the growth in the number of nurses is the largest among various staff grades while excluding the “others” staff. The estimated number of nurses in 2021-22 is 29 710, representing an increase of 1 180 over the number in the revised estimate for 2020-21. In the past, various HA clusters commissioned agencies to provide outsourced registered nurses, enrolled nurses and care-related support staff to alleviate the shortage of manpower. In this connection, does the Government have information on the expenditures incurred by the HA clusters in entrusting agencies with the provision of outsourced registered nurses, enrolled nurses and care-related support staff, the numbers of outsourced staff involved and their median monthly salaries in each of the past 5 financial years?

Asked by: Hon POON Siu-ping (LegCo internal reference no.: 50)

Reply:

The recurrent subvention to the Hospital Authority (HA) in 2021-22 amounts to \$80.7 billion, representing an increase of 4.7% over the 2020-21 revised estimate (\$77.0 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 323 public hospital beds;

- (b) addressing the escalating demand for psychiatric services across different age groups in both hospitals and community settings;
- (c) enhancing cancer services by extending service hours of radiotherapy for cancer patients; enhancing systemic anti-cancer therapy services; recruiting additional Cancer Case Manager; and developing Integrated Cluster Cancer Centre service model;
- (d) strengthening infectious disease services, including establishing cluster-based infectious disease network and increasing manpower for infection control and cleansing in various clinical settings; and
- (e) enhancing diagnostic imaging services and providing additional radiology attendances; increasing the quota for general outpatient clinics; providing additional specialist outpatient clinic attendances, etc.

Besides, the Government allocated \$4.7 billion from the Anti-epidemic Fund to provide additional resources for HA in tackling the Coronavirus Disease 2019 epidemic, in particular for ensuring sufficient support and protection for frontline healthcare staff. To provide further support to HA in combating the fourth wave of the epidemic and winter surge, the Government also allocated an additional funding of \$3,044 million for HA to establish and operate the Community Treatment Facility at the AsiaWorld-Expo and the North Lantau Hospital Hong Kong Infection Control Centre, and to sustain its anti-epidemic measures.

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 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. Details on the number of agency staff engaged in the past 5 years are not available.

Clusters engage agency service for both nurses and care-related supporting staff under a combined contract, hence the breakdown on expenditure by staff group is not available. The expenditure incurred by each cluster in engaging such agency service in the past 5 years are as follows:

Year	Expenditure incurred in engaging agency service (\$ million)					
	HKEC	KCC	KEC	KWC	NTEC	NTWC
2016-17	13.6	-	-	4.5	-	7.3
2017-18	12.9	6.0	2.1	31.5	7.4	5.5
2018-19	20.8	16.7	8.7	32.4	19.8	14.3
2019-20	21.0	27.5	20.4	44.3	18.8	12.7
2020-21	17.9	21.2	6.0	34.0	24.5	13.2

Since the contractual arrangement is between the agency staff and the contractors, HA is unable to provide salary information on the agency staff. HA will continue to recruit full-time nurses and health care assistants to meet service demand, while engagement of agency nurses and health care assistants is one of the short-term measures to alleviate the manpower situation.

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

FHB(H)140

(Question Serial No. 0711)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2021-22 that the Government will promote the development of Chinese medicine (CM) in Hong Kong. In this connection, will the Government inform this Committee of:

the existing staff establishment, estimated expenditure and work of the Chinese Medicine Development Fund (CMDF);

the number of projects financed by the CMDF, and the project names, brief descriptions, estimates and implementation timetable;

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.: 54)

Reply:

The Chinese Medicine Development Fund (the Fund) was formally launched in June 2019, with funding schemes rolled out in phases thereafter. The Food and Health Bureau (FHB) allocated \$71.550 million and \$148.409 million in 2019-2020 and 2020-2021 respectively for operation of the Fund. For 2021-2022, the FHB has earmarked \$118.120 million for the purpose. The expenditure covers the funding for approved projects, operating cost for a resources platform, publicity and promotional expenses as well as administrative costs for the Hong Kong Productivity Council (HKPC), which is the agent 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 under the FHB, separate breakdown of manpower and expenditures for the Fund is not available.

Since the launch of the Fund in June 2019, various funding schemes have been launched in phases to support training, improvement of clinic facilities, enhancement of proprietary Chinese medicine (pCm) manufacturing quality and management systems, pCm registration, promotion of Chinese medicine (CM), applied studies and research. As at 17 March 2021, about 1 800 funding applications of a total sum of over \$52 million have been approved. Details of the approved applications, including the implementation timetable of the projects have been uploaded onto the Fund's website (www.cmdevfund.hk).

There are two main programmes under the Fund. The Enterprise Support Programme provides matching funds for individual Chinese medicine practitioners (CMPs) and clinics, members of the 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. As technical support to the CM industry, a CM resources platform has been established under the Fund to provide practical information.

A new funding scheme, namely the CM Warehouse Management, Logistics and Services Improvement Funding Scheme was launched in late March 2021 with the aim of providing financial support to CM drug wholesalers and retailers in improving/upgrading their warehouse and logistics facilities. The FHB and HKPC, in consultation with the Advisory Committee on the Fund, will continue to engage the CM sector and relevant stakeholders to review the existing schemes under the Fund and introduce new measures as appropriate.

As at 28 February 2021, there were 7 912 registered CMPs in Hong Kong, including 4 042 registered under the transitional arrangements for registration of CMPs and 3 870 registered through passing the CMP Licensing Examination. Among the latter, 2 120 (54.8%) were graduates from local universities and 1 750 (45.2%) were graduates from non-local universities.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)141

(Question Serial No. 0712)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2021-2022 that the Health Branch will continue to oversee the development of the second stage of the Electronic Health Record Sharing System. Please inform this Committee of the details and the expenditure involved.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 55)

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 (eHealth App) have been launched in January 2021.	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

FHB(H)142

(Question Serial No. 0713)

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:

What was the expenditure on drugs as a cost item for last year? Please provide a breakdown by specialty. Will the Hospital Authority 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.: 56)

Reply:

The amount of drug consumption expenditure on General and Special Drugs in the Hospital Authority Drug Formulary (HADDF) (i.e. the expenditure on General Drugs and Special Drugs prescribed to patients at standard fees and charges) in 2020-21 (projection based on expenditure figure as at 31 December 2020) is \$6,431 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, with the approval from the Commission on Poverty in October 2019, the approval process for introducing new drugs / medical devices to the 3 CCF Medical Assistance Programmes has been streamlined since 2020-21 to 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. We will also further refine the means test mechanism of the SF and CCF Medical Assistance Programmes in the first half of 2021.

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 -

CONTROLLING OFFICER'S REPLY

FHB(H)143

(Question Serial No. 2025)

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:

It is mentioned in the Matters Requiring Special Attention in 2021-22 that the Hospital Authority (HA) will enhance geriatric fragility fracture co-ordination services. In this connection, will the Government inform this Committee of:

1. the specific work plan, the implementation timetable and the estimated expenditure involved; and whether the Government will consider stepping up public-private partnership in this regard. If yes, what are the details? If not, what are the reasons?
2. in addition to enhancing co-ordination services, whether the HA will consider intensifying its efforts in the prevention of geriatric fragility fracture, including prevention of osteoporosis (strengthening screening services and devoting more resources to public education), with a view to achieving a reduction in future healthcare costs of geriatric fragility fracture. If yes, what is the specific work plan in 2021-22? If not, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 104)

Reply:

(1)

Since 2017-18, the Hospital Authority (HA) has established Acute Geriatric Fragility Fracture (AGFF) Nursing Coordination Services to coordinate the multidisciplinary clinical pathway for rehabilitation, and conducts educational talks for patients and their care takers with emphasis on bone health management and fall prevention.

In 2021-22, HA will provide 5 additional operating theatre sessions per week to the day-time trauma list for geriatric patients with acute fragility fractures at Yan Chai Hospital (YCH), and extend AGFF Nursing Coordination Services to North District Hospital and YCH by the end of the 1st quarter of 2022. HA has earmarked around additional \$15.8 million in 2021-22 for the above measures.

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.

(2)

The Department of Health provides health education on the maintenance of bone health, prevention of osteoporosis and falls that may lead to fractures, as well as advocates the importance of adopting a healthy diet and lifestyle to prevent the disease through its various services, e.g. Centre for Health Protection, Elderly Health Service and Family Health Service. Relevant health information on osteoporosis, including but not limited to its prevention and treatment, has been uploaded onto websites for public's reference. Health education messages are also disseminated through other channels such as health talks, individual counselling and leaflets.

In hospital settings, patients often present with fragility fracture as a complication of osteoporosis. For patients suffering from osteoporotic fracture, secondary prevention through bone health management and fall prevention is important.

In addition to the AGFF Nursing Coordination Services, HA strives to provide optimal treatment and care for patients with fragility fracture. In addition to the fracture management, follow-up check-up service, including dual X-ray absorptiometry for bone mineral densities, where indicated, is available upon referral by doctors. In addition, secondary prevention of osteoporotic fractures by pharmaceutical treatment can be prescribed by various specialists, including Endocrinologist, Geriatricians, Family Physicians and Orthopaedic Surgeons for indicated patients.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)144

(Question Serial No. 2030)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in the Budget Speech that the Government plans to set up District Health Centres (DHCs) in 6 other districts and fund non-governmental organisations to set up smaller interim "DHC Express" in the coming 2 years. Will the Government consider introducing check-up services for prevention of osteoporosis at DHCs and DHC Express in the form of public-private partnership? If yes, what are the work plan and estimated expenditure involved? If no, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 105)

Reply:

With a focus on prevention, District Health Centres (DHCs) and "DHC Express" 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 hip fracture rehabilitation programme, individualised 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.

Under the steer of the Steering Committee on Primary Healthcare Development, the Food and Health Bureau will keep in view the service scope of DHCs with a view to providing evidence-based, effective and efficient primary healthcare services via district-based medical-social collaboration in the community.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)145

(Question Serial No. 3252)

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:

According to the latest guideline on asthma of the Global Initiative for Asthma (GINA), medication containing steroid should be prescribed for treatment of asthma. At the same time, ICS-formoterol was recommended as the preferred reliever. The use of Short-Acting β 2-adrenergic Agonist (commonly known as SABA) was no longer recommended, and it should be used for emergency only. At present, the Hospital Authority (HA) only prescribes ICS-formoterol at specialist clinics, but not at general outpatient clinics, meaning that only those asthma patients attending follow-up consultations at specialist clinics can receive medication which can more effectively control their medical condition. In this connection, will the Government inform this Committee of the following:

- (1) the numbers of asthma patients attending specialist clinics and general outpatient clinics respectively, the respective numbers of these patients prescribed ICS-formoterol and SABA and the expenditures on medication involved in each of the past 3 years; and
- (2) whether the HA will consider permitting the prescription of ICS-formoterol to asthma patients attending follow-up consultations at general outpatient clinics as well for better control of their medical condition? If yes, what are the relevant the work plans and estimated expenditure involved? If not, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 103)

Reply:

(1) & (2)

In the Hospital Authority (HA), asthma patients with mild symptoms and in stable condition are followed up by general out-patient clinics (GOPCs), whereas those who require frequent or special treatment and/or have history of hospitalisation are followed up by specialist outpatient clinics (SOPCs) generally.

The patient headcounts with asthma in HA GOPCs was 19 051 in 2018-19, 20 085 in 2019-20 and 17 979 in 2020-21 (projection as of 31 December 2020). As HA does not

assign codes to SOPC patients by disease type, statistics on asthma patients receiving treatment at SOPCs are not available.

Long-acting bronchodilators (including ICS-formoterol) are special drugs in the HA Drug Formulary (HADF) prescribed usually by respiratory medicine specialists. HA patient headcounts prescribed with the said drugs and the drug consumption expenditure involved in the past 3 years are set out in the table below. The patient headcount and the amount of drug expenditure include all outpatients prescribed with these drugs for treatment of different diseases for a variety of therapeutic uses.

Drug Name / Class	Patient Headcount Prescribed with the Drug			Amount of Drug Consumption Expenditure Involved (\$ million)		
	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
i) ICS-formoterol	17 471	19 080	18 245	\$45.76	\$49.87	\$39.74
ii) Short-acting β 2-adrenergic agonist (SABA)	145 872	144 816	110 333	\$17.37	\$17.33	\$13.13

The Government and HA place high importance on providing optimal care for all patients. Since July 2005, HA has implemented the HADF with a view to ensuring equitable access by patients to cost-effective drugs of proven safety and efficacy through standardisation of drug policy and drug utilisation in all public hospitals and clinics. 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.

HA reviews annually the type of drugs to be provided in GOPCs based on clinics' operational needs, including the disease types commonly seen (e.g. diabetes mellitus, hypertension, asthma), the patient volume of respective diseases and the clinical conditions of patients (e.g. the severity of diseases), so as to address the medication needs of GOPC patients. When providing medical services to patients, doctors will advise on and provide appropriate treatment regimen including drug treatment according to patients' clinical conditions. If clinically indicated, doctors may also refer patients to other specialties or services as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)146

(Question Serial No. 0143)

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:

In Matters Requiring Special Attention in 2021-2022, the Government states that it will “continue to oversee the smooth and timely implementation of capital works projects under the First Ten-year Hospital Development Plan (HDP), and the planning of those under the Second HDP” and “continue to conduct the new round of healthcare manpower projection”. Under this connection, will the Government inform this Committee:

- a, the resources and manpower allocated in executing this initiative;
- b, whether the Government has plan to rebuild/expand existing hospitals and build new hospitals, particularly in handling pandemics and seasonal influenza;
- c, whether the Government and the Hospital Authority will conduct in-depth review and consultations in drafting up new packages for retaining talents within public healthcare system; if yes, of the details; if no, of the reasons.

Asked by: Hon SHEK Lai-him, Abraham (LegCo internal reference no.: 55)

Reply:

(a) and (b)

The ten-year Hospital Development Plans (the Plans) are funded under the Capital Works Reserve Fund, details of which are outside the scope of Head 140 under the General Revenue Account. As mentioned in the 2021-22 Budget, the Hospital Authority (HA) will review the design of projects taking into account the experience in combating Coronavirus Disease 2019. Any additional expenditure incurred in the incorporation of required provisions for conversion of general wards into Tier-2 isolation wards in this regard will be absorbed under the Plans. An update of the first ten-year Plan was reported to the Legislative Council Panel on Health Services on 12 March 2021 (Ref: LC Paper No. CB(4)600/20-21(07) at <https://www.legco.gov.hk/yr20-21/english/panels/hs/papers/hs20210312cb4-600-7-e.pdf>).

For the “Healthcare Manpower Projection 2020”, at bureau level, the additional workload arising from the exercise is absorbed by existing manpower resources.

(c)

Over the years, HA has been closely monitoring its manpower situation and introduced a series of measures to attract, develop and retain talents. As part of its overall budget, HA implements ongoing measures including increasing the number of Resident Trainee posts to recruit local medical graduates, hiring full-time and part-time healthcare staff (e.g. via recruitment of locum staff), offering flexible work arrangements, rehiring suitable retired healthcare staff, recruitment of non-locally trained doctors under the limited registration scheme to supplement local recruitment, improving promotion prospects to retain expertise, provision of better training opportunities for various grades, and enhancement of the Fixed Rate Honorarium.

HA established a Task Group on Sustainability in December 2019 to focus on reviewing, among other things, strategies for retaining staff. The Government announced in the 2020-21 Budget that resources were committed for 3 major proposals put forward by the Task Group, including –

- (a) enhancing the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in HA after retirement until 65;
- (b) creating opportunities for around 200 Associate Consultants to be promoted to Consultant rank in 5 years so as to retain experienced medical personnel; and
- (c) providing Specialty Nurse Allowance to eligible registered nurses so as to retain manpower and encourage professional development of nurses through recognising their specialty qualifications.

The above initiatives are being gradually implemented by HA. 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 Government and HA will continue to closely monitor the manpower situation to make proactive arrangements to attract, develop and retain talents for supporting the overall service needs and development in HA.

However, as the “Healthcare Manpower Projection 2020” has shown, healthcare professional manpower particularly doctors are and will continue to be in shortage in the profession as a whole, it is therefore necessary to address the root cause by increasing doctor supply.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)147

(Question Serial No. 1687)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In 2021-22, the Health Branch will continue to promote the development of Chinese medicine (CM) in Hong Kong, including through the provision of funding support to the CM and CM drug sector/trade through the Chinese Medicine Development Fund (CMDf). Will the Government provide in tabular form a breakdown of the relevant details, including figures on the provision of funding support to the CM and CM drug sector/trade, since the launch of CMDf?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 43)

Reply:

The Chinese Medicine Development Fund (the Fund) was formally launched in June 2019, with funding schemes rolled out in phases thereafter. The Food and Health Bureau (FHB) allocated \$71.550 million and \$148.409 million in 2019-2020 and 2020-2021 respectively for operation of the Fund. For 2021-2022, the FHB has earmarked \$118.120 million for the purpose. The expenditure covers the funding for approved projects, operating cost for a resources platform, publicity and promotional expenses as well as administrative costs for the Hong Kong Productivity Council (HKPC), which is the agent 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 under the FHB, separate breakdown of manpower and expenditures for the Fund is not available.

Since the launch of the Fund in June 2019, various funding schemes have been launched in phases to support training, improvement of clinic facilities, enhancement of proprietary Chinese medicine (pCm) manufacturing quality and management systems, pCm registration, promotion of Chinese medicine (CM), applied studies and research. As at 17 March 2021, about 1 800 funding applications of a total sum of over \$52 million have been

approved. Details of the approved applications, including the implementation timetable of the projects have been uploaded onto the Fund's website (www.cmdevfund.hk).

There are two main programmes under the Fund. The Enterprise Support Programme provides matching funds for individual Chinese medicine practitioners (CMPs) and clinics, members of the 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. As technical support to the CM industry, a CM resources platform has been established under the Fund to provide practical information.

A new funding scheme, namely the CM Warehouse Management, Logistics and Services Improvement Funding Scheme was launched in late March 2021 with the aim of providing financial support to CM drug wholesalers and retailers in improving/upgrading their warehouse and logistics facilities. The FHB and HKPC, in consultation with the Advisory Committee on the Fund, will continue to engage the CM sector and relevant stakeholders to review the existing schemes under the Fund and introduce new measures as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)148

(Question Serial No. 0543)

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:

Community Geriatric Assessment Teams (CGATs) were set up by the Hospital Authority (HA) in 1994 to provide timely assessment and appropriate management for high-risk elderly. Through outreach services, they provide comprehensive assessment and care management to those elderly living in subvented or private care homes. In addition to rehabilitation programmes, CGATs also provide appropriate training to care home staff in order to promote continuity of care at the community.

Please tabulate the respective figures in each of the past 10 years:

- a. the number of new cases on the waiting list
- b. the average waiting time for each case
- c. the total number of cases waiting for the service
- d. the expenditure incurred
- e. the manpower involved

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 57)

Reply:

(a) to (c)

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 include medical consultations, nursing assessments and treatments, as well as community rehabilitation services by allied health professionals.

The table below sets out the number of geriatric outreach attendances for elderly patients living in RCHEs (including subsidised and private RCHEs) in the past 10 years.

Year	Number of geriatric outreach attendances
2011-12	626 381
2012-13	620 068
2013-14	633 416
2014-15	642 176
2015-16	637 777
2016-17	661 988
2017-18	685 469
2018-19	679 871
2019-20 ⁽¹⁾	679 527
2020-21 ⁽²⁾ (Revised Estimate)	730 600

HA patients living in RCHEs are covered by CGATs according to individual patients' needs. In this respect, there is no waiting list for the CGAT service.

HA will regularly review the demand for various medical services, including support for elderly patients living in RCHEs, 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.

(d)

The table below sets out the total service cost of CGAT services provided by HA in the past 10 years.

Year	Total service cost (\$ million)
2011-12	244
2012-13	254
2013-14	267
2014-15	286
2015-16	315
2016-17	338
2017-18	354
2018-19	385
2019-20	419
2020-21 ⁽²⁾ (Revised Estimate)	501

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).

(e)

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.

Note:

- (1) In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.
- (2) Starting from 2020-21, the overall service model for CGAT and Visiting Medical Officer (VMO) in HA has been streamlined to provide better support and management of chronic diseases for elderly patients living in RCHEs. The number of geriatric outreach attendances and number of VMO attendances have been consolidated. Respective service costs have also been consolidated.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)149

(Question Serial No. 2275)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The estimated provision of \$2,294.7 million for 2021-22 under the programme of Health is \$993.1 million higher than the revised estimate of \$1,301.6 million for 2020-21, representing a substantial increase of 76.3%. What are the specific details of the additional expenditure?

Asked by: Hon WONG Ting-kwong (LegCo internal reference no.: 48)

Reply:

The 2021-22 draft Estimate is \$993.1 million (76.3%) higher than the 2020-21 Revised Estimate. This is mainly due to –

- increased cash flow requirement for the general non-recurrent items on Health and Medical Research Fund (+\$436.0 million), Hong Kong Genome Project (+\$152.0 million) and “District Health Centre Express” Scheme (+\$238.5 million); and
- increased departmental expenses to support primary healthcare development (+\$46.9 million), the Pilot Scheme for the new service protocol for children and adolescents with Attention Deficit/Hyperactivity Disorder (+\$14.7 million) and the Chinese medicine hospital project (+\$14.2 million).

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)150

(Question Serial No. 2277)

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Has the Government collected and analysed data on the expenditure involved in treating a patient suffering from COVID-19, including cases presented with mild symptoms, cases with severe symptoms and death cases? If yes, what are the relevant statistics? If not, what are the reasons?

Asked by: Hon WONG Ting-kwong (LegCo internal reference no.: 50)

Reply:

As the treatment regimen and care for patients who have contracted the Coronavirus Disease 2019 (COVID-19) vary widely according to their clinical conditions, we have not collected or analysed data on the cost of treatment per patient. It would take substantial time and resources to conduct such data collection and analysis and the results might not serve very meaningful purposes in guiding our on-going epidemic control measures in combatting COVID-19.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)151

(Question Serial No. 0984)

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 Government will provide additional recurrent funding of around \$147 million to enhance child and adolescent psychiatric, community psychiatric and psychogeriatric services of the Hospital Authority. In this connection, please advise on the following:

1. the number of users of child and adolescent psychiatric, community psychiatric and psychogeriatric services, and the expenditure involved in the past 5 years (set out in table form);
2. how the additional recurrent funding of around \$147 million will be allocated; and
3. what specific improvement measures will be in place in the coming year.

Asked by: Hon YIU Si-wing (LegCo internal reference no.: 6)

Reply:

1.

The table below sets out the number of psychiatric patients aged below 18 treated in the Hospital Authority (HA), the number of psychiatric patients who have received community psychiatric services in HA, and the number of HA psychiatric patients aged 65 or above from 2016-17 to 2020-21 (projection as of 31 December 2020).

Financial years	Number of psychiatric patients aged below 18 ^{1,2,3}	Number of psychiatric patients received community psychiatric services ³	Number of psychiatric patients aged 65 or above ^{1,2,3}
2016-17	32 300	33 300	54 700
2017-18	34 900	33 100	58 800
2018-19	37 900	33 600	62 500
2019-20	40 300	33 000	66 700
2020-21 (projection as of 31 December 2020)	38 300	31 800	70 500

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.

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 2016-17 to 2020-21.

Financial years	Expenditure on mental health services (\$ million)
2016-17	4,579
2017-18	4,756
2018-19	5,051
2019-20	5,408
2020-21 (Revised Estimate)	5,634

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).

Remark:

In view of the emergence of the COVID-19 epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by HA might have been reduced when compared with that of previous years.

2. & 3.

HA has earmarked additional funding of around \$156 million (including additional recurrent funding of around \$147 million) in 2021-22 for addressing the escalating demand for psychiatric services across different age groups in both hospitals and community settings, including -

- (i) enhancing mental health services for children and adolescents by developing specialised child and adolescent psychiatric service in Hong Kong East Cluster and

Kowloon Central Cluster in phases, enhancing the collaboration with paediatricians, training up multidisciplinary expertise, and expanding the Student Mental Health Support Scheme to more schools;

- (ii) enhancing community psychiatric service by recruiting additional case managers;
- (iii) addressing elderly mental health needs by enhancing psychogeriatric outreach services;
- (iv) supporting the upcoming service commencement of the new Kwai Chung Hospital; and
- (v) enhancing the psychiatric in-patient services.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)152

(Question Serial No. 3092)

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:

Hong Kong people show signs of deterioration in mental health amid the epidemic. In this connection, it is mentioned in paragraph 159 of the Budget Speech by the Financial Secretary that a sum of \$300 million will be used for strengthening support for people in need in the community and enhancing public awareness of the importance of mental health. Will the Government inform this Committee of:

- 1) the specific use of the above sum of \$300 million, including details of the expenses and manpower involved and the implementation timetable; and
- 2) how innovative technologies will be used by the Government to access more people in need for enabling them to benefit from the relevant plan, despite social distancing restrictions under the epidemic.

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 45)

Reply:

As announced by the Chief Executive in her 2020 Policy Address, the social unrest in 2019, together with the persisting COVID-19 epidemic since early 2020, have brought different levels of impact and influence on the mental well-being of the people in the community. The Government has therefore decided to provide additional resources of \$300 million under the Beat Drugs Fund to better support the needy in the community and raise public awareness of mental health. The Advisory Committee on Mental Health (the Advisory Committee) will be responsible for co-ordinating the initiative and will work with the service providers and non-governmental organisations in the sector to identify needs and set priorities, with a view to facilitating or promoting projects as appropriate.

The Advisory Committee has endorsed the draft framework for the funding scheme at its meeting held in February 2021. The details are being finalised and invitation for proposals will be issued in due course. The proposed use of innovative technologies to support delivery of services will be among the vetting criteria for proposals received.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)153

(Question Serial No. 1399)

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:

The estimate for this year has increased substantially by 78.7% over that for last year with a view to, among others, meeting funding requirement for the Elderly Health Care Voucher (EHCV) Scheme. In this connection, please provide information on:

1. the estimated expenditure on the EHCV Scheme and on the prevention and control of Coronavirus Disease 2019 respectively; and
2. the numbers of voucher claim transactions and the total amounts of claims by type of healthcare service provider in the past 3 financial years.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 35)

Reply:

1.
The financial provision in 2021-22 for the Elderly Health Care Voucher Scheme is \$4,047.7 million.

Additional provision of \$7,465.4 million for 2021-22 includes provision of \$5,396.1 million (or 72.3% of the increased provision) for prevention and control of COVID-19, including but not limited to implementing various anti-epidemic measures, procurement of COVID-19 vaccines and launching of the COVID-19 vaccination programme.

2.
The tables below show the number of voucher claim transactions and the amount of vouchers claimed by type of healthcare service provider enrolled in the Elderly Health Care Voucher Scheme in the past 3 years:

Number of Voucher Claim Transactions

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	2 917 895	2 952 153	1 957 092
Chinese Medicine Practitioners	1 502 140	1 633 532	1 376 436
Dentists	294 950	310 306	246 844
Occupational Therapists	3 515	3 233	4 640
Physiotherapists	40 874	43 946	39 669
Medical Laboratory Technologists	18 662	20 770	15 324
Radiographers	16 785	16 779	14 386
Nurses	6 523	9 936	6 903
Chiropractors	10 743	10 820	8 826
Optometrists	359 343	242 424	158 127
Sub-total (Hong Kong):	5 171 430	5 243 899	3 828 247
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	11 418	13 562	18 962
Total :	5 182 848	5 257 461	3 847 209

Amount of Vouchers Claimed (in HKS'000)

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	1,154,745	1,246,024	947,488
Chinese Medicine Practitioners	533,136	599,170	634,851
Dentists	287,044	313,111	276,556
Occupational Therapists	5,681	4,432	5,383
Physiotherapists	16,452	17,210	15,191
Medical Laboratory Technologists	17,808	18,654	13,706
Radiographers	13,400	15,749	14,700
Nurses	7,447	10,214	8,753
Chiropractors	5,225	5,675	5,127
Optometrists	759,750	431,680	225,903
Sub-total (Hong Kong):	2,800,688	2,661,919	2,147,658
HKU-SZH ^{Note 3}	3,492	3,997	5,507
Total :	2,804,180	2,665,916	2,153,165

- Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 Elderly Health Care Voucher Scheme on a hospital basis.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)154

(Question Serial No. 1928)

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 (ODCP) for the Elderly, please advise on the following:

1. with regard to the new service period from 1 April 2021 to 31 March 2024, the respective numbers of proposals for service provision received and approved, the progress and the details of the services proposed;
2. given that 22 outreach dental teams have been set up under the ODCP over the past 3 years, the establishment, details of the services provided, number of elderly people served and number of hours for such purposes in respect of each outreach team; and
3. in view that Coronavirus Disease 2019 (COVID-19) has kept many from going to the dentist for fear of infection, whether there will be any assessment of the impact of COVID-19 on the ODCP, and plans of enhancing elderly dental care when the situation improves to make up for its impact on their dental health; if yes, the details and if not, the reasons.

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 27)

Reply:

Proposals from 10 non-governmental organisations (NGOs) for operating the Outreach Dental Care Programme for the Elderly (ODCP) for the period from 1 April 2021 to 31 March 2024 were received and accepted. The NGOs will 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 NGOs. If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities.

Starting from October 2017, a total of 23 outreach dental teams from 10 NGOs have been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. Since the launch of the ODCP in October 2014 up to end-January 2021,

the number of attendances was about 256 000.

Apart from providing dental care services to elders at RCHEs and DEs, the NGOs also provide oral care training to caregivers in RCHEs and DEs to enhance their abilities and knowledge in providing daily oral care services to the elders. The Department of Health (DH) has been closely monitoring the provision of outreach dental services under the ODCP. The 10 NGOs have been advised to comply with the latest infection control guidelines in providing the necessary dental services. The DH will continue to maintain close liaison with the NGOs, RCHEs and DEs with a view to minimising the impact to the oral health of the elders as far as practicable amidst the COVID-19 epidemic.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)155

(Question Serial No. 0897)

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 the indicators suggest, 2020 saw a substantial decrease over 2019 in the numbers of attendances at the Maternal and Child Health Centres, for health assessment and medical consultation at the Elderly Health Centres, for health education activities and for woman health service etc., with some of which representing only one tenth of the attendances in 2019. Apart from the impact of Coronavirus Disease 2019, are there any other reasons for such decline in attendances?

Should the epidemic continue to persist in 2021, has the Department set aside any provisions for the study and test run of alternative service delivery modes such as online health counselling? If so, please advise on the details.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 56)

Reply:

The Department of Health (DH) is the lead government department in the combat against the COVID-19 epidemic in Hong Kong. Since early 2020, a number of services provided by DH had been scaled down or suspended to enhance social distancing and to facilitate the internal redeployment of staff for implementation of prevention and control measures against COVID-19. As a result, performance indicators including the number of attendances at Maternal and Child Health Centres and Woman Health Service, the number of health assessments and consultations at Elderly Health Centres (EHCs), and the number of attendances at health education activities organised by EHCs and Visiting Health Teams had all decreased.

To reduce the impact on clients, some Services have introduced measures such as providing prescription refill service for patients with stable chronic health conditions, telephone counselling and consultation by healthcare professionals, and arranging on-line health talks. Resources for these initiatives are absorbed within the overall provisions for the respective Services.

DH will continue to monitor the situation closely, with a view to gradually resuming normal services when the COVID-19 situation eases.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)156

(Question Serial No. 0898)

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 the Department of Health (DH) will continue the work in prevention and control of Coronavirus Disease 2019 (COVID-19). In view of the progressive completion of vaccination for 5 priority groups, please advise on when and how the DH plans to commence vaccination for the remainder in the territory, as well as the expenditure and staff establishment involved in each phase.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 57)

Reply:

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.

- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

The Government's goal is to provide COVID-19 vaccines for the majority of the Hong Kong population within 2021 for free and on a voluntary basis. The priority groups for receiving COVID-19 vaccines are as follows. The priority groups cover more than 5.5 million people, accounting for more than 80% of the population aged 16 (the current minimum age for vaccination) or above.

1. Persons aged 30 years or above (a maximum of two carers who accompany elderly people aged 70 or above can also receive vaccination);
2. Personnel in healthcare settings and those participating in anti-epidemic related work;
3. Residents and staff of residential care homes for the elderly/residential care homes for persons with disabilities and staff of community care services units for the elderly/persons with disabilities;
4. Personnel maintaining critical public services;
5. Personnel providing cross-boundary transportation or working at control points and ports;

6. Staff of food and beverages premises, markets, supermarkets, convenience stores and couriers (including takeaway food delivery);
7. Staff of local public transport service operators;
8. Registered construction workers and other resident site personnel;
9. Staff of property management (including security and cleaning staff);
10. Teachers and school staff;
11. Staff of the tourism industry;
12. Staff of scheduled premises under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F);
13. Students studying outside Hong Kong (aged 16 or above); and
14. Domestic helpers.

The Government will, having regard to the actual situation, extend vaccination to the remaining of the eligible population.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)157****(Question Serial No. 1506)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

The Department of Health will continue to operate the Government Chinese Medicines Testing Institute on the temporary site. In this connection, please advise on the total amount of Chinese herbal medicines (Chm) tested, the amount of Chm found to have exceeded the permitted limits, and the exceeded levels in each of the past 3 years.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 66)Reply:

To monitor the quality and safety of Chinese herbal medicines (Chm) regulated under the Chinese Medicine Ordinance (Cap. 549), the Department of Health (DH) has put in place a market surveillance system under which samples of Chm are collected from the market for testing on a regular basis.

In the past 3 years (2018-2020), the number of Chm samples tested and the results are summarised in the following table:

Year	Total number of samples tested ^a	Number of samples failing the relevant test(s)		
		Heavy metals and toxic element	Pesticide residues	Morphological identification
2018	540	1 ^b	1 ^c	1 ^d
2019	540	0	0	1 ^e
2020	670	0	0	0
Total	1 750	1	1	2

Notes:

- Excluding single Chinese medicine granules for prescriptions.
- Test result from the Government Laboratory revealed that the decoction prepared from a

sample of Herba Pteridis Multifidae (鳳尾草) contained about 2.6 times the maximum limit of arsenic set by the Chinese Medicine Council of Hong Kong (CMCHK).

- c. Test result from the Government Laboratory revealed that triazophos, an organophosphate pesticide, was detected in the decoction prepared from a sample of Fructus Corni (山茱萸). Each kilogram of the Chm was found to contain 0.09 milligram of triazophos which was not allowed to be detected as per the standard set by CMCHK.
- d. One sample of Flos Eriocauli (穀精草) was found to be Eriocaulon sexangulare L. (穀精珠).
- e. One sample of Indigo Naturalis (青黛) was found to be fake.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)158

(Question Serial No. 3188)

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 the number of default in payment of fixed penalty notices issued by the Tobacco and Alcohol Control Office over the past 3 years, and the proportion of such cases by gender and age group.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 64)

Reply:

As of 8 March 2021, there were a total of 196, 223 and 142 unsettled fixed penalty notices (FPNs) issued in 2018, 2019 and 2020 respectively. Court warrants for non-payment have been issued for the recovery of unsettled payment of penalty.

Among these unsettled FPNs, males constituted around 87% of the cases. Less than 1% and about 16% of the cases were aged below 18 and aged 60 and above respectively.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)159****(Question Serial No. 3189)**

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:

Currently, eligible elderly people in Hong Kong can use health care vouchers for outpatient services provided by designated clinics/departments of the University of Hong Kong-Shenzhen Hospital (HKU-SZH). In this connection, please advise on the number of attendances of elderly people in Hong Kong using health care vouchers at the HKU-SZH, their gender, as well as clinics/departments and the total amount involved in each of the past 3 years.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 67)

Reply:

From 2018 to 2020, eligible elderly persons had used vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZH) for healthcare services provided by the following designated Outpatient Medical Centres and Medical Service Departments: Accident and Emergency Department, Chinese Medicine Clinic, Dental Clinic, Department of Medical Imaging, Family Medicine Clinic, Gynaecology Clinic, Health Assessment and Management Centre, Medicine Clinic, Ophthalmology Clinic, Orthopaedic Clinic, Physiotherapy Department, Rehabilitation Clinic and Surgery Clinic. The table below shows the number of voucher claim transactions made and the amount of vouchers claimed by the HKU-SZH in the past 3 years:

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Number of voucher claim transactions made by HKU-SZH ^{Note 3}	11 418	13 562	18 962
Amount of vouchers claimed by HKU-SZH (in HK\$'000) ^{Note 3}	3,492	3,997	5,507

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 EHCV Scheme on a hospital basis.

The table below shows the number of elderly persons who had used vouchers at HKU-SZH as at end-December in the past 3 years, broken down by gender:

	2018	2019	2020
Male	2 000	2 700	4 100
Female	1 400	1 900	2 500

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)160

(Question Serial No. 2643)

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 (EHCV) Scheme, please advise this Committee on:

1. the amount of EHCVs claimed and the number of claim transactions as well as the average amount, the median amount and the range of maximum amount claimed per transaction by type of healthcare professional in table form over the past 3 years;
2. the number of complaints related to EHCVs 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 EHCV Scheme in the past 3 years and in the coming year;
4. the number of inspections conducted (broken down by routine inspection, investigation into aberrant patterns of transaction and inspection upon complaint); the number of EHCV claims checked and their percentage 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 EHCV claims exceeding \$4,000 per claim by type of healthcare service.

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, average and median amount of vouchers claimed per transaction, and the range of maximum voucher amount claimed per transaction by types of healthcare service providers enrolled in the Elderly Health Care Voucher (EHCV) Scheme in the past 3 years:

Amount of vouchers claimed and number of voucher claim transactions in 2018 ^{Note 1}					
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Average amount of vouchers claimed per transaction (HK\$)	Median amount of vouchers claimed per transaction (HK\$)	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,154,745	2 917 895	396	300	4,751 – 5,000
Chinese Medicine Practitioners	533,136	1 502 140	355	245	4,751 – 5,000
Dentists	287,044	294 950	973	640	4,751 – 5,000
Occupational Therapists	5,681	3 515	1,616	600	4,751 – 5,000
Physiotherapists	16,452	40 874	403	323	4,751 – 5,000
Medical Laboratory Technologists	17,808	18 662	954	780	4,751 – 5,000
Radiographers	13,400	16 785	798	460	4,751 – 5,000
Nurses	7,447	6 523	1,142	700	4,751 – 5,000
Chiropractors	5,225	10 743	486	400	4,751 – 5,000
Optometrists	759,750	359 343	2,114	1,951	4,751 – 5,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) ^{Note 2}	3,492	11 418	306	124	4,501 – 4,750

**Amount of vouchers claimed
and number of voucher claim transactions in 2019** ^{Note 3}

	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Average amount of vouchers claimed per transaction (HK\$)	Median amount of vouchers claimed per transaction (HK\$)	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,246,024	2 952 153	422	330	5,751 – 6,000
Chinese Medicine Practitioners	599,170	1 633 532	367	250	5,751 – 6,000
Dentists	313,111	310 306	1,009	680	5,751 – 6,000
Occupational Therapists	4,432	3 233	1,371	500	5,751 – 6,000
Physiotherapists	17,210	43 946	392	310	5,751 – 6,000
Medical Laboratory Technologists	18,654	20 770	898	680	5,751 – 6,000
Radiographers	15,749	16 779	939	540	5,751 – 6,000
Nurses	10,214	9 936	1,028	500	5,751 – 6,000
Chiropractors	5,675	10 820	524	500	4,751 – 5,000
Optometrists	431,680	242 424	1,781	1,750	4,751 – 5,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) ^{Note 2}	3,997	13 562	295	117	5,501 – 5,750

Amount of vouchers claimed and number of voucher claim transactions in 2020					
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Average amount of vouchers claimed per transaction (HK\$)	Median amount of vouchers claimed per transaction (HK\$)	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	947,488	1 957 092	484	350	7,751 – 8,000
Chinese Medicine Practitioners	634,851	1 376 436	461	280	7,751 – 8,000
Dentists	276,556	246 844	1,120	750	7,751 – 8,000
Occupational Therapists	5,383	4 640	1,160	440	7,751 – 8,000
Physiotherapists	15,191	39 669	383	300	7,751 – 8,000
Medical Laboratory Technologists	13,706	15 324	894	650	7,751 – 8,000
Radiographers	14,700	14 386	1,022	560	7,751 – 8,000
Nurses	8,753	6 903	1,268	782	7,751 – 8,000
Chiropractors	5,127	8 826	581	560	7,751 – 8,000
Optometrists	225,903	158 127	1,429	1,600	1,751 – 2,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) ^{Note 2}	5,507	18 962	290	116	7,251 – 7,500

Note 1: On 8 June 2018, each eligible elderly person 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: 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 EHCV Scheme on a hospital basis.

Note 3: On 26 June 2019, each eligible elderly person 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 elderly person was introduced on the same day.

2.

From 2018 to 2020, the Department of Health (DH) received a total of 292 complaints (including media reports and relevant reports) against participating healthcare service providers under the EHCV Scheme. The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of the terms and conditions of the EHCV Scheme Agreement was found during the investigation. The relevant statistics of complaints received from 2018 to 2020 are provided in the table below:

	2018	2019	2020	Total
Number of complaints (including media reports and relevant reports) received by DH against participating healthcare service providers under the EHCV Scheme	120	103	69	292
Number of complaint cases requiring withholding of reimbursements or recovering paid reimbursements and the amount of vouchers (HK\$) involved ^{Note 4}	14 \$130,450	15 \$254,659	3 \$4,270	32 \$389,379
Number of complaint cases referred to the Police by DH ^{Notes 4 and 5}	10	2	0	12
Number of cases successfully prosecuted by the Police ^{Note 4}	0	0	0	0

Note 4: Provisional figures as at end-December 2020. Some of the cases are still under investigation.

Note 5: Among the 12 complaint cases received from 2018 to 2020 and referred to the Police for follow-up action, investigation of 9 cases by the Police was completed with no prosecution made, and 3 cases were still under investigation as at end-December 2020.

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 EHCV 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 EHCV 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 EHCV 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 EHCV Scheme. Besides, the DH has strengthened its efforts in empowering elderly persons to make informed choices and use vouchers wisely through more proactively reaching out to elderly persons and enhancing the mechanism for checking

voucher balance and voucher transaction records. The DH will also continue to provide updated key statistics on the EHCV Scheme and voucher usage on its website and the website of the EHCV Scheme to help both elderly persons and the general public better understand the EHCV Scheme.

The EHCV 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 EHCV Scheme in 2018-19, 2019-20 and 2020-21 was 48, 52 and 55 respectively, while that in 2021-22 will be 55.

Below are the actual/ estimated administrative expenses for administering the EHCV Scheme:

2018-19 (Actual) \$ million	2019-20 (Actual) \$ million	2020-21 (Revised estimate) (\$ million)	2021-22 (Estimate) (\$ million)
26.3	37.0	39.4	47.8

The manpower and expenditure on monitoring of the EHCV Scheme cannot be separately quantified.

4.

Details of inspections conducted under the EHCV Scheme as at end 2018, 2019 and 2020 are as follows:

Cumulative figures as at		Routine checking	Investigation of aberrant patterns of claim transactions	Investigation of complaints <small>Note 6</small>	Total	Coverage of total number of voucher claims made under the EHCV Scheme	Coverage of total number of enrolled healthcare service providers who have ever made claims
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		
31.12.2020	Number of inspections conducted	19 939	5 007	374	25 320	1.6%	95.7%
	Number of claims checked	354 477	89 492	26 930	470 899		

Note 6: Including complaints/ media reports and other reports about the EHCV Scheme.

5.

The table below shows the number of voucher claims with amount more than \$4,000 per transaction in 2020, broken down by types of healthcare service providers:

	Number of voucher claims in 2020 with amount more than \$4,000 per transaction
Medical Practitioners	5 066
Chinese Medicine Practitioners	8 131
Dentists	7 842
Occupational Therapists	72
Physiotherapists	48
Medical Laboratory Technologists	67
Radiographers	498
Nurses	412
Chiropractors	12
Optometrists ^{Note 7}	0
HKU-SZH	11

Note 7: A cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elderly person was introduced on 26 June 2019.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)161

(Question Serial No. 2644)

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 76 non-directorate posts in 2021-22. 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**.

Creation and Deletion of Posts in Department of Health in 2021-22

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$) #</u>
<i>Programme 1 – Statutory Functions</i>		
* Medical Technologist (new pay scale)	3	2,210,940
* Medical Technologist (existing pay scale)	-3	-2,422,620
* Associate Medical Technologist	3	1,389,420
* Medical Laboratory Technician I	-1	-613,140
* Medical Laboratory Technician II	-2	-762,000
Radiographer I	1	736,980
<i>Total (Programme 1) :</i>	<i>1</i>	<i>539,580</i>
<i>Programme 2 – Disease Prevention</i>		
Senior Medical and Health Officer	2	3,029,280
Medical and Health Officer	11	12,902,340
Senior Nursing Officer	1	985,260
Nursing Officer	5	3,856,200
Registered Nurse	16	7,778,880
* Medical Technologist (new pay scale)	95	70,013,100
* Medical Technologist (existing pay scale)	-92	-74,293,680
* Associate Medical Technologist	150	69,471,000
* Medical Laboratory Technician I	-43	-26,365,020
* Medical Laboratory Technician II	-101	-38,481,000
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	1	1,124,520
Hospital Administrator I	2	1,615,080
Hospital Administrator II	3	1,531,620
Radiographer I	-2	-1,473,960
Senior Foreman	2	690,720
Foreman	10	2,727,000
Executive Officer I	2	1,615,080
Executive Officer II	2	1,069,320
Health Inspector I/II	2	1,135,080
Supplies Supervisor II	1	288,840
Laboratory Attendant	2	480,840
Workman II	2	358,680
<i>Total (Programme 2) :</i>	<i>73</i>	<i>42,029,700</i>

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$) #</u>
<i>Programme 4 – Curative Care</i>		
Radiographer I	1	736,980
Radiographer II	2	926,280
Radiographic Technician	-2	-613,080
Senior Dental Officer	-1	-1,514,640
Dental Officer	-1	-1,030,440
<i>Total (Programme 4) :</i>	<i>-1</i>	<i>-1,494,900</i>
<i>Programme 7 – Medical and Dental Treatment for Civil Servants</i>		
Dental Surgery Assistant	3	977,220
<i>Total (Programme 7) :</i>	<i>3</i>	<i>977,220</i>
<i>Total (Overall):</i>	<i>76</i>	<i>42,051,600</i>

based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)162

(Question Serial No. 2645)

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 2019-20, 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 2020-21 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 2021, more than 217 000 eligible persons have participated in the CRCSP. Among those participants who underwent colonoscopy examination services, about 17 000 persons were found to have colorectal adenomas and about 1 600 persons colorectal cancers. Breakdown

of the number of participants (as at end February 2021) 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 2021	
		Male	Female
<i>Pilot phase</i>			
Phase 1 (28 September 2016)	1946-1948	16 200	18 000
Phase 2 (27 February 2017)	1949-1951	18 400	21 600
Phase 3 (27 November 2017)	1952-1955	22 500	29 400
<i>Regularised phase</i>			
Phase 1 (6 August 2018)	1942-1945 1956-1957	15 100	18 400
Phase 2 (1 January 2019)	1958-1963	15 400	23 000
Phase 3 (1 January 2020)	1964-1971	7 800	11 300

2. The revised estimate for the CRCSP in 2020-21 is \$105.2 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 enrol in the CRCSP. The DH will keep in view the participation rate of the CRCSP.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)163

(Question Serial No. 2647)

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 2016-17 to 2020-21, 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 numbers of wastage, wastage rates and lengths 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 2016-17 to 2020-21:

- (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**.

Approved Establishment of Doctors in the Department of Health

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

2020-21

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	73	8	5	2	7	147
Medical and Health Officer	14	5	16	85	57	9	143	7	25	2	23	386
Total	25	9	19	99	78	17	243	20	32	5	32	579

Number of Full-time and Part-time Contract Doctors in the Department of Health

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

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	10	22	-	1	33
Tuberculosis and Chest	1	1	1	-	3
Total	15	32	2	4	53

2020-21 (as at 1 February 2021)

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	1	10	-	-	11
Family Medicine	4	9	1	-	14
Health	9	23	2	2	36
Tuberculosis and Chest	1	1	-	1	3
Total	18	43	3	6	70

**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 %
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
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

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 %
2019-20													
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
2020-21 (as at 1 February 2021)													
Directorate	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Medical and Health Officer	-	-	-	1	-	1	1	-	-	-	-	3	2.9
Medical and Health Officer	-	1	-	4	1	-	4	1	3	-	1	15	4.5
Total	-	1	-	5	1	1	5	1	3	-	1	18	3.7

Note : Wastage includes retirement, resignation, completion of agreement and death.

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
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					
Directorate	-	-	-	2	2
Senior Medical and Health Officer	-	-	1	-	1
Medical and Health Officer	9	4	3	-	16
Total	9	4	4	2	19
2020-21 (as at 1 February 2021)					
Directorate	-	-	-	-	-
Senior Medical and Health Officer	-	1	1	1	3
Medical and Health Officer	8	6	1	-	15
Total	8	7	2	1	18

Number of Doctors Recruited

Year / Rank	Senior Medical and Health Officer	Medical and Health Officer	Total
2016-17	-	23	23
2017-18	-	29	29
2018-19	-	18	18
2019-20	-	32	32
2020-21 (as at 1 February 2021)	-	28	28
Total	-	130	130

Stream / Year	2016-17	2017-18	2018-19	2019-20	2020-21 (as at 1 February 2021)	Total
Child Assessment	1	1	-	1	-	3
Clinical Genetics	1	-	-	2	-	3
Correctional Institutions	-	-	-	-	-	-
Family Health	2	6	5	1	3	17
Family Medicine	5	4	1	5	1	16
Forensic Pathology	-	-	1	-	2	3
Health	11	14	7	14	16	62
Pathology	-	2	1	1	1	5
Social Hygiene	-	-	-	8	5	13
Special Preventive Programme	1	1	2	-	-	4
Tuberculosis and Chest	2	1	1	-	-	4
Total	23	29	18	32	28	130

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)164

(Question Serial No. 2648)

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, one of the Matters Requiring Special Attention in 2021-22 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 registration and enforcement work?

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

Reply:

The new regulatory regime for private healthcare facilities under the Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) is being implemented in phases. In 2021-22, 177 posts and \$211 million are earmarked to undertake the relevant registration and enforcement work under the Ordinance. These include the resources previously allocated for regulation of private healthcare institutions under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) which was replaced by the Ordinance on 1 January 2021.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)165

(Question Serial No. 2659)

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 (EHCV) Scheme, please provide details of the following in 2018, 2019 and 2020:

- (a) the amount of EHCVs claimed by various healthcare disciplines and the total amount of claims;
- (b) the numbers of persons who have used the EHCVs, the numbers of eligible persons and the percentages of eligible persons who have used the EHCVs;
- (c) the percentages and numbers of eligible persons who have used the EHCVs by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions);
- (d) the average numbers of EHCVs 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 numbers of service providers participating in the EHCV Scheme by discipline.

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

Reply:

(a)

The table below shows the amount of vouchers claimed by types of healthcare service providers enrolled in the Elderly Health Care Voucher (EHCV) Scheme in the past 3 years from 2018 to 2020:

Amount of Vouchers Claimed (in HK\$'000)

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	1,154,745	1,246,024	947,488
Chinese Medicine Practitioners	533,136	599,170	634,851
Dentists	287,044	313,111	276,556
Occupational Therapists	5,681	4,432	5,383
Physiotherapists	16,452	17,210	15,191
Medical Laboratory Technologists	17,808	18,654	13,706
Radiographers	13,400	15,749	14,700
Nurses	7,447	10,214	8,753
Chiropractors	5,225	5,675	5,127
Optometrists	759,750	431,680	225,903
Sub-total (Hong Kong):	2,800,688	2,661,919	2,147,658
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	3,492	3,997	5,507
Total :	2,804,180	2,665,916	2,153,165

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 EHCV Scheme on a hospital basis.

(b) & (c)

The table below shows the number of eligible elderly persons and the number of elderly persons who had made use of vouchers up to end of 2018, 2019 and 2020, broken down by gender and age group:

	2018		2019		2020	
	Number of elderly persons	% of eligible elderly persons	Number of elderly persons	% of eligible elderly persons	Number of elderly persons	% of eligible elderly persons
(1) Number of eligible elderly persons (i.e. elderly persons aged 65 or above)*	1 266 000	-	1 325 000	-	1 377 000	-
(2) Cumulative number of elderly persons who had made use of vouchers up to end of the year	1 191 000	94%	1 294 000	98%	1 350 000	98%
(i) By gender						
- Male	552 000	93%	602 000	97%	629 000	98%
- Female	639 000	95%	692 000	98%	721 000	98%
(ii) By age group						
- 65 - 69	394 000	92%	427 000	96%	425 000	93%
- 70 - 75	323 000	100%	375 000	100%	416 000	100%
- 76 - 80	176 000	91%	178 000	95%	184 000	100%
- Above 80	298 000	92%	314 000	93%	325 000	91%

*Source: Hong Kong Population Projections 2017-2066 and Hong Kong Population Projections 2020-2069, Census and Statistics Department

The Department of Health (DH) does not maintain statistics on the residence of elderly persons using the vouchers.

(d)

The table below shows the average cumulative amount of vouchers in monetary value used per person up to end of 2018, 2019 and 2020 since the EHCV Scheme was launched in 2009, broken down by gender and age group:

	Average cumulative amount of vouchers (HK\$) used per person since the EHCV Scheme was launched in 2009		
	Up to 31.12.2018 ^{Note 4}	Up to 31.12.2019 ^{Note 5}	Up to 31.12.2020
(i) By gender			
- Male	5,605	6,912	7,914
- Female	6,059	7,516	8,567
(ii) By age group			
- 65 - 69	3,164	4,357	4,878
- 70 - 75	5,283	6,466	7,430
- 76 - 80	8,752	10,506	11,810
- Above 80	8,294	10,212	11,746

Note 4: On 8 June 2018, each eligible elderly person 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 5: On 26 June 2019, each eligible elderly person 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 elderly person was introduced on the same day.

The DH does not maintain statistics on the residence of elderly persons using the vouchers.

(e)

The table below shows the number of healthcare service providers by types enrolled in the EHCV Scheme as at end of 2018, 2019 and 2020:

	As at 31.12.2018	As at 31.12.2019	As at 31.12.2020
Medical Practitioners	2 591	2 893	3 060
Chinese Medicine Practitioners	2 720	3 159	3 496
Dentists	1 047	1 171	1 219
Occupational Therapists	74	97	118
Physiotherapists	441	520	556
Medical Laboratory Technologists	54	64	61
Radiographers	44	56	50
Nurses	182	244	239
Chiropractors	91	111	116
Optometrists	697	780	797
Sub-total (Hong Kong):	7 941	9 095	9 712
HKU-SZH ^{Note 6}	1	1	1
Total :	7 942	9 096	9 713

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 EHCV Scheme on a hospital basis.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)166

(Question Serial No. 2666)

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 (HTC), the Project on Dental Services for Persons with Intellectual Disability, will the Government inform this Committee of:

1. the staff establishment and expenditure since its implementation, as well as its estimated expenditure and staff establishment for 2021-22; and
2. the annual number of persons with intellectual disability who have received consultation, treatment and have been registered with the HTC since its implementation?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 32)

Reply:

1. The Government launched a three-year programme named “Healthy Teeth Collaboration” (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability (ID). The Government will continue the programme for another 3 years. 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 the financial years from 2018-19 to 2021-22 is as follows –

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Actual)	12.8
2020-21 (Revised estimate)	17.7
2021-22 (Estimate)	27.2

The financial provision in 2021-22 is increased to ensure sufficient funding is available to meet the rising demand and costs of dental treatment for HTC service users.

2. As at end of January 2021, about 3 000 adults with ID have registered under HTC. Among them, about 2 800 have received their first consultation.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)167****(Question Serial No. 2667)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

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 2021-22;
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.: 32)

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)			
	2018-19	2019-20	2020-21	2021-22
(a) Subvention to non-governmental organisations for operating outreach dental teams	39.9	46.5	52.5	55.1

(b) Administrative costs	5.0	5.2	5.5	5.6
Total:	44.9	51.7	58.0	60.7

Six civil service posts have been provided for implementing the ODCP. Since the launch of the ODCP in October 2014 up to end-January 2021, the number of attendances under ODCP was about 256 000.

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**.

**Distribution of Outreach Dental Teams and Respective NGOs
by Administrative District of the SWD**

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.

**Distribution of the participating RCHEs and DEs
by Administrative District of the SWD**

	2020-21 Service Year of ODCP^{Note 1} (position as at 31 January 2021)		
	(a)	(b)	(a)/(b) %
Central, Western, Southern and Islands	60	107	56%
Eastern and Wan Chai	12	114	11%
Kwun Tong	34	71	48%
Wong Tai Sin and Sai Kung	28	68	41%
Kowloon City and Yau Tsim Mong	65	145	45%
Sham Shui Po	37	98	38%
Tsuen Wan and Kwai Tsing	71	126	56%
Tuen Mun	27	58	47%
Yuen Long	54	64	84%
Sha Tin	31	63	49%
Tai Po and North	55	94	59%
Total:	474	1 008	47% ^{Note 2 & 3}

Note 1: 2020-21 Service Year refers to the period from 1 April 2020 to 31 March 2021.

Note 2: This figure represents the participation rate of the first 10 months of 2020-21 Service Year.

Note 3: In response to the COVID-19 outbreak, the Centre for Health Protection has updated the visiting arrangement set out in the "Guidelines for Residential Care Homes for the Elderly or Persons with Disability for the Prevention of Coronavirus disease" since 8 July 2020 that visiting is not allowed unless under compassionate ground (except official visits). As the COVID-19 situation developed, given the above, NGOs have encountered difficulty in scheduling the visits to RCHEs for on-site oral check-ups in 2020-21 service year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)168****(Question Serial No. 2668)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

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.: 33)Reply:

1. The service sessions and the regular maximum numbers of discs allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and in the coming year are set out below. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of disc allocations have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

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

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32

2. The numbers of attendances in GP sessions for each dental clinic in the financial years 2018-19, 2019-20 and 2020-21 (up to 31 January 2021), with breakdown by age group, are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2018-19	Attendance in 2019-20	Attendance in 2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	0-18	99	194	43
	19-42	825	1 011	522
	43-60	1 303	992	865
	61 or above	3 192	2 756	1 669
Kwun Tong Dental Clinic	0-18	73	145	30
	19-42	612	754	359
	43-60	968	740	596
	61 or above	2 370	2 055	1 150
Kennedy Town Community Complex Dental Clinic	0-18	131	262	54
	19-42	1 095	1 367	649
	43-60	1 729	1 340	1 075
	61 or above	4 236	3 723	2 075
Fanling Health Centre Dental Clinic	0-18	41	81	18
	19-42	339	421	216
	43-60	535	413	358
	61 or above	1 312	1 147	691
Mona Fong Dental Clinic	0-18	34	68	15
	19-42	289	355	175
	43-60	457	348	290
	61 or above	1 119	966	560
Tai Po Wong Siu Ching Dental Clinic	0-18	36	73	15
	19-42	300	382	173
	43-60	474	374	287
	61 or above	1 160	1 041	554
Tsuen Wan Dental Clinic	0-18	145	291	58
	19-42	1 217	1 518	702
	43-60	1 923	1 488	1 164

Dental clinic with GP sessions	Age group	Attendance in 2018-19	Attendance in 2019-20	Attendance in 2020-21 (up to 31 January 2021)
	61 or above	4 709	4 135	2 245
Yan Oi Dental Clinic	0-18	37	73	15
	19-42	307	379	181
	43-60	485	371	301
	61 or above	1 187	1 031	580
Yuen Long Jockey Club Dental Clinic	0-18	71	144	29
	19-42	595	750	348
	43-60	940	735	576
	61 or above	2 304	2 043	1 112
Tai O Dental Clinic	0-18	2	4	2
	19-42	14	22	17
	43-60	23	21	28
	61 or above	56	58	54
Cheung Chau Dental Clinic	0-18	5	10	3
	19-42	43	49	29
	43-60	68	48	48
	61 or above	167	135	93

The overall utilisation rates for the dental clinics in the financial years 2018-19, 2019-20 and 2020-21 (up to 31 January 2021) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2018-19	2019-20	2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	88.4	88.5	99.2
Kwun Tong Dental Clinic	97.9	98.0	99.7
Kennedy Town Community Complex Dental Clinic	85.6	91.2	97.7
Fanling Health Centre Dental Clinic	96.5	88.9	99.9
Mona Fong Dental Clinic	90.6	88.4	99.5
Tai Po Wong Siu Ching Dental Clinic	94.0	95.4	99.8
Tsuen Wan Dental Clinic	96.9	97.8	99.2
Yan Oi Dental Clinic	98.1	98.3	99.8
Yuen Long Jockey Club Dental Clinic	94.6	96.9	99.3
Tai O Dental Clinic	24.7	30.1	50.5
Cheung Chau Dental Clinic	73.7	69.0	88.0

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)169****(Question Serial No. 2676)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the promotion of breastfeeding, will the Government inform this Committee of the amounts 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 2021-22?

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

In 2018-19, 2019-20 and 2020-21, a provision of \$6.0 million was allocated to Family Health Service of the Department of Health (DH) each year for continuing the effort for promotion of breastfeeding.

Breakdown of the expenditure for 2018-19, 2019-20 and 2020-21 are as follows:

Items	Expenditure (\$ million)		
	2018-19	2019-20	2020-21
Publicity campaigns (e.g. publicity events, exhibitions)	2.0	2.0	1.2
Production of promotional videos	1.4	1.0	1.6
Production and dissemination of health education resources and guidelines	0.9	1.2	1.4
Research, studies and service improvement on breastfeeding and child nutrition	0.4	0.4	0.2
Implementation of peer support programme for lactating mothers	1.3	1.4	1.6

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 baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care 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 2021-22, \$6.0 million has been earmarked to implement the above.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)170

(Question Serial No. 2682)

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 will set aside an additional provision of \$95 million in 2021-22 for improving the uptake rate of seasonal influenza vaccination and implementing various vaccination schemes. Please provide a detailed breakdown of the additional provision by expenditure item.

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

Reply:

The Department of Health has been administering amongst others vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons and the Hong Kong Childhood Immunisation Programme (HKCIP) to provide free immunisations to children.

Breakdown of the additional provision of \$95 million for 2021-22 is as follows –

- (a) the increase in the cost of seasonal influenza (SI) vaccine for the 2021/22 season due to an unexpected upsurge in demand for SI vaccines after the outbreak of Coronavirus Disease 2019, involving an amount of around \$40.9 million;
- (b) the extension of the coverage of schools under the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) for the 2021/22 season to improve the uptake rate of SIV among primary schools and kindergartens and child care centres students, involving an amount of around \$22.1 million;
- (c) the increase in vaccination subsidy arising from the expected improvement in the uptake rate of SIV in the 2021/22 season under the Vaccination Subsidy Scheme and under the SIVSOP, involving an amount of around \$21.6 million; and
- (d) the increase in vaccine cost due to the addition of varicella in the measles, mumps, rubella and varicella vaccination under the HKCIP, involving an amount of around \$10.2 million.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)171****(Question Serial No. 2931)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

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 2018-19, 2019-20 and 2020-21 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 2018-19, 2019-20 and 2020-21 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.: 7)Reply:

- I. The number of new attendances of psoriasis patients* in 2018, 2019 and 2020 are appended in the following table –

Year	2018	2019	2020
New attendances	401	285	354

*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 the Chai Wan Social Hygiene Clinic (CWSHC) located

in the Pamela Youde Nethersole Eastern Hospital of the Hospital Authority (HA) since June 2018. As at 31 December 2020, all clinics under the SHS have identified a total of 95 severe psoriasis patients who may be suitable for biologic therapy. All of them were referred to the biologic service in the CWSHC.

- II. The cumulative number of referrals made by the SHS, the number of patients waiting for first appointment, the cumulative number of patients attended one or more appointments and the median appointment time in the past 3 years are shown in the table below –

	Year (as at 31 December)		
	2018*	2019	2020
Cumulative number of referrals made by SHS (Cumulative number of patients declined to make appointment)	36 (8)	67 (12)	95 (18)
Number of patients waiting for first appointment	1	8	4
Cumulative number of patients attended one or more appointments	27	47	73
Median waiting time (months)	3.5	3.8	2.3

* CWSHC started to receive appointment booking in December 2017 and the service commenced operation in June 2018.

The expenditure on biologic therapy specialised outpatient service is absorbed within the provisions for the SHS of the DH and the HA and cannot be separately quantified.

- III. In November 2020, the SHS of the DH and the HA conducted a service review and concluded that the operation of the prevailing biologic service had been smooth and the service was to be continued. Both parties agreed that they would closely monitor the service demands and, if necessary, provide additional sessions in the CWSHC.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)172

(Question Serial No. 2935)

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 2019, 2020 and 2021.
- (c) Please provide in detail the amount of subsidies provided/to be provided for each dose of seasonal influenza vaccine and 23vPPV in 2019, 2020 and 2021.
- (d) Please provide in detail the numbers of hospital admissions caused by infections with seasonal influenza and pneumonia, broken down by age group, in 2019, 2020 and the first 2 months of 2021.
- (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 2019, 2020 and 2021 as well as the quantities and costs for expired influenza vaccines arranged for disposal in the past 3 years.
- (g) The estimated total expenditure for procuring influenza vaccines in 2020-21 was HK\$83,000,000, more than doubling the amount of HK\$40,800,000 in 2019-20, why was that so?

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

Reply:

- (a) The quantities and contract amount of seasonal influenza vaccines (SIV), 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government, mainly for the Government Vaccination Programme (GVP), the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) and the Hong Kong Childhood Immunisation Programme, for 2020/21 are as follows –

Vaccine	Number of Doses	Amount (\$ million)
SIV	947 000 ^{&}	93.0 ^{&}
PCV13	190 833	77.8
23vPPV	25 000	5.3

[&]Including a total of 69 000 doses of nasal influenza vaccine procured under the special arrangement for the SIVSOP and the VSS in the 2020/21 season, involving an expenditure of \$10 million.

- (b) There have been about 1 700 private doctors enrolled under the Vaccination Subsidy Scheme (VSS) for providing subsidised vaccination 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 –

	2018/19	2019/20	2020/21 (as at 28 February 2021)
Number of elderly receiving SIV	166 700	166 300	189 700
Number of elderly receiving 23vPPV	19 100	17 500	13 300

- (c) The subsidies of SIV and 23vPPV under the VSS in the past 3 seasons are appended below -

Vaccine	2018/19 (\$ per dose)	2019/20 (\$ per dose)	2020/21 (\$ per dose)
SIV	210	210	240
23vPPV	250	250	300

- (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 2019, 2020 and the first 2 months of 2021 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)*
2019	12 416 [@]	86 946 [@]
2020	3 078	69 021
2021 (for the first 2 months)	2	10 564

[@] Figures updated as of 9 March 2021

* Provisional figures

Breakdown of the above figures by age groups, as provided by the HA, is set out in the tables below –

Number of hospital admissions for influenza in public hospitals*

Year	Age group			
	0-4	5-64	≥65	Total
2019	2 988 [@]	5 291	4 137	12 416 [@]
2020	526	1 395	1 157	3 078
2021 (for the first 2 months)	0	1	1	2

[@] Figures updated as of 9 March 2021

* Provisional figures

Number of hospital admissions for pneumonia (including pneumonia caused by influenza) in public hospitals*

Year	Age group			
	0-4	5-64	≥65	Total
2019	4 144 [@]	16 442 [@]	66 360 [@]	86 946 [@]
2020	944	10 754	57 323	69 021
2021 (for the first 2 months)	41	1 234	9 289	10 564

[@] Figures updated as of 9 March 2021

* Provisional figures

According to the data provided by private hospitals, there were 5 510 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2019. The total number of inpatient discharges and deaths for pneumonia (including ICD10 diagnosis codes J12-J18) was 6 372 in 2019. Breakdown of the figures in 2019 by age groups is set out in the table below –

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4	2 306	1 884
5-64	2 913	3 264
≥65	291	1 224

Total	5 510	6 372
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Relevant figures for 2020 and 2021 are not yet available.

- (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. As at 28 February 2021, there has been a total of 368 600 recipients so far. The estimated expenditure in 2020/21 (as at 28 February 2021) is about \$18 million.
- (f) The quantities of SIV procured by the Government, the contract amount, and the number of vaccines unused but expired and/or damaged in the past 3 seasons are set out below –

Season	Number of doses	Amount (\$ million)	Number of unused but expired and/or damaged doses
2018/19 (Actual)	654 000	30.1	41 000
2019/20 (Actual)	815 000~	40.8~	38 000
2020/21 (Estimate)	947 000&	93.0&	No available information yet

~ Including a total of 1 700 doses of nasal influenza vaccine procured in the 2019/20 season, involving an expenditure of \$0.34 million.

& Including a total of 69 000 doses of nasal influenza vaccine procured under the special arrangement for the SIVSOP and the VSS in the 2020/21 season, involving an expenditure of \$10 million.

As the Government's vaccination programmes/schemes launched in the 2020/21 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 of depends on the relevant contract price for the vaccines for that vaccination season.

- (g) Due to the outbreak of Coronavirus Disease 2019 in early 2020, the worldwide demand for SIV has far exceeded the production volume. The stiff competition for the timely supply of SIV has led to a significant increase in the cost of SIV, resulting in an increase in the estimated expenditure of SIV in the 2020/21 season, when compared with that in the 2019/20 season.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)173

(Question Serial No. 2936)

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 number, in table form, of smoking complaints received, inspections conducted and warning letters/fixed penalty notices/summons 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.: 35)

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, warning letters issued, and fixed penalty notices (FPNs) / summons issued by TACO for the period from 2018 to 2020 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:

		2018	2019	2020
Complaints received		18 100	15 573	11 484
Inspections conducted		32 255	34 680	36 100
Warning letters issued		3	10	16
FPNs issued (for smoking offences)		8 684	8 068	6 587
Summons	for smoking offences	140	67	58

issued	for other offences (such as wilful obstruction and failure to produce identity document)	68	42	57
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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 expenditure/provision and approved establishment of TACO from 2018-19 to 2021-22 are at **Annexes 1 and 2** respectively.

(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 collaborates with the Hong Kong Council on Smoking and Health, 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 the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of five 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, as well as in the workplace. For young smokers, DH collaborates with a local university to operate a hotline to provide counselling service tailored for young smokers over the phone.

The expenditure/provision related to health promotion activities and smoking cessation services by TACO and its subvented organisations from 2018-19 to 2021-22 are at **Annex 1**. For HA, smoking cessation services form an integral part of HA's overall services provision and such expenditure is therefore not separately accounted for.

Expenditure/Provision of
the Department of Health's Tobacco and Alcohol Control Office

	2018-19 (\$ million)	2019-20 (\$ million)	2020-21 Revised Estimate (\$ million)	2021-22 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	78.6	93.4	104.0	118.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	125.4	132.1	140.0	140.0
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	50.4	55.9	63.6	63.5
<i>Subvention to Hong Kong Council on Smoking and Health</i>	24.0	28.3	25.8	26.3
<i>Sub-total</i>	<u>74.4</u>	<u>84.2</u>	<u>89.4</u>	<u>89.8</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u>				
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	30.6	30.6	30.6
<i>Subvention to Pok Oi Hospital</i>	7.3	7.3	7.4	7.4
<i>Subvention to Po Leung Kuk</i>	1.7	1.6	1.7	0.7
<i>Subvention to Lok Sin Tong</i>	2.7	2.9	2.9	3.2
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	4.4	5.3
<i>Subvention to Life Education Activity Programme</i>	2.4	2.6	2.7	2.7
<i>Subvention to The University of Hong Kong</i>	-	-	0.9	0.3
<i>Sub-total</i>	<u>51.0</u>	<u>47.9</u>	<u>50.6</u>	<u>50.2</u>
Total	<u>204.0</u>	<u>225.5</u>	<u>244.0</u>	<u>258.7</u>

**Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office**

Rank	2018-19	2019-20	2020-21	2021-22
<u>Head, TACO</u>				
Consultant	1	1	1	1
<u>Enforcement</u>				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	1	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	105	121	125	125
Senior Executive Officer/ Executive Officer	13	13	13	13
<i>Sub-total</i>	<u>127</u>	<u>143</u>	<u>147</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>				
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
<i>Sub-total</i>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	19	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>163</u>	<u>179</u>	<u>183</u>	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)174****(Question Serial No. 2843)**

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:

Please advise on the estimated expenditure, manpower and utilisation as at 1 March 2021 in respect of each Coronavirus Disease 2019 (COVID-19) vaccination centre.

Asked by: Hon CHENG Chung-tai (LegCo internal reference no.: 112)

Reply:

With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective

expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)175

(Question Serial No. 1051)

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 has earmarked over \$8.4 billion for the procurement and administration of COVID-19 vaccines. In this connection, please inform this Committee of how the provision will be allocated, how much of it will be used for the procurement of vaccines, the total expenditure involved in staffing and publicity; and whether the Government will set aside any funding to provide more incentive for the public to get vaccinated.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 3)

Reply:

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.

- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

To step up publicity, the Government has launched a territory-wide publicity and education programme to promote the COVID-19 Vaccination Programme since late December 2020. Health education messages and publicity materials have been disseminated via various channels, including special television programmes, electronic and social media posts, Announcements in the Public Interest, newspaper columns, and promotion efforts through print, electronic media and digital marketing in form of interviews and programmes, banners, billboards and advertisements.

The main messages include objectives of the vaccination programme, formulation/ usefulness/ side effects of the vaccines, details of the vaccination programme including the priority groups, booking and inoculation arrangements. The Government has also stepped up monitoring of false information about vaccines and made timely clarifications and debunked rumours. In addition, the Government has also been maintaining close liaison with various stakeholders and through their collaboration efforts and networks to disseminate the messages to members of the public.

On 29 January 2021, the Government launched the COVID-19 Vaccination Programme website (www.covidvaccine.gov.hk) which provides official and up-to-date information about COVID-19 vaccines. The website also offers detailed information about the programme and reservation of vaccination slot. Statistics related to the vaccination programme are also uploaded onto the website.

To facilitate and encourage ethnic minorities (EM) to understand and participate in the vaccination programme, health education materials are continuously translated into 9 EM

languages (Hindi, Bahasa Indonesia, Tagalog, Nepali, Urdu, Thai, Bengali, Sinhala, Vietnamese) and made available online.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)176****(Question Serial No. 1660)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

As stated in Programme (2), the Department of Health will continue to promote and implement the Elderly Health Care Voucher (EHCV) Scheme. In this connection, please advise this Committee on:

1. the numbers of voucher claims, the numbers of approved claims and the amounts claimed under the EHCV Scheme by type of service in the past 3 years.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 42)Reply:

1.

The tables below show the number of voucher claim transactions and the amount of vouchers claimed by type of service provider enrolled in the Elderly Health Care Voucher Scheme in the past 3 years:

Number of Voucher Claim Transactions

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	2 917 895	2 952 153	1 957 092
Chinese Medicine Practitioners	1 502 140	1 633 532	1 376 436
Dentists	294 950	310 306	246 844
Occupational Therapists	3 515	3 233	4 640
Physiotherapists	40 874	43 946	39 669
Medical Laboratory Technologists	18 662	20 770	15 324
Radiographers	16 785	16 779	14 386
Nurses	6 523	9 936	6 903

Chiropractors	10 743	10 820	8 826
Optometrists	359 343	242 424	158 127
Sub-total (Hong Kong):	5 171 430	5 243 899	3 828 247
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	11 418	13 562	18 962
Total :	5 182 848	5 257 461	3 847 209

Amount of Vouchers Claimed (in HKS'000)

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	1,154,745	1,246,024	947,488
Chinese Medicine Practitioners	533,136	599,170	634,851
Dentists	287,044	313,111	276,556
Occupational Therapists	5,681	4,432	5,383
Physiotherapists	16,452	17,210	15,191
Medical Laboratory Technologists	17,808	18,654	13,706
Radiographers	13,400	15,749	14,700
Nurses	7,447	10,214	8,753
Chiropractors	5,225	5,675	5,127
Optometrists	759,750	431,680	225,903
Sub-total (Hong Kong):	2,800,688	2,661,919	2,147,658
HKU-SZH ^{Note 3}	3,492	3,997	5,507
Total :	2,804,180	2,665,916	2,153,165

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 Elderly Health Care Voucher Scheme on a hospital basis.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)177

(Question Serial No. 3168)

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) that the Department of Health will enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance. In this regard, please inform this Committee of:

1. the respective numbers of complaints received, inspections conducted, summonses and fixed penalty notices issued by the Tobacco and Alcohol Control Office (TACO) in the past 3 years;
2. further to the question above, the staff establishment and expenditure involved; and
3. the staff establishment and estimated expenditure of TACO in the coming financial year.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 41)

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 numbers of complaints received, inspections conducted, warning letters issued, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2018 to 2020 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:

	2018	2019	2020
Complaints received	18 100	15 573	11 484
Inspections conducted	32 255	34 680	36 100
Warning letters issued	3	10	16
FPNs issued (for smoking offences)	8 684	8 068	6 587

Summonses issued	for smoking offences	140	67	58
	for other offences (such as wilful obstruction and failure to produce identity document)	68	42	57

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) & (3)

The expenditure/provision and approved establishment of TACO from 2018-19 to 2021-22 are at **Annexes 1 and 2** respectively.

Expenditure/Provision of
the Department of Health's Tobacco and Alcohol Control Office

	2018-19	2019-20	2020-21	2021-22
	(\$ million)	(\$ million)	Revised Estimate (\$ million)	Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	78.6	93.4	104.0	118.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	125.4	132.1	140.0	140.0
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	50.4	55.9	63.6	63.5
<i>Subvention to Hong Kong Council on Smoking and Health</i>	24.0	28.3	25.8	26.3
<i>Sub-total</i>	<u>74.4</u>	<u>84.2</u>	<u>89.4</u>	<u>89.8</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u>				
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	30.6	30.6	30.6
<i>Subvention to Pok Oi Hospital</i>	7.3	7.3	7.4	7.4
<i>Subvention to Po Leung Kuk</i>	1.7	1.6	1.7	0.7
<i>Subvention to Lok Sin Tong</i>	2.7	2.9	2.9	3.2
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	4.4	5.3
<i>Subvention to Life Education Activity Programme</i>	2.4	2.6	2.7	2.7
<i>Subvention to The University of Hong Kong</i>	-	-	0.9	0.3
<i>Sub-total</i>	<u>51.0</u>	<u>47.9</u>	<u>50.6</u>	<u>50.2</u>
Total	<u>204.0</u>	<u>225.5</u>	<u>244.0</u>	<u>258.7</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2018-19	2019-20	2020-21	2021-22
<u>Head, TACO</u>				
Consultant	1	1	1	1
<u>Enforcement</u>				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	1	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	105	121	125	125
Senior Executive Officer/ Executive Officer	13	13	13	13
<i>Sub-total</i>	<u>127</u>	<u>143</u>	<u>147</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>				
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
<i>Sub-total</i>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	19	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>163</u>	<u>179</u>	<u>183</u>	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)178

(Question Serial No. 3280)

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 population of ethnic minorities in Hong Kong has grown in recent years, hence the growing number of non-Chinese speaking students and the need for support to ethnic minorities. In this connection, please inform this Committee of whether the Government has any measures in place to help ethnic minorities combat Coronavirus Disease 2019 (COVID-19), given their relatively frequent family gatherings for cultural and religious reasons.

Asked by: Hon HO Kwan-yiu, Junius (LegCo internal reference no.: 4)

Reply:

The Centre for Health Protection (CHP) of the Department of Health has been raising awareness of the public (including ethnic minorities (EM)) on personal and environmental hygiene through various channels, including thematic websites, Announcements in the Public Interest on television and radio, and issuing of guidelines, leaflets and posters. The CHP also issues health messages on personal and environmental hygiene through various publicity and health education channels such as websites, Facebook page, YouTube channel, television, radio, health education infoline, publications and media interviews, etc. For the EM in Hong Kong, the Government has always attached great importance to disseminating health information to them.

To provide the public with information on the latest situations of the epidemic, the Government has set up the "COVID-19 Thematic Website" (<https://www.coronavirus.gov.hk>). To enhance the publicity on combating COVID-19, the CHP has produced various health educational materials, including pamphlets, posters, infographics and booklets, which are widely disseminated at the community level.

To facilitate the EM to receive the Government's latest information, the main content of the thematic website has been translated into 9 different languages, including Hindi, Nepali, Pakistani (Urdu), Thai, Bahasa Indonesia, Tagalog, Sinhala, Bengali and Vietnamese. Moreover, the CHP has maintained close liaisons with various stakeholders, including the relevant Consulates-General, organisations and religious groups providing support to EM,

with a view to updating them the latest situation and preventive measures promptly, and securing their collaboration and support to promote the relevant health information among the EM groups.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)179

(Question Serial No. 0225)

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 viral hepatitis control,

1. the Department of Health will continue to support the steering committee for viral hepatitis control in 2021-22. In this connection, will the Government inform this Committee of the work plan of the steering committee and its implementation in the past year, and the estimated expenditure and manpower earmarked for this task?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 46)

Reply:

The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and the Chief Executive of Hospital Authority (HA), has been set up since July 2018 to formulate strategies to effectively prevent and control viral hepatitis.

In October 2020, the SCVH formulated the Hong Kong Viral Hepatitis Action Plan 2020 - 2024 (the Action Plan), which adopts the 4 strategic axes in the action framework of the World Health Organization (WHO), namely awareness, surveillance, prevention and treatment. The Action Plan sets out the actions and timeline of implementation by the Department of Health, the HA and other stakeholders, so as to achieve the WHO's goal in eliminating the public health threat posed by viral hepatitis. Actions that have been implemented include -

- (a) a new initiative on offering antivirals to indicated pregnant women having high viral load was rolled out in all birthing hospitals of the HA in 2020, to further strengthen the prevention of mother-to-child transmission of hepatitis B virus;
- (b) the indication in the HA Drug Formulary for direct-acting antivirals was widened to cover all hepatitis C patients starting from October 2020; and
- (c) the SCVH established an implementation plan for post-vaccination serologic testing (PVST) to babies born to mothers with chronic hepatitis B infection for commencement in early 2022.

In 2021, the SCVH will continue to 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.

In 2021-22, a provision of \$9.9 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

FHB(H)180

(Question Serial No. 0226)

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:

1. the respective numbers of complaints received, inspections conducted, summonses and fixed penalty notices issued related to smoking by the Tobacco and Alcohol Control Office (TACO) in the past 3 years;
2. the respective numbers of fixed penalty notices issued in restaurants, shops, indoor workplaces, public transport facilities, bus interchanges and on public transport carriers in the past 3 years;
3. the respective numbers of cases resulting from enforcement action which were related to the illegal sale of cigarettes to minors in the past 3 years; and
4. the respective numbers of enforcement actions taken, proactive inspections conducted, and complaints received relating to electronic cigarettes and heat-not-burn tobacco products in the past 3 years and, among them, the numbers of vendors found to have sold electronic cigarettes or heat-not-burn tobacco products to minors along with a description of the situation.

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 48)

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 numbers of complaints received, inspections conducted, warning letters issued, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2018 to 2020 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:

		2018	2019	2020
Complaints received		18 100	15 573	11 484
Inspections conducted		32 255	34 680	361 00
Warning letters issued		3	10	16
FPNs issued (for smoking offences)		8 684	8 068	6 587
Summonses issued	for smoking offences	140	67	58
	for other offences (such as wilful obstruction and failure to produce identity document)	68	42	57

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 numbers of FPNs issued by the TACO for the period from 2018 to 2020 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in food premises, shops and shopping malls, public transport facilities, public transport carriers, bus interchanges and other statutory no-smoking areas (NSAs) are as follows:

	2018	2019	2020
FPNs issued (for smoking offences)			
- Food premises	537	342	236
- Shops and shopping malls	2 013	1 821	1 790
- Public transport facilities	1 181	1 229	961
- Public transport carriers	98	66	87
- Bus interchanges	495	903	534
- Other statutory no-smoking areas	4 360	3 707	2 979
Total	8 684	8 068	6 587

TACO does not have separate figures on enforcement at indoor workplace.

(3)

During the period from 2018 to 2020, there were 2 summonses issued against sales of tobacco products to minors, one each in 2019 and 2020.

(4)

Cap. 371 stipulates that any person who smokes in an NSA commits an offence and is subject to a fixed penalty of \$1,500. The numbers of FPNs/summonses issued by TACO for the period from 2018 to 2020 for smoking of electronic cigarette (e-cigarettes) and heated tobacco products (HTPs) in NSAs are as follows:

	2018		2019		2020	
	Summons	FPN	Summons	FPN	Summons	FPN
e-cigarettes	0	15	0	59	1	106
HTPs	1	70	0	72	0	37

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 2018 to 2020, there were 4 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.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)181

(Question Serial No. 0227)

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 implementation of tobacco control, please advise on:

1. in table form, the staff establishments, estimated expenditures, and the respective numbers of front-line enforcement staff and full-time/part-time staff of the Tobacco and Alcohol Control Office (TACO) in the past 3 years and in the coming year;
2. whether there has been any review of the sufficiency of the existing establishment of the TACO in terms of handling complaints and enforcement action to ensure the attainment of the tobacco control objectives, and on the plans, if any, to scale up the manpower and resources concerned;
3. whether any resources will be set aside for reviewing the current tobacco control strategies and for studying new and feasible measures, including extending no smoke areas and imposing a prohibition on smoking while walking.

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 49)

Reply:

(1)

The expenditure/provision and approved establishment of the Tobacco and Alcohol Control Office of the Department of Health (DH) from 2018-19 to 2021-22 are at **Annexes 1 and 2** respectively.

(2)

The DH will keep in view the need for strengthening its manpower to cope with new enforcement tasks and seek additional resources through the established procedures as necessary.

(3)

Over the years, the Government has adopted a multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation and taxation to contain the proliferation of tobacco use and to protect the public from exposure to second-hand smoke as far as possible.

Since the amendment of the Smoking (Public Health) Ordinance (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 250 public transport facilities have been designated as no-smoking areas (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. 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. Besides, 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 make reference to international experience in exploring the way forward in achieving our goal.

Expenditure/Provision of
the Department of Health's Tobacco and Alcohol Control Office

	2018-19 (\$ million)	2019-20 (\$ million)	2020-21 Revised Estimate (\$ million)	2021-22 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	78.6	93.4	104.0	118.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	125.4	132.1	140.0	140.0
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	50.4	55.9	63.6	63.5
<i>Subvention to Hong Kong Council on Smoking and Health</i>	24.0	28.3	25.8	26.3
<i>Sub-total</i>	74.4	84.2	89.4	89.8
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u>				
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	30.6	30.6	30.6
<i>Subvention to Pok Oi Hospital</i>	7.3	7.3	7.4	7.4
<i>Subvention to Po Leung Kuk</i>	1.7	1.6	1.7	0.7
<i>Subvention to Lok Sin Tong</i>	2.7	2.9	2.9	3.2
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	4.4	5.3
<i>Subvention to Life Education Activity Programme</i>	2.4	2.6	2.7	2.7
<i>Subvention to The University of Hong Kong</i>	-	-	0.9	0.3
<i>Sub-total</i>	51.0	47.9	50.6	50.2
Total	<u>204.0</u>	<u>225.5</u>	<u>244.0</u>	<u>258.7</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2018-19	2019-20	2020-21	2021-22
<u>Head, TACO</u>				
Consultant	1	1	1	1
<u>Enforcement</u>				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	1	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	105	121	125	125
Senior Executive Officer/ Executive Officer	13	13	13	13
<i>Sub-total</i>	<u>127</u>	<u>143</u>	<u>147</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>				
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
<i>Sub-total</i>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	19	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>163</u>	<u>179</u>	<u>183</u>	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)182

(Question Serial No. 0228)

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 work on smoking prevention and cessation, will the Government please advise on the following:

1. the staff establishments and expenditures involved for the publicity and education by the Tobacco and Alcohol Control Office (by physical and online publicity) in the past 3 years and in the coming year;
2. given that the Department of Health will subvent the Hong Kong Council on Smoking and Health (COSH) in providing promotional initiatives in support of tobacco control, the amount of subvention and the manpower involved; and
3. whether assessment has been made of the effectiveness of the promotion on tobacco control by the COSH; if yes, the results and if not, the reasons?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 50)

Reply:

(1)

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.

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. In order to prevent youngsters from picking up smoking, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market

tobacco products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

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 the TACO from 2018-19 to 2021-22 are at **Annexes 1 and 2** respectively.

(2)

The provision to COSH for 2021-22 is \$26.3 million. The approved staff establishment of COSH with effect from 1 April 2021 will be 13.

(3)

Over the years, the Government has adopted a multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation and taxation to contain the proliferation of tobacco use and to protect the public from exposure to second-hand smoke as far as possible. To leverage community effort, DH subvents COSH to carry out a series of smoke-free programmes targeting different sectors and stakeholders, which include education programmes (e.g. school education theatre programme, tailor-made programme to equip teenagers with knowledge on smoking hazards), and publicity and community involvement programmes (e.g. production of TV and radio Announcements in the Public Interest, district-based community involvement activities) and research programmes on tobacco control. The daily cigarette smoking prevalence in the population, as revealed by the Thematic Household Surveys conducted by the Census and Statistics Department from time to time, has been decreasing progressively from 23.3% in 1982 to 10.2% in 2019. The smoking prevalence in persons aged 15-19 decreased from 3.5% in 2005 to 1.0% in 2017, and the corresponding number of smokers in 2019 survey was too small to provide an accurate estimate of prevalence. The declining use of tobacco in the population and the inculcation of smoke-free culture are the result of the multi-pronged strategies as well as the concerted effort of the community. It is impossible to evaluate the effectiveness of individual organisations or programmes in reducing tobacco use in isolation from other programmes or efforts.

**Provision of the Health Promotion and Smoking Cessation Services by
the Department of Health's Tobacco and Alcohol Control Office**

	2018-19	2019-20	2020-21 Revised Estimate	2021-22 Estimate
	(\$ million)	(\$ million)	(\$ million)	(\$ million)
(a) General health education and promotion of smoking cessation				
<i>TACO</i>	50.4	55.9	63.6	63.5
<i>Subvention to Hong Kong Council on Smoking and Health</i>	24.0	28.3	25.8	26.3
<i>Sub-total</i>	74.4	84.2	89.4	89.8
(b) Provision for smoking cessation and related services by Non-Governmental Organisations				
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	30.6	30.6	30.6
<i>Subvention to Pok Oi Hospital</i>	7.3	7.3	7.4	7.4
<i>Subvention to Po Leung Kuk</i>	1.7	1.6	1.7	0.7
<i>Subvention to Lok Sin Tong</i>	2.7	2.9	2.9	3.2
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	4.4	5.3
<i>Subvention to Life Education Activity Programme</i>	2.4	2.6	2.7	2.7
<i>Subvention to The University of Hong Kong</i>	-	-	0.9	0.3
<i>Sub-total</i>	51.0	47.9	50.6	50.2
Total	<u>125.4</u>	<u>132.1</u>	<u>140.0</u>	<u>140.0</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office
related to Health Promotion and Smoking Cessation Services

Rank	2018-19	2019-20	2020-21	2021-22
<u>Head, TACO</u>				
Consultant	1	1	1	1
<u>Health Education and Smoking Cessation</u>				
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
<i>Sub-total</i>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u> (Note)				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	19	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>36</u>	<u>36</u>	<u>36</u>	<u>36</u>

Note: The staff also provide administrative and general support to the law enforcement activities.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)183

(Question Serial No. 1350)

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:

A) Please set out, in the table below, details of the establishment, vacancies, salary points and staff changes in respect of the Department of Health in 2020-21:

Grade	Rank	Establishment	Salary point	Vacancy	Number of new recruits in 2020-21	Number of departed staff in 2020-21
(e.g.)						
Medical and Health Officer	Principal Medical and Health Officer					
	Senior Medical and Health Officer					
	Medical and Health Officer					
Nurse	Principal Nursing Officer					
	Chief Nursing Officer					
	Registered Nurse					
Chemist						

Grade	Rank	Establishment	Salary point	Vacancy	Number of new recruits in 2020-21	Number of departed staff in 2020-21
Executive Officer Grade						
Clerical Officer Grade						

- B) Please set out the details, such as the ranks and number, of staff newly recruited by the Government last year in light of the pandemic (including part-time and contract staff).
- C) Regarding the significant increase in provision for job-related allowances under the sub-head, please set out the details and total expenditure in respect of each allowance scheme (such as overtime work, hardship allowance, etc.) for staff engaged in the fight against the pandemic.

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 45)

Reply:

A)

As at 1 February 2021, the staffing position of the Department of Health (DH) is set out

Grade	Establishment	Vacancy	No. in 2020-21	
			New Appointees [^]	Wastage [#]
Medical and Health Officer Grade	555	74	28	18
Nursing and Allied Grades	1 534	57	138	111
Dental Officer Grade	372	16	21	8
Para-dental Grades	724	35	27	29
Supplementary Medical Grades	821	6	27	17
Other Departmental Grades	313	39	45	16
Common Grades	593	46	36	37
General Grades	1 987	58	N/A *	105
Total:	6 899	331	322	341

below.

[^] new recruits to DH

[#] officers leave DH by retirement, resignation, death etc.

* general grades staff are not recruited by DH

B)

Up to 1 February 2021, DH had recruited 1 064 (including part-time) contract staff for combating COVID-19 pandemic, comprising 22 doctors, 146 nurses, 240 executive officers, 251 clericals, 238 port health assistants and 167 other staff.

C)

The significant increase in provision for job-related allowances is mainly due to the granting of hardship allowance/payment to eligible civil servants and contract staff of DH in

recognition of their concerted efforts in fighting against the COVID-19 pandemic. In 2020-21, the expenditure for the hardship allowance/payment is \$81.1 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)184

(Question Serial No. 1351)

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:

- A) Please give a breakdown by rank and stream of the current establishment and the number of vacancies of various grades in the Department of Health (DH) including Medical and Health Officer, Dental Officer, Nurse, Pharmacist and Scientific Officer.
- B) Please give a breakdown of the number of staff currently on acting appointment broken down by type of acting appointment and rank, and the expenditure on acting allowance. Please advise on the impact of such acting appointments on the delivery of public services by the DH in the light of its combat against Coronavirus Disease 2019 (COVID-19) and the work-from-home arrangements. If the manpower shortage persists, will the Government expedite the recruitment process to maintain daily operation?
- C) How many of the short-term or temporary posts created by the Government over the last year in response to the epidemic were deployed to the prevention and control of COVID-19?
- D) Please provide information on the leave balance and leave taken by directorate officers in the DH in 2020-21.

	No. of directorate officers
Leave balance of over 180 days	
Leave balance between 120 and 180 days	
Leave balance between 60 and 119 days	
Leave balance between 26 and 59 days	
Leave balance between 14 and 25 days	
Leave balance of less than 14 days	

	No. of directorate officers
Over 60 days of leave taken	
30 to 59 days of leave taken	
21 to 29 days of leave taken	

14 to 20 days of leave taken	
7 to 13 days of leave taken	
Less than 7 days of leave taken	

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 46)

Reply:

A)

As at 1 February 2021, the establishment and vacancy position of various grades in the Department of Health (DH) is set out below.

Grade	Establishment	Vacancy
Medical and Health Officer Grade	555	74
Nursing and Allied Grades	1 534	57
Dental Officer Grade	372	16
Para-dental Grades	724	35
Supplementary Medical Grades	821	6
Other Departmental Grades	313	39
Common Grades	593	46
General Grades	1 987	58
Total:	6 899	331

B)

As at 1 February 2021, about 500 officers of various grades in DH are on acting appointment (including acting-up, doubling-up and doubling-sideways) with pay. The expenditure on acting allowance from April 2020 to January 2021 is \$25.5 million.

DH is one of the major departments combating COVID-19 and has been redeploying its manpower upon activation of the Emergency Response Level in January 2020 to support the frontline operations in relation to COVID-19. To strengthen the workforce, DH has engaged contract staff, agency staff, volunteers from serving officers and retired civil servants to assist in the combat. DH will continue to closely monitor the situation and react suitably for manpower deployments.

C)

DH has created 65 supernumerary posts in 2020 in relation to the COVID-19 epidemic.

D)

Vacation leave balance as at 1 February 2021 and number of days of vacation leave taken in 2020-21 (up to 1 February 2021) for directorate officers (including acting officers) in DH are shown in Tables A and B below –

Table A – vacation leave balance of directorate officers

Vacation leave balance (days)	No. of Directorate Officers
More than 180	15
120 – 180	38
60 – 119	7
26 – 59	6
14 – 25	0
Below 14	0
Total:	66

Table B – vacation leave taken by directorate officers

Vacation leave taken in 2020-21 (days)	No. of Directorate Officers
More than 59	0
30 – 59	5
21 – 29	20
14 – 20	11
7 – 13	14
Below 7	16
Total:	66

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)185****(Question Serial No. 1891)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

It is mentioned in the Budget speech that the Government has earmarked over \$8.4 billion for the procurement and administration of Coronavirus Disease 2019 (COVID-19) vaccines. The target is to have the majority of the population vaccinated for free within 2021. In this connection, please advise this Committee on:

1. the respective costs of procurement and injection per dose of COVID-19 vaccine;
2. the details of the age groups of vaccine recipients, the vaccines received, the number of vaccine recipients and the uptake rate since the implementation of the COVID-19 Vaccination Programme, in a table:

Age group	Sinovac vaccine received	Number of vaccine recipients	Percentage of the age population	Comirnaty vaccine received	Number of vaccine recipients	Percentage of the age population
Under 18						
Between 18 and under 50						
Between 50 and under 65						
Aged 65 or above						

3. the number of cases where vaccine recipients experienced side effects such as headache, palpitation and fever, as well as the number of fatalities, in a table;
4. how the Government will enhance publicity to encourage vaccination uptake, the details of the relevant publicity programmes and the expenditure involved.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 61)

Reply:

(1)

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10

(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

(2)

The priority groups for receiving COVID-19 vaccines are as follows. The priority groups cover more than 5.5 million people, accounting for more than 80% of the population aged 16 (the current minimum age for vaccination) or above.

1. Persons aged 30 years or above (a maximum of two carers who accompany elderly people aged 70 or above can also receive vaccination);
2. Personnel in healthcare settings and those participating in anti-epidemic related work;
3. Residents and staff of residential care homes for the elderly/residential care homes for persons with disabilities and staff of community care services units for the elderly/persons with disabilities;
4. Personnel maintaining critical public services;
5. Personnel providing cross-boundary transportation or working at control points and ports;
6. Staff of food and beverages premises, markets, supermarkets, convenience stores and couriers (including takeaway food delivery);
7. Staff of local public transport service operators;
8. Registered construction workers and other resident site personnel;
9. Staff of property management (including security and cleaning staff);
10. Teachers and school staff;
11. Staff of the tourism industry;
12. Staff of scheduled premises under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F);
13. Students studying outside Hong Kong (aged 16 or above); and
14. Domestic helpers.

More details on the breakdown of the vaccine recipients will be made available on the COVID-19 vaccination thematic website shortly.

(3)

Pursuant to the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) (the Regulation), the Secretary for Food and Health is required to put in place a mechanism for monitoring of any adverse event that occurred to the recipients associated with the administration of the COVID-19 vaccines authorised under the Regulation.

The Department of Health (DH) has put in place a pharmacovigilance system for COVID-19 immunization, including receiving reports of Adverse Events Following

Immunization (AEFIs) related to the COVID-19 vaccines used in Hong Kong from healthcare professionals and pharmaceutical industries. There is an Expert Committee on Clinical Events Assessment Following COVID-19 Immunization (Expert Committee) established under DH to provide independent assessment of potential causal links between the clinical events and the COVID-19 vaccines used in Hong Kong, review all serious clinical events for expert opinion and advise on immunization safety-related matters of COVID-19 vaccines.

The COVID-19 Vaccination Programme commenced on 26 February 2021. As at 7 March 2021, DH has received a total of 71 AEFI reports including 22 non-serious AEFI reports (such as dizziness, headache) and 47 reports involving hospitalization and 2 death reports related to the vaccination of CoronaVac. The serious cases including hospitalization and death would be provided to the Expert Committee for causality assessment and timely reports would be provided as appropriate.

(4)

The Government has launched a territory-wide publicity and education programme to promote the COVID-19 Vaccination Programme since late December 2020. Health education messages and publicity materials have been disseminated via various channels, including special television programmes, electronic and social media posts, Announcements in the Public Interest, newspaper columns, and promotion efforts through print, electronic media and digital marketing in form of interviews and programmes, banners, billboards and advertisements.

The main messages include objectives of the vaccination programme, formulation/ usefulness/ side effects of the vaccines, details of the vaccination programme including the priority groups, booking and inoculation arrangements. The Government has also stepped up monitoring of false information about vaccines and made timely clarifications and debunked rumours. In addition, the Government has also been maintaining close liaison with various stakeholders and through their collaboration efforts and networks to disseminate the messages to members of the public.

On 29 January 2021, the Government launched the COVID-19 Vaccination Programme website (www.covidvaccine.gov.hk) which provides official and up-to-date information about COVID-19 vaccines. The website also offers detailed information about the programme and reservation of vaccination slot. Statistics related to the vaccination programme are also uploaded onto the website.

To facilitate and encourage ethnic minorities (EM) to understand and participate in the vaccination programme, health education materials are continuously translated into 9 EM languages (Hindi, Bahasa Indonesia, Tagalog, Nepali, Urdu, Thai, Bengali, Sinhala, Vietnamese) and made available online.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)186

(Question Serial No. 2282)

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 estimate for Programme (2): Disease Prevention is 78.7% higher than that for 2020-21. According to the Department of Health, this is partly due to the operating expenses for prevention and control of Coronavirus Disease 2019 (COVID-19) including procurement and administration of vaccines, and an increase of 73 posts. In this connection, please advise this Committee on:

1. details of the 73 additional posts, with a breakdown of Programmes, ranks, nature of work and salaries;
2. the number of doses of COVID-19 vaccines procured by the Government, the expenditure on procurement, the staff establishment involved and the details of administrative costs;
3. the staff establishment involved and the details of administrative costs in respect of the Government's effort on planning and launching the COVID-19 Vaccination Programme.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 59)

Reply:

(1)

Details of the net increase of 73 posts in 2021-22 are in the **Annex**.

(2) & (3)

The Government has been adopting a "two-pronged" strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of

\$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

The manpower requirements arising from the COVID-19 Vaccination Programme will be absorbed by the existing manpower in the relevant Government bureaux/departments and supported by time-limited non-civil service contract/post-retirement service contract staff as necessary. The manpower and expenditure concerned are subsumed under the overall estimated establishment and expenditure of the relevant Government bureaux/departments and cannot be separately quantified.

Creation and Deletion of Posts in Department of Health in 2021-22

Programme 2 – Disease Prevention

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)#</u>
Senior Medical and Health Officer	2	3,029,280
Medical and Health Officer	11	12,902,340
Senior Nursing Officer	1	985,260
Nursing Officer	5	3,856,200
Registered Nurse	16	7,778,880
*Medical Technologist (new pay scale)	95	70,013,100
*Medical Technologist (existing pay scale)	-92	-74,293,680
*Associate Medical Technologist	150	69,471,000
*Medical Laboratory Technician I	-43	-26,365,020
*Medical Laboratory Technician II	-101	-38,481,000
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	1	1,124,520
Hospital Administrator I	2	1,615,080
Hospital Administrator II	3	1,531,620
Radiographer I ^{Note}	-2	-1,473,960
Senior Foreman	2	690,720
Foreman	10	2,727,000
Executive Officer I	2	1,615,080
Executive Officer II	2	1,069,320
Health Inspector I/II	2	1,135,080
Supplies Supervisor II	1	288,840
Laboratory Attendant	2	480,840
Workman II	2	358,680
Total :	73	42,029,700

based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

Note 2 Radiographer I posts are re-deployed from Student Health Service (Programme (2) – Disease Prevention) to Radiation Health Division (Programme (1) – Statutory Functions) and Tuberculosis and Chest Service (Programme (4) – Curative Care)

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)187

(Question Serial No. 1858)

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:

To strengthen contact tracing amid the Coronavirus Disease 2019 (COVID-19) pandemic, the Centre for Health Protection (CHP) has established a command post at Kai Tak Community Hall where officers from disciplined services have been seconded to help with contact tracing. In this connection, will the Government inform this Committee of:

1. the number of staff seconded, the departments involved, the number and posts of the seconded staff of each department, the nature of their duties, as well as the expenditure involved, since the establishment of the command post;
2. the estimated number of staff seconded, the departments involved, the number and posts of the seconded staff of each department, the nature of their duties, as well as the expenditure involved, for 2021-22?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 48)

Reply:

1. Contact tracing is fundamental to the efforts in preventing further spread of Coronavirus Disease 2019 (COVID-19). Officers from disciplinary forces have been deployed to the Centre for Health Protection (CHP) under the Department of Health (DH) to provide support to the CHP's work on contact tracing for COVID-19 cases in 2020-21. Dependent on the epidemic situation, the number of officers deployed varies at different periods of time.

Since the establishment of the Contact Tracing Office (CTO) on 11 January 2021, about 100 staff members have been seconded from 4 disciplinary forces, namely the Hong Kong Police Force (HKPF), the Immigration Department (ImmD), the Customs and Excise Department (C&ED) and the Fire Services Department (FSD), to support the work on contact tracing. Due to the surge in cases in late January 2021 and the enhancements in the strategy on contact tracing, the number of seconded staff members has increased to about 200. As at 4 March 2021, the breakdown is as follows –

HKPF	ImmD	C&ED	FSD
43	63	74	26

The duties of staff members seconded from disciplinary forces are to assist in investigations into the movements of the COVID-19 cases, tracing their contacts and identifying their close contacts for quarantine.

In addition, a Command Team comprising of 17 Post-retirement Service Contract staff members from the HKPF have also been set up to oversee the operation of the CTO. The Command Team coordinates the work within the CTO and liaise with other units in the DH and other departments for operations such as evacuation of close contacts in buildings.

2. Given that the COVID-19 epidemic situation in Hong Kong remains volatile, there is a continued operational need for the CTO in 2021-22. The CHP will review the manpower requirements for contact tracing from time to time.

The expenses relating to the work on contact tracing, including staff costs, are absorbed or will be absorbed within the overall provision of related government departments, therefore the actual expenditure in 2020-21 or relevant financial provision in 2021-22 cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)188

(Question Serial No. 1861)

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 quotas, the actual numbers of attendances, the average time per consultation, the main services provided and the average cost per attendance 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, increasing the service quotas and increasing the number of clinics? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 52)

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. Professional advice with regard to the individual needs of patients is also given at the GP sessions.

In 2018-19, 2019-20 and 2020-21 (up to 31 January 2021), 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		
			2018-19	2019-20	2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	Monday (AM)	84	5 419	4 953	3 099
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 023	3 694	2 135
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	7 191	6 692	3 853
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 227	2 062	1 283
Mona Fong Dental Clinic	Thursday (PM)	42	1 899	1 737	1 040
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 970	1 870	1 029
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 994	7 432	4 169
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 016	1 854	1 077
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 910	3 672	2 065
	Friday (AM)	42			
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	95	105	101
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	283	242	173

[@] The regular maximum numbers of disc allocated per session at individual dental clinics in the past 3 years have remained the same. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of disc allocation have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

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 expenditures on GP sessions have been absorbed within the provisions for dental services 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.

- (2) The Government's policy on dental care 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. Comprehensive dental services for the community at large involves substantial amount of financial resources. In accordance with the prevailing policy, the Government mainly undertakes publicity, education (including the School Dental Care Service), promotion on oral health, provision of emergency dental services to the public and takes forward initiatives targeting at persons with special dental care needs, in particular elderly persons with financial difficulties and persons with difficulties accessing usual dental services.

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 launched a three-year programme named "Healthy Teeth Collaboration" in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability, and will extend the programme for another 3 years. The Government has also 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.

The dental clinics under DH are primarily 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 under the purview of the Civil Service Bureau. The dental services of these clinics are essentially provided for the above clients as employment benefits. These dental clinics are not intended for provision of comprehensive dental services for the general public, though we have utilised some capacity of these clinics to provide emergency services. 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.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)189

(Question Serial No. 1881)

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 has earmarked over \$8.4 billion for the procurement and administration of COVID-19 vaccines. The target is to have the majority of the population vaccinated for free within 2021. The vaccination programme in which members of the public falling under 5 specific groups would be vaccination priority groups was launched yesterday. In this connection, will the Government inform this Committee of:

- (1) the number of vaccine recipients in each community vaccination centre, as well as the number of staff and details of expenditure involved;
- (2) whether the Government will consider discussing with the Mainland authorities if people from Hong Kong who have been vaccinated can be granted quarantine exemption or undergo a shorter quarantine period, or exempt from the group gathering prohibition on entering premises, in order to encourage vaccination uptake; if yes, the details and if not, the reasons?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 74)

Reply:

(1)

With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the vaccination programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

To mobilise sufficient medical manpower to support the smooth operations of the Community Vaccination Centres (CVCs), the Government has partnered with the Hospital Authority (HA) and a number of healthcare professional bodies, medical organisations and private hospitals (collectively as “partner healthcare organisations”) to take charge of the medical-related tasks at the CVCs. The partner healthcare organisations participating in the operation of the CVCs are of a certain scale with medical network, ability to mobilise staff as well as resources. To support the above arrangement, the Government will provide the partner healthcare organisation a subsidy of \$72 per dose of vaccine (not including public medical organisations viz. HA and the Department of Health (DH)). The relevant subsidy amount has made reference to DH’s current Vaccination Subsidy Scheme and took into account the fact that the venue and related ancillary facilities, etc. are provided by the Government.

As at 24 March, a cumulative total of about 403 000 persons have received their first vaccination dose (at CVCs, private clinics and HA’s general out-patient clinics), with about 252 800 persons receiving Sinovac vaccine and about 150 200 persons receiving BioNTech vaccine. The number of vaccinations made at CVCs, by type of vaccine, is announced via press release on a daily basis.

(2)

The COVID-19 epidemic is still rampant across the world. With vaccination programmes being implemented in different places, and gradual publishing of clinical user statistics as well as immunisation responses, the Government can obtain more information on the efficacy and quality of various COVID-19 vaccines. The Government will continue to closely monitor the latest development of the epidemic situation as well as the progress of the vaccination programme and its effect on disease prevention and control. If the overall uptake rate of the COVID-19 vaccine is satisfactory, together with the general public working together to strictly observe other anti-epidemic measures (such as wearing of masks, using the “LeaveHomeSafe” mobile application, etc.), the restrictions on restaurants and other commercial premises can be considered to be further relaxed and the currently closed premises can be considered to resume business. On the other hand, in view of the current global trend, the overall vaccine uptake rate in Hong Kong and whether individuals

have been vaccinated will be important factors when considering the future resumption of cross-boundary travel and relaxation of quarantine measures for cross-boundary travellers. If the overall vaccine uptake rate in Hong Kong is not satisfactory, it can be imagined that other places may not be very enthusiastic to resume cross-boundary travel with Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)190****(Question Serial No. 1598)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the Elderly Health Care Voucher (EHCV) Scheme, please advise on:

- (1) the number of elderly people who have claimed EHCVs in the past 3 years from 2018 to 2020;
- (2) the number of elderly people who used EHCVs, the total amount claimed and the total balance in 2020 as compared to 2019; and
- (3) whether the Government, in view that the epidemic has prevented many elderly people from using the EHCVs, plans to extend their period of validity; if not, the reasons.

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 56)Reply:

(1)

The table below shows the number of elderly persons who had made use of vouchers under the Elderly Health Care Voucher (EHCV) Scheme in the past 3 years:

	2018	2019	2020
Cumulative number of elderly persons who had made use of vouchers by the end of the year	1 191 000	1 294 000	1 350 000

(2)

The table below shows the total amount of vouchers claimed by healthcare service providers enrolled in the EHCV Scheme for healthcare services rendered to eligible elderly persons, and the total voucher balance of elderly persons who had made use of vouchers by the end of 2019 and 2020:

	2019	2020
Total amount of vouchers claimed by healthcare service providers enrolled in the EHCV Scheme in the year (in \$'000)	2,665,916	2,153,165
Total voucher balance of elderly persons who had made use of vouchers as at end of the year (in \$'000) ^{Note}	3,214,935	3,816,335

Note : The accumulation limit of vouchers was \$5,000 between 8 June 2018 and 25 June 2019, and increased to \$8,000 since 26 June 2019.

(3)

Currently, there is no restriction on the number of years that an elderly person may carry forward unspent vouchers, but the unspent vouchers cannot exceed the accumulation limit of \$8,000. To help elderly persons better manage their voucher balances and plan ahead, the function for checking voucher balance has been enhanced so that elderly persons 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. Since January 2021, elderly persons can also check their voucher balance and voucher transaction records in the past two years with their mobile phones by using the eHealth App.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)191

(Question Serial No. 2465)

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 Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), please provide the following information since their implementation:

1. the number of notifications of medical surveillance issued to exempted persons at boundary control points in service per month; and
2. the number of passenger trips arriving Hong Kong per month of persons exempted by the Chief Secretary for Administration, broken down by category.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 64)

Reply:

Pursuant to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) and Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), all persons having stayed in places outside Hong Kong for any period prior to their arrival in Hong Kong, with the exception of persons exempted by the Chief Secretary for Administration in accordance with the relevant regulations, must be subject to compulsory quarantine, regardless of nationality and travel documents used.

To maintain the necessary operation of society and the economy of Hong Kong, and to ensure an uninterrupted supply of all daily necessities to the public, the Chief Secretary for Administration has, in accordance with the relevant regulations, exempted various categories of persons and individuals from the compulsory quarantine requirement upon arrival in Hong Kong.

Exempted persons are subject to different sets of conditions which impose requirements for testing, self-isolation and restricted movement on exempted persons which is adjusted from time to time in accordance with the risk assessment of respective exemption categories and

the global and local epidemic situation. Apart from the exemption conditions, the Department of Health (DH) would arrange 21/14-day medical surveillance for the abovementioned exempted persons during their stay in Hong Kong. Persons under medical surveillance are required to wear masks and check their body temperature twice daily and report to the DH if feeling unwell. In addition, exempted persons are also subject to body temperature check and health declaration procedures performed by the DH at boundary control points during arrival clearance.

The number of Notifications of Medical Surveillance issued to exempted persons under Cap. 599C and Cap. 599E as at end February 2021 at various boundary control points are tabulated below –

(Note: the number of Notifications of Medical Surveillance issued does not represent the number of exempted persons as the same person may be issued a separate notification upon each entry.)

February 2020	93 602
March 2020	39 211
April 2020	36 039
May 2020	40 220
June 2020	45 943
July 2020	53 405
August 2020	41 155
September 2020	45 689
October 2020	43 885
November 2020	45 440
December 2020	46 145
January 2021	42 584
February 2021	34 438
Total	607 756

Note 1: Boundary control points in service include Hong Kong International Airport, Hong Kong-Zhuhai-Macao Bridge Hong Kong Port, Shenzhen Bay, Man Kam To, Lok Ma Chau, Sha Tau Kok and Heung Yuen Wai (commenced service on 26 August 2020).

Note 2: Exempted persons are issued with new Notification of Medical Surveillance every time when they enter Hong Kong (except in cases set out in Note 3 below).

Note 3: Currently, “cross-boundary goods vehicle drivers and necessary accompanying personnel” with valid Notification of Medical Surveillance issued in the past 14 days are not issued with new Notification of Medical Surveillance afresh every time they enter Hong Kong.

The DH does not maintain the breakdown figures of exempted persons arriving at boundary control points by category.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)192

(Question Serial No. 2467)

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. 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?
2. 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 government dental clinics with general public sessions?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 82)

Reply:

1. Operators of dental clinics, including those which operate in vehicles, are required to obtain either a licence or letter of exemption under the Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance), the regulatory regime of which is being implemented in phases. Hospital licences and the first batch of day procedure centre licences under the Ordinance have taken effect from 1 January 2021. For clinics, including mobile dental clinics, details on application for licences and letters of exemption will be announced in due course.
2. 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 very limited. Therefore, for the elders residing in residential care homes (RCHes) or receiving services in day care centres (DEs) who may be too weak and therefore less mobile, we considered it more cost effective to provide dental care service through the Outreach Dental Care

Programme for the Elderly, which provides free on-site oral check-up for elders and oral care training to caregivers of RCHEs, DEs and similar facilities through outreach dental teams set up by non-governmental organisations.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)193

(Question Serial No. 2470)

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:

Regarding the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), please provide the following information since their implementation:

1. the number of people subject to compulsory quarantine in each month and the cumulative number of people prosecuted and convicted for violating the said regulations, as well as the penalty imposed for each convicted case;
2. the manpower and resources deployed by the Department of Health (DH) in the last 2 financial years and the coming financial year respectively to ensure compliance of people subject to compulsory quarantine with compulsory quarantine requirements under the said regulations, and the number of violations detected by the DH by way of field inspections, telephone calls and electronic wristbands respectively.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 88)

Reply:

According to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), starting from 8 February 2020, except for exempted persons, all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong would be subject to compulsory quarantine for 14 days, regardless of nationality and travel documents used. Since 25 March 2020, the compulsory 14-day quarantine arrangement has been extended to all persons arriving from or having stayed in Macao and Taiwan in the past 14 days prior to arrival in Hong Kong, in addition to those arriving from the Mainland.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from Mainland, Taiwan and Macao with breakdown by month and places of quarantine are tabulated below –

Quarantine Orders issued under Cap. 599C (by place of quarantine)

	Home	Hotel	Quarantine Centre	Total
February 2020 (from 8 February 2020)	27 345	565	216	28 126
March 2020	49 520	2 225	711	52 456
April 2020	18 490	1 107	112	19 709
May 2020	39 721	2 470	109	42 300
June 2020	31 609	5 572	163	37 344
July 2020	18 824	5 853	138	24 815
August 2020	16 599	4 441	80	21 120
September 2020	47 126	3 465	45	50 636
October 2020	30 337	3 448	79	33 864
November 2020	18 549	1 955	51	20 555
December 2020	9 692	1 116	30	10 838
January 2021	11 376	1 227	16	12 619
February 2021	14 733	1 184	12	15 929
Total	333 921	34 628	1 762	370 311

According to the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), starting from 19 March 2020, except for exempted persons, all persons arriving in Hong Kong from places outside China would be subject to compulsory quarantine.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from places outside China with breakdown by month are tabulated below. The breakdown by place of quarantine is not readily available.

Quarantine Orders issued under Cap. 599E

March 2020 (from 19 March 2020)	51 211
April 2020	16 078
May 2020	19 127
June 2020	24 150
July 2020	23 187
August 2020	17 313
September 2020	24 253
October 2020	19 532
November 2020	21 446
December 2020	18 982
January 2021	13 090
February 2021	9 470
Total	257 839

Breaching a quarantine order is a criminal offence and offenders are subject to a maximum fine of \$25,000 and imprisonment for 6 months. As at end February 2021, 113 persons have been convicted by courts for breaching the quarantine orders and have received sentences for up to 14 weeks or a fine of up to \$15,000. The Department of Health has issued press releases to inform the public outcome of the breach of each case.

The expenditure and manpower relating to quarantine are absorbed under the overall provision for relevant bureaux/departments and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)194****(Question Serial No. 2472)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Please advise this Committee on the following:

1. the capacity of each quarantine centre at the end of each month since January 2019;
2. the monthly number of confinees at quarantine centres since January 2019, with a breakdown into close contacts and non-close contacts of confirmed cases; and
3. the expenditure on quarantine facilities in 2019-20, 2020-21 and 2021-22.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 90)Reply:

The capacity of all quarantine centres at the end of each month from January 2020 to February 2021 is as follows –

Date (as at 0900)	Capacity (quarantine units)												Total
	LMHV	LYMP	SK	PTCC	JTIA	CYE	JPC	PB	STW	DKT	SSV	RG	
31/01/2020	45	27	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	72
29/02/2020	45	27	N.A.	25	53	500	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	650
31/03/2020	N.A.	145	N.A.	N.A.	53	1398	85	N.A.	N.A.	N.A.	N.A.	N.A.	1681
30/04/2020	N.A.	145	N.A.	N.A.	53	1398	85	N.A.	N.A.	N.A.	N.A.	N.A.	1681
31/05/2020	N.A.	145	N.A.	N.A.	N.A.	1739	198	N.A.	N.A.	N.A.	N.A.	N.A.	2082
30/06/2020	N.A.	379	N.A.	N.A.	N.A.	1739	198	N.A.	N.A.	N.A.	N.A.	N.A.	2316
31/07/2020	N.A.	N.A.	99	N.A.	N.A.	1739	198	800	N.A.	N.A.	N.A.	N.A.	2836
31/08/2020	N.A.	N.A.	99	N.A.	N.A.	1739	198	800	N.A.	N.A.	N.A.	N.A.	2836
30/09/2020	N.A.	N.A.	99	N.A.	N.A.	N.A.	198	800	N.A.	N.A.	N.A.	N.A.	1097
31/10/2020	N.A.	N.A.	99	N.A.	N.A.	N.A.	198	1500	N.A.	N.A.	N.A.	N.A.	1797

Date (as at 0900)	Capacity (quarantine units)												Total
	LMHV	LYMP	SK	PTCC	JTIA	CYE	JPC	PB	STW	DKT	SSV	RG	
30/11/2020	N.A.	379	99	N.A.	N.A.	N.A.	198	1800	N.A.	N.A.	N.A.	N.A.	2476
31/12/2020	N.A.	379	99	N.A.	N.A.	N.A.	198	3500	409	361	268	700	5914
31/01/2021	N.A.	379	99	N.A.	N.A.	N.A.	198	3500	409	361	268	700	5914
28/02/2021	N.A.	379	99	N.A.	N.A.	N.A.	198	3500	409	361	N.A.	N.A.	4946

Legend

N.A.	Not Applicable
LMHV:	Lady MacLehose Holiday Village
LYMP:	Chai Wan Lei Yue Mun Park and Holiday Village
SK:	Sai Kung Outdoor Recreation Centre
PTCC:	Po Leung Kuk Jockey Club Pak Tam Chung Holiday Camp
JTIA:	Jao Tsung I Academy Heritage Lodge
CYE:	Chun Yeung Estate
JPC:	Junior Police Call Permanent Activity Centre
PB:	Penny's Bay Quarantine Centre
STW:	Silka Tsuen Wan
DKT:	Dorsett Kwun Tong
SSV:	Silka Seaview
RG:	Rambler Garden Hotel

The number of persons who were placed under quarantine in quarantine centres each month from January 2020 to February 2021 are as follows –

	Close Contact	Non-Close Contact	Total
January 2020	51	0	51
February 2020	422	455	877
March 2020	1 456	1 185	2 641
April 2020	909	203	1 112
May 2020	46	1 382	1 428
June 2020	110	3 365	3 475
July 2020	3 348	2 467	5 815
August 2020	3 629	9	3 638
September 2020	764	20	784
October 2020	911	16	927
November 2020	2 516	12	2 528
December 2020	7 332	6	7 338
January 2021	5 652	36	5 688
February 2021	3 591	27	3 618
Total	30 737	9 183	39 920

The expenditure and manpower relating to quarantine are absorbed under the overall provision for relevant bureaux/departments and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)195

(Question Serial No. 2489)

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 COVID-19 Vaccination Programme (the Programme), please inform this Committee of:

1. the measures put in place by the Government to monitor and enhance the operation of the online booking system so that members of the public can make a vaccination appointment more swiftly and smoothly;
2. the sum of money involved in the procurement of the 3 types of vaccine and the expected timetable for full delivery of each type of vaccine to Hong Kong;
3. whether the Government will keep under constant review the efficacy of the 3 types of vaccine subsequent to their administration around the world and in the territory, and consider procuring vaccines from other drug manufacturers, such as the Sinopharm vaccine; and
4. the staff establishment, expenditure on remuneration (broken down by job duty) and total expenditure in respect of the Programme.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 140)

Reply:

(1)

After consolidating previous experience, the Government has revisited and increased the overall capacity of the booking system for the COVID-19 Vaccination Programme so as to improve its computing performance in meeting the high demand of booking. Moreover, we have introduced a new web page (<https://booking.covidvaccine.gov.hk/centre/>) showing the latest quota status of each vaccination centre, so that the public can keep abreast of the latest quota situation before booking. We have also enhanced the user interface of the booking system so that a citizen can easily identify and select the available time slot of a centre, thus speeding up the completion of the booking process.

(2)

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

(3)

The Government will ensure that COVID-19 vaccines satisfy the criteria of safety, efficacy and quality, and obtain emergency use approval in accordance with the relevant requirements as well as stringent approval procedures under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K), before arranging for members of the public to receive the vaccines. For the two vaccines authorised for emergency use under Cap. 599K (i.e. CoronaVac and Comirnaty), the Secretary for Food and Health has attached conditions to the authorisations, including requiring the drug manufacturer concerned to continue to provide the latest clinical data on the vaccine, submit safety update reports, quality certification documents/ laboratory analysis certificates for each batch of vaccines and timely updates of quality reports, etc.

The Government's procurement decisions are made based on the prevailing clinical data and scientific evidence. We will keep in view the latest pandemic situation and development of vaccines.

(4)

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)196

(Question Serial No. 2552)

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.: 67)

Reply:

1. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was \$44.9 million in 2018-19, \$51.7 million in 2019-20 and \$58.0 million in 2020-21. Six civil service posts have been provided for implementing the ODCP.

Since the launch of the ODCP in October 2014 up to end-January 2021, the number of attendances was about 256 000. 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 and dentures).

The number of participating residential care homes for the elderly (RCHEs)/day care centres (DEs) under the ODCP was 852 in 2017-19 service year^{Note 1}, 792 in 2019-20 service year^{Note 2}, and 474 in 2020-21 service year^{Note 3} (up to 31 January 2021). In response to the COVID-19 outbreak, the Centre for Health Protection has updated the visiting arrangement set out in the “Guidelines for Residential Care Homes for the Elderly or Persons with Disability for the Prevention of Coronavirus disease” since 8 July 2020 that visiting is not allowed unless under compassionate ground (except official visits). As the COVID-19 situation developed, given the above, non-governmental organisations have encountered difficulty in scheduling the visits to RCHEs for on-site oral check-ups in 2020-21 service year.

Note 1: 2017-19 service year refers to the period from 1 October 2017 to 31 March 2019.

Note 2: 2019-20 service year refers to the period from 1 April 2019 to 31 March 2020.

Note 3: 2020-21 service year refers to the period from 1 April 2020 to 31 March 2021.

2. We do not have plan to extend the ODCP to cover elders other than those in RCHEs/DEs 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) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability (ID). The Government will continue the programme for another 3 years. 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 2021-22 were as follows -

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Actual)	12.8
2020-21 (Revised estimate)	17.7
2021-22 (Estimate)	27.2

The financial provision in 2021-22 is increased to ensure sufficient funding is available to meet the rising demand and costs of dental treatment for HTC service users.

As at end of January 2021, about 3 000 adults with ID have registered under HTC. Among them, about 2 800 have received their first consultation.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)197****(Question Serial No. 2558)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

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?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 74)Reply:

1. The service sessions and the regular maximum numbers of discs allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and in the coming year are set out below. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of disc allocation have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

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

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
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	2 nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32

The total population and the population of persons 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 persons aged 65 or over)		
		2017	2018	2019
Kowloon City Dental Clinic	Kowloon City	411 900 (62 500)	414 100 (65 700)	419 900 (69 400)
Kwun Tong Dental Clinic	Kwun Tong	664 100 (113 300)	677 300 (118 600)	688 500 (124 400)
Kennedy Town Community Complex Dental Clinic	Central & Western	241 500 (38 500)	242 400 (40 300)	240 500 (42 000)
Fanling Health Centre Dental Clinic	North	312 700 (47 900)	314 800 (49 800)	314 100 (51 200)
Mona Fong Dental Clinic	Sai Kung	463 700 (71 900)	469 200 (73 900)	472 500 (77 000)
Tai Po Wong Siu Ching Dental Clinic	Tai Po	303 700 (44 400)	307 700 (47 400)	306 800 (50 000)
Tsuen Wan Dental Clinic	Tsuen Wan	313 600 (46 100)	311 100 (48 300)	311 800 (50 500)
Yan Oi Dental Clinic	Tuen Mun	480 500 (71 500)	494 500 (77 100)	495 100 (82 300)
Yuen Long Jockey Club Dental Clinic	Yuen Long	625 000 (94 500)	635 600 (97 700)	645 000 (102 000)

Dental clinics with GP sessions	District Council	*Total population by District Council Districts (population of persons aged 65 or over)		
Tai O Dental Clinic	Islands	160 300 (24 100)	170 900 (25 600)	186 500 (29 400)
Cheung Chau Dental Clinic	Islands	160 300 (24 100)	170 900 (25 600)	186 500 (29 400)

* Data from the Census and Statistics Department's website.

The numbers of attendances in GP sessions for each dental clinic in the financial years 2018-19, 2019-20 and 2020-21 (up to 31 January 2021), with breakdown by age group, are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2018-19	Attendance in 2019-20	Attendance in 2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	0-18	99	194	43
	19-42	825	1 011	522
	43-60	1 303	992	865
	61 or above	3 192	2 756	1 669
Kwun Tong Dental Clinic	0-18	73	145	30
	19-42	612	754	359
	43-60	968	740	596
	61 or above	2 370	2 055	1 150
Kennedy Town Community Complex Dental Clinic	0-18	131	262	54
	19-42	1 095	1 367	649
	43-60	1 729	1 340	1 075
	61 or above	4 236	3 723	2 075
Fanling Health Centre Dental Clinic	0-18	41	81	18
	19-42	339	421	216
	43-60	535	413	358
	61 or above	1 312	1 147	691
Mona Fong Dental Clinic	0-18	34	68	15
	19-42	289	355	175
	43-60	457	348	290
	61 or above	1 119	966	560
Tai Po Wong Siu Ching Dental Clinic	0-18	36	73	15
	19-42	300	382	173
	43-60	474	374	287
	61 or above	1 160	1 041	554
Tsuen Wan Dental Clinic	0-18	145	291	58
	19-42	1 217	1 518	702
	43-60	1 923	1 488	1 164
	61 or above	4 709	4 135	2 245

Dental clinic with GP sessions	Age group	Attendance in 2018-19	Attendance in 2019-20	Attendance in 2020-21 (up to 31 January 2021)
Yan Oi Dental Clinic	0-18	37	73	15
	19-42	307	379	181
	43-60	485	371	301
	61 or above	1 187	1 031	580
Yuen Long Jockey Club Dental Clinic	0-18	71	144	29
	19-42	595	750	348
	43-60	940	735	576
	61 or above	2 304	2 043	1 112
Tai O Dental Clinic	0-18	2	4	2
	19-42	14	22	17
	43-60	23	21	28
	61 or above	56	58	54
Cheung Chau Dental Clinic	0-18	5	10	3
	19-42	43	49	29
	43-60	68	48	48
	61 or above	167	135	93

2. The Government's policy on dental care 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. Comprehensive dental services for the community at large involves substantial amount of financial resources. In accordance with the prevailing policy, the Government mainly undertakes publicity, education (including the School Dental Care Service), promotion on oral health, provision of emergency dental services to the public and takes forward initiatives targeting at persons with special dental care needs, in particular elderly persons with financial difficulties and persons with difficulties accessing usual dental services.

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 launched a three-year programme named "Healthy Teeth Collaboration" in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability, and will extend the programme for another 3 years. The Government has also 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.

The dental clinics under DH are primarily 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 under the purview of the Civil Service Bureau. The dental services of these clinics are essentially provided

for the above clients as employment benefits. These dental clinics are not intended for provision of comprehensive dental services for the general public, though we have utilised some capacity of these clinics to provide emergency services. 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.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)198

(Question Serial No. 2559)

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 Elderly Health Care Voucher Scheme, please advise on:

1. the number of claim transactions, the amount of vouchers claimed and the average amount per claim transaction, broken down by type of healthcare service provider in the past 3 calendar years;
2. the maximum voucher amount claimed in a transaction, broken down by type of healthcare service provider in the past 3 calendar years;
3. 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 the past 3 calendar years; and
4. the number of eligible elderly people who did not use any vouchers in each of the past 3 calendar years, and those who have never used any vouchers since the implementation of the Scheme.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 75)

Reply:

1.
The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the average amount of vouchers claimed per transaction by types of healthcare service providers enrolled in the Elderly Health Care Voucher (EHCV) Scheme in the past 3 years:

Amount of Vouchers Claimed (in HK\$'000)

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	1,154,745	1,246,024	947,488
Chinese Medicine Practitioners	533,136	599,170	634,851
Dentists	287,044	313,111	276,556
Occupational Therapists	5,681	4,432	5,383
Physiotherapists	16,452	17,210	15,191
Medical Laboratory Technologists	17,808	18,654	13,706
Radiographers	13,400	15,749	14,700
Nurses	7,447	10,214	8,753
Chiropractors	5,225	5,675	5,127
Optometrists	759,750	431,680	225,903
Sub-total (Hong Kong):	2,800,688	2,661,919	2,147,658
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	3,492	3,997	5,507
Total :	2,804,180	2,665,916	2,153,165

Number of Voucher Claim Transactions

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	2 917 895	2 952 153	1 957 092
Chinese Medicine Practitioners	1 502 140	1 633 532	1 376 436
Dentists	294 950	310 306	246 844
Occupational Therapists	3 515	3 233	4 640
Physiotherapists	40 874	43 946	39 669
Medical Laboratory Technologists	18 662	20 770	15 324
Radiographers	16 785	16 779	14 386
Nurses	6 523	9 936	6 903
Chiropractors	10 743	10 820	8 826
Optometrists	359 343	242 424	158 127
Sub-total (Hong Kong):	5 171 430	5 243 899	3 828 247
HKU-SZH ^{Note 3}	11 418	13 562	18 962
Total :	5 182 848	5 257 461	3 847 209

Average Amount of Vouchers Claimed Per Transaction (HK\$)

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	396	422	484
Chinese Medicine Practitioners	355	367	461
Dentists	973	1,009	1,120
Occupational Therapists	1,616	1,371	1,160
Physiotherapists	403	392	383
Medical Laboratory Technologists	954	898	894
Radiographers	798	939	1,022
Nurses	1,142	1,028	1,268
Chiropractors	486	524	581
Optometrists	2,114	1,781	1,429
HKU-SZH ^{Note 3}	306	295	290

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 EHCV Scheme on a hospital basis.

2.

In each of the past 3 years from 2018 to 2020, the range of the maximum voucher amount claimed per transaction by types of healthcare service providers enrolled in the EHCV Scheme are provided below:

	Range of Maximum Voucher Amount Claimed Per Transaction (HK\$)		
	2018 ^{Note 4}	2019 ^{Note 5}	2020
Medical Practitioners	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Chinese Medicine Practitioners	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Dentists	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Occupational Therapists	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Physiotherapists	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Medical Laboratory Technologists	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000

Radiographers	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Nurses	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Chiropractors	4,751 – 5,000	4,751 – 5,000	7,751 – 8,000
Optometrists	4,751 – 5,000	4,751 – 5,000	1,751 – 2,000
HKU-SZH ^{Note 6}	4,501 – 4,750	5,501 – 5,750	7,251 – 7,500

Note 4: On 8 June 2018, each eligible elderly person 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 5: On 26 June 2019, each eligible elderly person 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 elderly person was introduced on the same day.

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 EHCV Scheme on a hospital basis.

3.

The table below shows the number of voucher claim transactions with amount of “\$500 or below” made by healthcare service providers in Hong Kong enrolled in the EHCV Scheme in the past 3 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)		
	2018	2019	2020
\$500 or below	4 001 849 (77%)	4 066 170 (78%)	2 771 139 (72%)

4.

Based on the estimated number of eligible elderly persons provided in the Hong Kong Population Projections 2020-2069 by the Census and Statistics Department, about 27 000 (2%) eligible elderly persons had never made use of vouchers as at end-2020. The Department of Health does not maintain statistics on the number of elderly persons who had not made use of vouchers in a year.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)199****(Question Serial No. 2560)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Please set out:

1. the number of elderly people whose balances of the Elderly Health Care Voucher (EHCV) accounts fell to \$100 or below at the end of the past 3 years;
2. the number of EHCV claims exceeding \$2,000 in the past 3 calendar years; and
3. the number of complaints against the healthcare service providers participating in the EHCV Scheme as received by the Department of Health; the respective numbers of cases found to be substantiated, partially substantiated; as well as the numbers of persons thus arrested, prosecuted and convicted in the past 3 calendar years.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 76)Reply:

1.

The table below shows the number of elderly persons with voucher balance of \$100 or less as at end of 2018, 2019 and 2020:

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Number of elderly persons with voucher balance of \$100 or less as at end of the year	230 000	178 000	255 000

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person was introduced on the same day.

2.

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 254 107, 154 469 and 116 470 in 2018, 2019 and 2020 respectively.

3.

The Department of Health (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 Elderly Health Care Voucher (EHCV) 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 EHCV 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 EHCV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate.

From 2018 to 2020, the DH received a total of 292 complaints against participating healthcare service providers under the EHCV Scheme. Among the 187 cases with investigation completed, 51 cases were found to be substantiated or partially substantiated. Besides, 12 complaint cases received from 2018 to 2020 were referred to the Police for follow-up action, among which investigation of 9 cases by the Police was completed with no prosecution made, and 3 cases were still under investigation as at end-December 2020.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)200

(Question Serial No. 2561)

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 the staff establishment and expenditure in respect of the Healthy Teeth Collaboration (HTC) since its implementation and in the coming year respectively, as well as the number of persons who have registered and the number of persons who have received their first consultation under the scheme. Please also advise on the name of each subvented organisation, their respective amounts of subvention received and estimated to be received for the coming year under the HTC.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 77)

Reply:

The Government launched a three-year programme named “Healthy Teeth Collaboration” (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability (ID). The Government will continue the programme for another 3 years. As at end of January 2021, about 3 000 adults with ID have registered under HTC. Among them, about 2 800 have received their 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 2021-22 is as follows -

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Actual)	12.8
2020-21 (Revised estimate)	17.7
2021-22 (Estimate)	27.2

The financial provision in 2021-22 is increased to ensure sufficient funding is available to meet the rising demand and costs of dental treatment for HTC service users.

The 5 non-governmental organisations (NGOs) subvented under the HTC 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. Subsidy would be given to the NGOs subject to the type and number of dental treatment performed to eligible service users.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)201

(Question Serial No. 2563)

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 under the Department of Health, please advise on the staff establishments, expenditures on remuneration and total expenditures of various grades in the past 3 years and in the coming year, and the number of school students and the participation rate in each of the past 3 years.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 79)

Reply:

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. Starting from the 2013/2014 school year, the SDCS is extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18.

The annual expenditure of the SDCS in the financial years 2018-19, 2019-20 and the revised estimates for 2020-21 are as follows –

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	269.8
2019-20 (Actual)	270.1
2020-21 (Revised estimate)	281.3

The financial provision of the SDCS for 2021-22 is \$ 283.4 million.

In the service years of 2018-19, 2019-20 and 2020-21, the number of personnel in establishment involved (dentists, dental therapists and dental surgery assistants) in providing the service, with breakdown by grade, are as follows –

Number of personnel involved	Service Year ^{Note 1}		
	2018-19 (As at 1 February 2019)	2019-20 (As at 1 February 2020)	2020-21 (As at 1 February 2021)
Dentists	31	32	32
Dental Therapists	271	269	269
Dental Surgery Assistants	42	42	42

The approved establishment of SDCS in the coming year remains the same as this year.

The numbers of school students and participation rates of school students joining the SDCS in the service years 2018-19, 2019-20 and 2020-21 are as follows –

Service Year ^{Note 1}	2018-19	2019-20	2020-21
No. of school students	372 600	371 800	359 800
Participation rate	96%	96%	97%

Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)202

(Question Serial No. 2564)

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:

1. the quantity of vaccines procured each year and the resources involved;
2. the number of vaccine recipients and their age distribution;
3. whether there were any vaccines left unused each year; if so, the quantity and expenditure involved, as well as the way of disposal;
4. how the Government assessed the quantity of vaccines required each year;
5. the measures taken by the Government to encourage those in need to receive vaccination;
6. 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
7. 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) 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 LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 80)

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 the DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly, persons aged between 50 and 64 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 regularised the Pilot Programme in the 2019/20 season to cover more primary schools, and extended the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme. The DH has also regularised the KGs/CCCs pilot programme in the 2020/21 season.

1. 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)
2018/19 (Actual)	654 000	30.1
2019/20 (Actual)	815 000 [~]	40.8 [~]
2020/21 (Estimate)	947 000 ^{&}	93.0 ^{&}

[~] Including a total of 1 700 doses of nasal influenza vaccine procured in the 2019/20 season, involving an expenditure of \$0.34 million.

[&] Including a total of 69 000 doses of nasal influenza vaccine procured under the special arrangement for the SIVSOP and the VSS in the 2020/21 season, involving an expenditure of \$10 million.

2. The number of recipients for the past 3 seasons under the aforesaid SIV programmes/schemes are as follows –

Target groups	Number of SIV recipients		
	2018/19	2019/20	2020/21 (as at 28 February 2021)
Elderly aged 65 or above	555 000	610 600	611 100
Persons aged between 50 and 64	156 800	194 500	220 500
Children aged between 6 months and under 12	308 200	400 700	335 200
Others [#]	102 200	112 700	120 200
Total	1 122 200	1 318 500	1 287 000

Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, Comprehensive Social Security Assistance recipients who are in receipt of standard rate of 100% disabled or requiring constant attendance aged between 12 and 49 living in the community, 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.

3. 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 SI vaccines that would be required in the coming winter influenza season. Among the SI vaccines procured by the DH in 2018/19 and 2019/20 seasons, about 41 000 doses and 38 000 doses expired respectively. As the Government's vaccination programmes/schemes launched in the 2020/21 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 of depends on the relevant contract price for the vaccines for that vaccination season.
4. The Government will assess and make an estimate on the quantity of SI vaccines required under the GVP and the 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.

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 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, non-governmental organisations and healthcare professionals through briefing sessions and/or online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, Health Education Infoline, posters and leaflets.

In order to increase the coverage of SIV among school children in the 2020/21 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 young school students.

6. The breakdown of the number of fatal influenza cases by age group and the number of cases known to have received respective SIV in the 2018/19 and 2019/20 winter seasons is shown in the following table –

Age group	2018/19 season	2019/20 season
0-17 (known to have received SIV)	1 (0)	0 (-)
18-49 (known to have received SIV)	6 (0)	3 (1)
50-64 (known to have received SIV)	42 (9)	17 (1)
≥65 (known to have received SIV)	308 (120)	83 (29)
Total (known to have received SIV)	357 (129)	103 (31)

No winter influenza season has occurred in Hong Kong in 2020/21 so far.

7. In the 2019/20 season, the DH has regularised the Pilot Programme and launched the SIVSOP to cover more primary schools and extend the coverage to KGs/CCCs as a

pilot programme. The DH has also regularised the KGs/CCCs pilot programme in the 2020/21 season. Under the SIVSOP, there is no service quota on the number of schools.

In the 2019/20 season, 430 primary schools and 701 KGs/CCCs joined the SIVSOP, with 278 000 students vaccinated. In the 2020/21 season (as at 28 February 2021), 438 primary schools and 697 KGs/CCCs conducted outreach activities, with 234 600 students vaccinated. The number of schools joining the SIVSOP and the number of students vaccinated in the 2020/21 season has been affected by the suspension of face-to-face classes during the Coronavirus Disease 2019 epidemic in 2020.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)203

(Question Serial No. 0586)

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 in the Matters Requiring Special Attention in 2021-22, the Department of Health will continue, among other work, to promote and implement the Elderly Health Care Voucher (EHCV) Scheme. According to the Analysis of Financial and Staffing Provision, the provision for 2021-22 is \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21 under Programme (2) due to reasons including meeting funding requirement for the EHCV Scheme. In this connection, please inform this Committee of the following:

1. of the increased provision for 2021-22 over that for 2020-21, the amount allocated for meeting the funding requirement for the EHCV Scheme and the details;
2. the number of attendances of Hong Kong elderly people using EHCVs in Hong Kong and in the Mainland (at the University of Hong Kong-Shenzhen Hospital (HKU-SZH)) in each of the past 3 years and the expenditure involved; and
3. the expected number of attendances of Hong Kong elderly people using EHCVs in Hong Kong and in the Mainland (at the HKU-SZH) and the estimated expenditure for 2021-22.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 36)

Reply:

1.

In 2021-22, the additional provision for the Elderly Health Care Voucher (EHCV) Scheme is \$344.8 million. The additional provision is to cater for several enhancement measures of the EHCV Scheme since 2017, which include lowering the eligibility age for the EHCV Scheme from 70 to 65 with effect from 1 July 2017; providing each eligible elderly person with an additional voucher amount of \$1,000 on a one-off basis and increasing the accumulation limit of the vouchers from \$4,000 to \$5,000 on 8 June 2018; as well as providing each eligible elderly person with an additional one-off voucher amount of \$1,000 on 26 June 2019 and further increasing the accumulation limit of the vouchers to \$8,000 with effect from the same date.

2.

The tables below show the number of voucher claim transactions made and amounts claimed by healthcare service providers in Hong Kong enrolled in the EHCV Scheme and the University of Hong Kong - Shenzhen Hospital (HKU-SZH) for healthcare services rendered to eligible elderly persons in the past 3 years:

Number of Voucher Claim Transactions

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Number of voucher claim transactions made by healthcare service providers in Hong Kong enrolled in the EHCV Scheme	5 171 430	5 243 899	3 828 247
Number of voucher claim transactions made by HKU-SZH ^{Note 3}	11 418	13 562	18 962
Total	5 182 848	5 257 461	3 847 209

Amount of Vouchers Claimed (in HK\$'000)

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Amount of vouchers claimed by healthcare service providers in Hong Kong enrolled in the EHCV Scheme	2,800,688	2,661,919	2,147,658
Amount of vouchers claimed by HKU-SZH ^{Note 3}	3,492	3,997	5,507
Total	2,804,180	2,665,916	2,153,165

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly 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 EHCV Scheme on a hospital basis.

3.

According to the Hong Kong Population Projections 2020-2069 of the Census and Statistics Department, the number of eligible elderly persons (i.e. aged 65 or above) under the EHCV Scheme is about 1 450 000 in 2021. The Scheme subsidises eligible elderly people to choose private primary healthcare services in Hong Kong and those provided by designated clinics/ departments of the HKU-SZH that best suit their health needs. The estimated voucher expenditure for 2021-22 is about \$4,047.7 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)204

(Question Serial No. 0588)

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:

One of the Matters Requiring Special Attention in 2021-22 under Programme (2): Disease Prevention is to “continue the work in prevention and control of Coronavirus Disease 2019 (COVID-19), including planning and implementation of COVID-19 vaccination”. It is further shown in the Analysis of Financial and Staffing Provision that under Programme (2), the provision for 2021-22 is \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21 due to, among other reasons, an increased requirement for operating expenses for prevention and control of COVID-19 including procurement and administration of vaccines, and a net increase of 73 posts in 2021-22 to meet operational needs. In this connection, please advise this Committee on:

1. the amount and percentage of the increased provision for 2021-22 to be used for tackling the COVID-19 pandemic and details of the uses of such provision;
2. details of the net increase of 73 posts in 2021-22, of which the number of posts created for tackling the COVID-19 pandemic, as well as the manpower and expenditure involved;
3. the total expenditure for the implementation of COVID-19 vaccination in 2021-22, broken down by expenditure item and amount.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 37)

Reply:

1. Under Programme (2) : Disease Prevention, an additional provision of \$7,465.4 million for 2021-22 includes provision of \$5,396.1 million (or 72.3% of the increased provision) for prevention and control of COVID-19, including but not limited to implementing various anti-epidemic measures, procurement of COVID-19 vaccines and launching of the COVID-19 vaccination programme.

2. Details of the net increase of 73 civil service posts under Programme (2) are at **Annex**, all of which are created for combatting the COVID-19 epidemic.
3. The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. As of now, we have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (a) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong;
- (b) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived Hong Kong in end February/ early March; and
- (c) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550

Total	2,932
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Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

Creation and Deletion of Posts in Department of Health in 2021-22

Programme (2) – Disease Prevention

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$) #</u>
Senior Medical and Health Officer	2	3,029,280
Medical and Health Officer	11	12,902,340
Senior Nursing Officer	1	985,260
Nursing Officer	5	3,856,200
Registered Nurse	16	7,778,880
* Medical Technologist (new pay scale)	95	70,013,100
* Medical Technologist (existing pay scale)	-92	-74,293,680
* Associate Medical Technologist	150	69,471,000
* Medical Laboratory Technician I	-43	-26,365,020
* Medical Laboratory Technician II	-101	-38,481,000
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	1	1,124,520
Hospital Administrator I	2	1,615,080
Hospital Administrator II	3	1,531,620
Radiographer I ^{Note}	-2	-1,473,960
Senior Foreman	2	690,720
Foreman	10	2,727,000
Executive Officer I	2	1,615,080
Executive Officer II	2	1,069,320
Health Inspector I/II	2	1,135,080
Supplies Supervisor II	1	288,840
Laboratory Attendant	2	480,840
Workman II	<u>2</u>	<u>358,680</u>
Total (Programme (2)) :	<u>73</u>	<u>42,029,700</u>

based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

^{Note} 2 Radiographer I posts are re-deployed from Student Health Service (Programme (2) – Disease Prevention) to Radiation Health Division (Programme (1) – Statutory Functions) and Tuberculosis and Chest Service (Programme (4) – Curative Care)

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)205

(Question Serial No. 0590)

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:

Continuing to combat the Coronavirus Disease 2019 (COVID-19) pandemic is among the Matters Requiring Special Attention in 2021-22 under Programme (2): Disease Prevention. In this connection, please advise this Committee on:

1. the increase in manpower deployed by the Department of Health in 2020-21 to strengthen the tracing of close contacts of confirmed COVID-19 cases, including the number of staff seconded from disciplined services, the disciplined services involved, the number and posts of the seconded staff of each service, their duties in detail, as well as the expenditure involved;
2. details of the seconded or increased manpower expected to be deployed for increased efforts of tracing in 2021-22, including the number of staff to be seconded or increased, the disciplined services to be involved, the number and posts of the seconded staff of each service, the duties of the seconded or increased staff in detail, as well as the expenditure involved.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 39)

Reply:

1. Contact tracing is fundamental to the efforts in preventing further spread of Coronavirus Disease 2019 (COVID-19). Officers from disciplinary forces have been deployed to the Centre for Health Protection (CHP) under the Department of Health (DH) to provide support to the CHP's work on contact tracing for COVID-19 cases in 2020-21. Dependent on the epidemic situation, the number of officers deployed varies at different periods of time.

Since the establishment of the Contact Tracing Office (CTO) on 11 January 2021, about 100 staff members have been seconded from 4 disciplinary forces, namely the Hong Kong Police Force (HKPF), the Immigration Department (ImmD), the Customs and Excise Department (C&ED) and the Fire Services Department (FSD), to support the work on contact tracing. Due to the surge in cases in late January 2021 and the

enhancements in the strategy on contact tracing, the number of seconded staff members has increased to about 200. As at 4 March 2021, the breakdown is as follows –

HKPF	ImmD	C&ED	FSD
43	63	74	26

The duties of staff members seconded from disciplinary forces are to assist in investigations into the movements of the COVID-19 cases, tracing their contacts and identifying their close contacts for quarantine.

In addition, a Command Team comprising of 17 Post-retirement Service Contract staff members from the HKPF have also been set up to oversee the operation of the CTO. The Command Team coordinates the work within the CTO and liaise with other units in the DH and other departments for operations such as evacuation of close contacts in buildings.

2. Given that the COVID-19 epidemic situation in Hong Kong remains volatile, there is a continued operational need for the CTO in 2021-22. The CHP will review the manpower requirements for contact tracing from time to time.

The expenses relating to the work on contact tracing, including staff costs, are absorbed or will be absorbed within the overall provision of related government departments, therefore the actual expenditure in 2020-21 or relevant financial provision in 2021-22 cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)206

(Question Serial No. 1132)

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 elderly dental services, will the Government please advise this Committee on the following:

1. given that 23 outreach dental teams have been set up by 10 non-governmental organisations under the Outreach Dental Care Programme for the Elderly to provide outreach dental services for eligible elderly people, (i) the establishment of each outreach dental team; (ii) the details of the dental services (e.g. oral care training and oral health assessment); and (iii) the average length of each service session and the number of elderly people served at present;
2. whether it will consider increasing the number of mobile dental clinics so as to make them available in the 18 districts and accessible by elderly people and residents living in remote areas; if not, the reasons for not doing so; and
3. whether it will review the operation and location of existing dental clinics with general public sessions, and conduct studies on offering more service sessions and widening their service scope?

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 26)

Reply:

1. 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 (NGOs). 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. Starting from October 2017, a total of 23 outreach dental teams from 10 NGOs have been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. Since the

implementation of the ODCP in October 2014 up to end-January 2021, the number of attendances was about 256 000.

2. 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 very limited. Therefore, for the elders residing in RCHEs or receiving services in DEs who may be too weak and therefore less mobile, we considered it more cost effective to provide dental care service through the ODCP.
3. The Government's policy on dental care 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 the operation of the GP session service from time to time.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)207

(Question Serial No. 2352)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

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 the Tobacco and Alcohol Control Office (TACO) in 2021-22;
2. the measures to step up publicity about the hazards of alcohol in 2021-22 and the estimated expenditure involved;
3. the measures to publicise the hazards of smoking in 2021-22 and the estimated expenditure involved;
4. the subsidised smoking cessation services to be provided in 2021-22 and the estimated expenditure involved; and
5. in the absence of subsidised alcohol treatment services since the establishment of the TACO, whether the Government will provide subsidised services in this regard in 2021-22; if the answer continues to be no, 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.: 61)

Reply:

(1)

The provision for the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) in 2021-22 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, websites, social media, electronic publications, health talks, etc.

In 2021-22, DH will continue the aforesaid education activities including two promotional campaigns, namely the “Young and Alcohol Free” campaign which targets young people and their parents and teachers, and the “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 the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of five 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 a local university 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 in schools, such as health talks, training programmes and theatre programmes, to raise awareness on smoking hazards, including the use of alternative smoking products. In order to prevent youngsters from picking up smoking, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

The provision related to health promotion activities and smoking cessation services by TACO of DH and its subvented organisations in 2021-22 is at **Annex**. For HA, smoking cessation services form an integral part of HA’s overall services provision and such expenditure is therefore not separately accounted for.

(5)

DH does not subsidise treatment services to people with alcohol dependence.

Provision of the Department of Health's Tobacco and Alcohol Control Office

	2021-22 Estimate (\$ million)
<u>Enforcement</u>	
Programme 1: Statutory Functions	118.7
<u>Health Education and Smoking Cessation</u>	
Programme 3: Health Promotion	140.0
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	63.5
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.3
<i>Sub-total</i>	<u>89.8</u>
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>	
<i>Subvention to Tung Wah Group of Hospitals</i>	30.6
<i>Subvention to Pok Oi Hospital</i>	7.4
<i>Subvention to Po Leung Kuk</i>	0.7
<i>Subvention to Lok Sin Tong</i>	3.2
<i>Subvention to United Christian Nethersole Community Health Service</i>	5.3
<i>Subvention to Life Education Activity Programme</i>	2.7
<i>Subvention to The University of Hong Kong</i>	0.3
<i>Sub-total</i>	<u>50.2</u>
Total	<u>258.7</u>

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)208

(Question Serial No. 2354)

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:

1. Please advise on the measures to be taken by the Government to promote breastfeeding in 2021-22 and the estimated expenditure involved.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 64)

Reply:

In 2021-22, 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 baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care 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 2021-22 for enhancing the effort for promotion of breastfeeding.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)209

(Question Serial No. 3141)

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 2019-20 and other funds under its purview, if any.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 74)

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 2020 is \$165.0 million. The income and expenditure in 2019-20 are \$9.1 million and \$49.7 million respectively.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)210****(Question Serial No. 1194)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

With regard to the provision of woman health service, will the Government inform this Committee of the following:

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 numbers of deaths from breast cancer, cervical cancer, ovarian cancer, corpus uteri cancer and osteoporosis in the past 3 years;
3. as stated by the Government last year that it would adopt a risk-based approach for breast cancer screening and provide breast cancer screening service for eligible women having regard to their risk of developing breast cancer, when the Government will announce the details and specific measures of this initiative, as well as the expenditure on the breast cancer screening programme?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 23)

Reply:

1. The numbers of new cases, with breakdown by age groups, of (female) breast cancer, cervical cancer, ovarian cancer and corpus cancer in 2018* are shown below -

Age group	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer
29 or below	24	9	36	7
30 - 39	283	74	61	67
40 - 49	1 023	142	138	220
50 - 59	1 354	152	188	480
60 - 69	1 113	103	106	245

Age group	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer
70 or above	821	102	74	146
Total	4 618	582	603	1 165

*Figures for 2019 and 2020 are not yet available.

The Department of Health (DH) does not keep statistics on new cases of osteoporosis.

- The numbers of registered deaths from (female) breast cancer, cervical cancer, ovarian cancer, corpus cancer and (female) osteoporosis from 2018 to 2019* are shown below -

Year	Registered deaths				
	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer	(Female) Osteoporosis
2018	753	163	229	115	5
2019	852	162	235	134	1

*Figures for 2020 are not yet available.

- Based on the latest recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening of the Cancer Coordinating Committee on breast cancer screening, the Government will adopt a risk-based approach for breast cancer screening. The DH has been making preparation for the roll-out of breast cancer screening by using a risk assessment tool and further details will be announced in due course. In 2021-22, the additional provision for this initiative is \$22.8 million.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)211****(Question Serial No. 1195)**

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) (Thomas CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to woman health, will the Government inform this Committee of:

1. the numbers of women in Hong Kong with chronic diseases (including cancer, stroke, coronary heart disease, asthma, chronic obstructive pulmonary disease, high cholesterol, hypertension, diabetes) in the past 5 years, with a breakdown by age group (29 or below, 30-39, 40-49, 50-59, 60-69, 70 or above);
2. the medical expenditure for the chronic diseases mentioned above broken down by prevention, treatment and rehabilitation;
3. with the Government striving to enhance primary care and setting up District Health Centres (DHCs) in all of the 18 districts across the territory, whether the Government will earmark resources for the provision of women health services in DHCs and, if yes, the relevant expenditure?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 24)

Reply:

1. The Department of Health (DH) does not keep statistics on the number of females suffering from chronic diseases (including cancer, stroke, coronary heart disease, asthma, chronic obstructive pulmonary disease, high cholesterol, hypertension, and diabetes mellitus) in the past 5 years.

The number of new cases, with breakdown by age groups, of cancer in female from 2016 to 2018 are shown below –

Age group	Year		
	2016	2017	2018
29 or below	274	265	300

Age group	Year		
	2016	2017	2018
30 - 39	767	816	878
40 - 49	2 233	2 307	2 459
50 - 59	3 726	3 735	3 956
60 - 69	3 579	3 854	3 956
70 or above	4 854	5 222	5 439
Total	15 433	16 199	16 988

Figures for 2019 and 2020 are not yet available.

2. Chronic diseases are diseases of long duration and generally with slow progression. Patients with chronic diseases are treated by multi-disciplinary team approach in various settings in the Hospital Authority (HA). They may be suffering from multiple chronic diseases and doctors may prescribe different examinations and treatments having regard to individual patients' conditions. As such, the HA does not have the requested breakdown on the medical expenditure involving management of patients with chronic diseases.
3. With a focus on prevention, District Health Centres (DHCs) provide preventive services in primary healthcare, and promote health education covering women health (such as breast health awareness, osteoporosis, cervical cancer prevention, smoking cessation counselling, healthy diet talk, etc.), through various means and channels, with a view to enhancing public awareness of personal health management and disease prevention. The relevant expenditure is included in the overall budget for DHCs and is not separately accounted for.

In addition, DHCs serve as a primary healthcare service hub in the district, connecting the primary healthcare services provided by public, private and non-governmental organisations in the community, providing citizens with professional guidance, coordination and referral when needed, and establishing collaborative relationship and mutual referral mechanism.

Under the steer of the Steering Committee on Primary Healthcare Development, the Food and Health Bureau will keep in view the service scope of DHCs with a view to providing evidence-based, effective and efficient primary healthcare services via district-based medical-social collaboration in the community.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)212

(Question Serial No. 1198)

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 human papillomavirus (HPV) vaccination, will the Government advise this Committee on:

1. the annual overall expenditures and numbers of recipients since 2019/20 school year as well as the estimated overall expenditure and number of recipients in 2021/22 in respect of the free HPV vaccination programme for eligible primary school girls under the Hong Kong Childhood Immunisation Programme; and
2. whether the coverage of the HPV vaccination programme will be extended to cover full-time students of tertiary institutions for free or subsidised vaccination and whether the eligibility criteria of the programme will be relaxed?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 25)

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) since the 2019/2020 school year. The first dose is given to Primary 5 female students at their schools, and the second dose of the recommended vaccination schedule will be given to them when they reach Primary 6 in the following school year.

In 2020-21, the provision for the HPV vaccination programme was \$86.8 million. As at 31 December 2020, the DH has provided the first dose of HPV vaccine to about 22 000 Primary 5 female students under the HKCIP. The DH will continue to provide the first and second doses of HPV vaccine for around 50 000 Primary 5 and 6 students in 2021, with a provision of \$91.3 million in 2021-22.

2. The DH closely monitors the recommendation of the World Health Organization (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 since the 2019/2020 school year. The DH will closely monitor the scientific evidence and regularly review the programme.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)213

(Question Serial No. 1201)

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, the cost per dose and the incurred expenditures of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV 13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government in the past 3 years;
2. the numbers of recipients and the vaccination coverage rates of eligible persons under various vaccination programmes/schemes in the past 3 years (broken into the following age groups: children between 6 months and less than 6, children between 6 and less than 12, persons between 50 and 64, and elderly above 65);
3. the numbers of recipients and the vaccination coverage rates of persons who received vaccination by means other than the government-subsidised programmes in the past 3 years;
4. the numbers of recipients and the vaccination coverage rates of seasonal influenza vaccine across the territory in the past 3 years; and
5. the numbers of persons admitted for residential treatment due to influenza in the past 3 years.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 26)

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 the DH and the Hospital Authority (HA);

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly, persons aged between 50 and 64 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 regularised the Pilot Programme in the 2019/20 season to cover more primary schools, and extended the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme. The DH has also regularised the KGs/CCCs pilot programme in the 2020/21 season.

1. The quantities and contract amount of SIV, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government, mainly for the GVP, the SIVSOP and the Hong Kong Childhood Immunisation Programme, in the past 3 seasons are as follows –

Vaccine	2018/19 (Actual)		2019/20 (Actual)		2020/21 (Estimate)	
	Quantities of doses	Amount (\$ million)	Quantities of doses	Amount (\$ million)	Quantities of doses	Amount (\$ million)
SIV	654 000	30.1	815 000 [~]	40.8 [~]	947 000 ^{&}	93.0 ^{&}
PCV13	283 000	109.8	256 500	99.8	190 833	77.8
23vPPV	19 000	3.0	32 360	5.1	25 000	5.3

[~] Including a total of 1 700 doses of nasal influenza vaccine procured in the 2019/20 season, involving an expenditure of \$0.34 million.

[&] Including a total of 69 000 doses of nasal influenza vaccine procured under the special arrangement for the SIVSOP and the VSS in the 2020/21 season, involving an expenditure of \$10 million.

2. The number of recipients and coverage rate of specific target groups under the aforesaid programmes/schemes in the past 3 seasons are as follows –

Target groups	Vaccination programme/scheme	2018/19		2019/20		2020/21 (as at 28 Feb 2021)	
		Number of SIV recipients	Percentage of population in the age group	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%	444 300	45.8%	421 400	44.4%
	VSS	166 700		166 300		189 700	
Persons aged between 50 and 64	GVP	7 100	8.8%	7 500	10.7%	7 300	12.2%
	VSS	149 700		187 000		213 200	

Target groups	Vaccination programme/scheme	2018/19		2019/20		2020/21 (as at 28 Feb 2021)	
		Number of SIV recipients	Percentage of population in the age group	Number of SIV recipients	Percentage of population in the age group	Number of SIV recipients	Percentage of population in the age group
Children aged between 6 months and under 12	GVP	1 000	45.8%	400	58.7%	400	50.2%
	VSS	206 900		122 300		100 200	
	Pilot Programme/SIVSOP	100 300		278 000		234 600	
Others [^]	GVP / VSS	102 200	#	112 700	#	120 200	#
Total		1 122 200		1 318 500		1 287 000	

[^] Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, Comprehensive Social Security Assistance recipients who are in receipt of standard rate of 100% disabled or requiring constant attendance aged between 12 and 49 living in the community, 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.

- 3-4. 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 programme/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.
5. According to the data provided by the HA, the total number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487) in 2019, 2020 and the first 2 months of 2021 are as follows –

Year	Number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487)*
2019	12 416 [@]
2020	3 078
2021 (for the first 2 months)*	2

[@] Figures updated as of 9 March 2021

* Provisional figures

According to the data provided by private hospitals, there were 5 510 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2019. Relevant figures for 2020 and 2021 are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)214

(Question Serial No. 1202)

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 planning and implementation of Coronavirus Disease 2019 (COVID-19) vaccination, please advise on the following:

1. the cost per dose and total expenditure in respect of each of the 3 types of COVID-19 vaccines procured by the Government;
2. the anticipated uptake rate and total number of recipients of such vaccines, and whether the Government has set any vaccination target to achieve herd immunity;
3. the expenditure and manpower involved for venues providing vaccination service to the public, including Community Vaccination Centres, designated general outpatient clinics of the Hospital Authority, residential care homes and nursing homes, and designated clinics of the Department of Health;
4. the overall expenditure and manpower involved in the publicity and education for the vaccination programme, as well as the assessed effectiveness of such work;
5. the budget earmarked by the Government under the vaccination indemnity fund for its administrative costs;
6. the incentives introduced by the Government to encourage the public to get vaccinated, such as the issuance of an entry permit or passport for the vaccinated, relaxation of prohibition on group gathering when a certain percentage of the population have been vaccinated, quarantine exemption for cross-border travel to the Mainland or Macao, and so on, so that economic activities and travel may resume.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 28)

Reply:

(1) to (4)

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

To mobilise sufficient medical manpower to support the smooth operations of the Community Vaccination Centres (CVCs), the Government has partnered with the Hospital Authority (HA) and a number of healthcare professional bodies, medical organisations and private hospitals (collectively as “partner healthcare organisations”) to take charge of the medical-related tasks at the CVCs. The partner healthcare organisations participating in the operation of the CVCs are of a certain scale with medical network, ability to mobilise staff as well as resources. To support the above arrangement, the Government will provide the partner healthcare organisation a subsidy of \$72 per dose of vaccine (not including public medical organisations viz. HA and the Department of Health (DH)). The relevant subsidy amount has made reference to DH’s current Vaccination Subsidy Scheme and took into account the fact that the venue and related ancillary facilities, etc. are provided by the Government.

The Government’s goal is to provide COVID-19 vaccines for the majority of the Hong Kong population within 2021 for free and on a voluntary basis. The priority groups for receiving COVID-19 vaccines are as follows. The priority groups cover more than 5.5 million people, accounting for more than 80% of the population aged 16 (the current minimum age for vaccination) or above.

1. Persons aged 30 years or above (a maximum of two carers who accompany elderly people aged 70 or above can also receive vaccination);
2. Personnel in healthcare settings and those participating in anti-epidemic related work;
3. Residents and staff of residential care homes for the elderly/residential care homes for persons with disabilities and staff of community care services units for the elderly/persons with disabilities;
4. Personnel maintaining critical public services;
5. Personnel providing cross-boundary transportation or working at control points and ports;
6. Staff of food and beverages premises, markets, supermarkets, convenience stores and couriers (including takeaway food delivery);
7. Staff of local public transport service operators;
8. Registered construction workers and other resident site personnel;
9. Staff of property management (including security and cleaning staff);
10. Teachers and school staff;
11. Staff of the tourism industry;
12. Staff of scheduled premises under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F);
13. Students studying outside Hong Kong (aged 16 or above); and
14. Domestic helpers.

The Government will, having regard to the actual situation, extend vaccination to the remaining of the eligible population.

(5)

A \$1 billion Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines (AEFI Fund) has been set up to provide support to eligible individuals who have proof of suffering unexpected serious adverse events associated with a COVID-19 vaccine.

The administration fee of setting up and operating the AEFI Fund will be charged to the Fund. We are in the process of engaging a third-party administrator for the Fund and the expenditure to be incurred is not yet available.

(6)

The COVID-19 epidemic is still rampant across the world. With vaccination programmes being implemented in different places, and gradual publishing of clinical user statistics as well as immunisation responses, the Government can obtain more information on the efficacy and quality of various COVID-19 vaccines. The Government will continue to closely monitor the latest development of the epidemic situation as well as the progress of the vaccination programme and its effect on disease prevention and control. If the overall uptake rate of the COVID-19 vaccine is satisfactory, together with the general public working together to strictly observe other anti-epidemic measures (such as wearing of masks, using the “LeaveHomeSafe” mobile application, etc.), the restrictions on restaurants and other commercial premises can be considered to be further relaxed and the currently closed premises can be considered to resume business. On the other hand, in view of the current global trend, the overall vaccine uptake rate in Hong Kong and whether individuals have been vaccinated will be important factors when considering the future resumption of cross-boundary travel and relaxation of quarantine measures for cross-boundary travellers. If the overall vaccine uptake rate in Hong Kong is not satisfactory, it can be imagined that other places may not be very enthusiastic to resume cross-boundary travel with Hong Kong.

Meanwhile, to step up publicity, the DH has launched a territory-wide publicity and education programme to promote the COVID-19 Vaccination Programme since late December 2020. Health education messages and publicity materials have been disseminated via various channels, including special television programmes, electronic and social media posts, Announcements in the Public Interest, newspaper columns, and promotion efforts through print, electronic media and digital marketing in form of interviews and programmes, banners, billboards and advertisements.

The main messages include objectives of the vaccination programme, formulation/ usefulness/ side effects of the vaccines, details of the vaccination programme including the priority groups, booking and inoculation arrangements. DH has also stepped up monitoring of false information about vaccines and made timely clarifications and debunked rumours. In addition, DH has also been maintaining close liaison with various

stakeholders and through their collaboration efforts and networks to disseminate the messages to members of the public.

On 29 January 2021, the Government launched the COVID-19 Vaccination Programme website (www.covidvaccine.gov.hk) which provides official and up-to-date information about COVID-19 vaccines. The website also offers detailed information about the programme and reservation of vaccination slot. Statistics related to the vaccination programme are also uploaded onto the website.

To facilitate and encourage ethnic minorities (EM) to understand and participate in the vaccination programme, health education materials are continuously translated into 9 EM languages (Hindi, Bahasa Indonesia, Tagalog, Nepali, Urdu, Thai, Bengali, Sinhala, Vietnamese) and made available online.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)215

(Question Serial No. 1208)

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 the work in prevention and control of Coronavirus Disease 2019 (COVID-19), please advise on:

1. the estimated staff establishment, operational expenses and expenditure on remuneration in respect of the prevention and control of COVID-19, in view that the provision for 2021-22 is \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21; and
2. the overall expenditures on combating COVID-19 since its outbreak and for the coming year, as well as the expenditures on operating quarantine centres (with a breakdown into Chai Wan Lei Yue Mun Park and Holiday Village, Penny's Bay Quarantine Centre and hotels), COVID-19 testing (with a breakdown into testing at control points and at community testing centres, urgent cluster testing, targeted group testing and compulsory testing) and mask distribution.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 29)

Reply:

1. Under Programme (2) : Disease Prevention, an additional provision of \$7,465.4 million for 2021-22 includes provision of \$5,396.1 million (or 72.3% of the increased provision) for prevention and control of COVID-19, including but not limited to implementing various anti-epidemic measures, procurement of COVID-19 vaccines and launching of the COVID-19 vaccination programme.

Details of the net increase of 73 posts under Programme (2) are at **Annex**, all of which are created for combatting the COVID-19 epidemic.

2. The overall expenditures on combatting COVID-19 are not available as the fight against the epidemic is still going on.

The expenditures relating to quarantine centres are absorbed under the overall provision of relevant bureaux/departments and cannot be separately identified.

Expenses on COVID-19 testing are absorbed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill or the estimates on the General Revenue Account. Notwithstanding, as the relevant testing operations are still going on, expenditures on testing, including testing services at community testing centres, urgent cluster testing, etc. are yet to be finalised.

The Department of Health (DH) does not maintain the details of mask distribution for public use as the work is not performed by the DH.

Creation and Deletion of Posts in Department of Health in 2021-22

Programme 2 – Disease Prevention

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$) #</u>
Senior Medical and Health Officer	2	3,029,280
Medical and Health Officer	11	12,902,340
Senior Nursing Officer	1	985,260
Nursing Officer	5	3,856,200
Registered Nurse	16	7,778,880
* Medical Technologist (new pay scale)	95	70,013,100
* Medical Technologist (existing pay scale)	-92	-74,293,680
* Associate Medical Technologist	150	69,471,000
* Medical Laboratory Technician I	-43	-26,365,020
* Medical Laboratory Technician II	-101	-38,481,000
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	1	1,124,520
Hospital Administrator I	2	1,615,080
Hospital Administrator II	3	1,531,620
Radiographer I ^{Note}	-2	-1,473,960
Senior Foreman	2	690,720
Foreman	10	2,727,000
Executive Officer I	2	1,615,080
Executive Officer II	2	1,069,320
Health Inspector I/II	2	1,135,080
Supplies Supervisor II	1	288,840
Laboratory Attendant	2	480,840
Workman II	2	358,680
Total (Programme 2) :	73	42,029,700

based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

^{Note} 2 Radiographer I posts are re-deployed from Student Health Service (Programme (2) – Disease Prevention) to Radiation Health Division (Programme (1) – Statutory Functions) and Tuberculosis and Chest Service (Programme (4) – Curative Care)

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)216

(Question Serial No. 1209)

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 work in prevention and control of Coronavirus Disease 2019 (COVID-19), please provide:

1. the following information to date -
 - (a) the total number of persons who have been or are currently under compulsory quarantine and isolation, broken down by quarantine centre, home quarantine, quarantine in designated hotel or other residence respectively;
 - (b) the manpower and expenditure involved in the daily operation and provision of healthcare services for each quarantine centre;
 - (c) the total expenditure and per capita expenditure incurred for the Government by the provision of supplies for persons under compulsory quarantine and isolation;
2. the following information to date -
 - (a) the expenditure and manpower involved in transporting confinees;
 - (b) the longest and average times from receipt of the quarantine notification to transfer for quarantine;
 - (c) whether public complaints have been received for the long waiting time and, if yes, the number of such cases;
 - (d) whether an increase in relevant manpower in the coming year has been considered;
3. information on the methods used and the number of investigations conducted by the Department of Health (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.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 30)

Reply:

1. to 3.

According to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), starting from 8 February 2020, except for exempted persons, all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong would be subject to compulsory quarantine for 14 days, regardless of nationality and travel documents used. Since 25 March 2020, the compulsory 14-day quarantine arrangement has been extended to all persons arriving from or having stayed in Macao and Taiwan in the past 14 days prior to arrival in Hong Kong, in addition to those arriving from the Mainland.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from Mainland, Taiwan and Macao with breakdown by month and place of quarantine are tabulated below –

Quarantine Orders issued under Cap. 599C (by places of quarantine)

	Home	Hotel	Quarantine Centre	Total
February 2020 (from 8 February 2020)	27 345	565	216	28 126
March 2020	49 520	2 225	711	52 456
April 2020	18 490	1 107	112	19 709
May 2020	39 721	2 470	109	42 300
June 2020	31 609	5 572	163	37 344
July 2020	18 824	5 853	138	24 815
August 2020	16 599	4 441	80	21 120
September 2020	47 126	3 465	45	50 636
October 2020	30 337	3 448	79	33 864
November 2020	18 549	1 955	51	20 555
December 2020	9 692	1 116	30	10 838
January 2021	11 376	1 227	16	12 619
February 2021	14 733	1 184	12	15 929
Total	333 921	34 628	1 762	370 311

According to the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), starting from 19 March 2020, except for exempted persons, all persons arriving in Hong Kong from places outside China would be subject to compulsory quarantine.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from places outside China with breakdown by month are tabulated below –

Quarantine Orders issued under Cap. 599E

March 2020 (from 19 March 2020)	51 211
April 2020	16 078

May 2020	19 127
June 2020	24 150
July 2020	23 187
August 2020	17 313
September 2020	24 253
October 2020	19 532
November 2020	21 446
December 2020	18 982
January 2021	13 090
February 2021	9 470
Total	257 839

The breakdown by place of quarantine is not readily available.

Since December 2020, all persons arriving in Hong Kong (either via the airport or land boundary control points) who have stayed in places outside China on the day of arrival in Hong Kong or during the 21 days before that day have to undergo compulsory quarantine for 21 days in designated quarantine hotels. The number of persons who have stayed in designated quarantine hotels are as follows –

Number of Persons Stayed in Designated Quarantine Hotels

December 2020 (from 21 December 2020)	3 387
January 2021	13 020
February 2021	9 361
Total	25 768

Breaching a quarantine order is a criminal offence and offenders are subject to a maximum fine of \$25,000 and imprisonment for 6 months. As at end February 2021, 113 persons have been convicted by courts for breaching the quarantine orders and have received sentences for up to 14 weeks or a fine of up to \$15,000. The Department of Health has issued press releases to inform the public outcome of the breach of each case.

The number of persons who were placed under quarantine in quarantine centres as at end February 2021 are as follows –

	Close Contact	Non-Close Contact	Total
January 2020	51	0	51
February 2020	422	455	877
March 2020	1 456	1 185	2 641
April 2020	909	203	1 112
May 2020	46	1 382	1 428
June 2020	110	3 365	3 475
July 2020	3 348	2 467	5 815
August 2020	3 629	9	3 638
September 2020	764	20	784
October 2020	911	16	927
November 2020	2 516	12	2 528
December 2020	7 332	6	7 338

January 2021	5 652	36	5 688
February 2021	3 591	27	3 618
Total	30 737	9 183	39 920

The average interval time of admission of close contacts to the quarantine centres was 15.2 hours. The longest interval time between the identification of a close contact and the related admission to a quarantine centre was 12 days. In that case, a longer time was required to arrange the transfer because the close contact was hospitalised before admission to the quarantine centre.

The expenditure and manpower relating to quarantine and the related enforcement actions are absorbed under the overall provision for relevant bureaux/departments and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)217

(Question Serial No. 1781)

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 (EHCVs), please advise on:

1. the number of complaints about EHCVs, the amount of money and the types of services involved in each of the past 3 years;
2. the most common reasons for complaints, the numbers of substantiated cases and the services involved in these cases in the past 3 years;
3. in the past 3 years, the numbers of routine inspections, investigations into the aberrant patterns of transactions inspected, and investigations upon receipt of complaints and information by the Department of Health; the numbers of anomalous claims, their percentages in the numbers of checked claim transactions and the total amounts involved; the manpower and expenditure involved in the above inspections; and
4. the measures against improper voucher claims in the coming year and the estimated expenditure involved.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 32)

Reply:

1.

The Department of Health (DH) received 120, 103 and 69 complaints against participating healthcare service providers under the Elderly Health Care Voucher (EHCV) Scheme in 2018, 2019 and 2020 respectively. These complaint cases were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The amount of vouchers associated with these complaint cases is not readily available.

2.

The complaint cases received in the past 3 years involved operational procedures, suspected fraud, improper voucher claims and issues related to service charges. Among the 187 cases with investigation completed, 51 cases were found to be substantiated or partially substantiated. These 51 substantiated or partially substantiated cases were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists.

3.& 4.

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 terms and conditions of the EHCV Scheme Agreement and those who displayed unusual patterns of voucher claims.

Details of inspections conducted under the EHCV Scheme as at end of 2018, 2019 and 2020 are as follows:

Cumulative figures as at		Routine checking	Investigation of aberrant patterns of claim transactions	Investigation of complaints Note 1	Total
31.12.2018	Number of inspections conducted	15 327	3 571	230	19 128
	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
	Number of claims checked	329 840	76 040	23 926	429 806
31.12.2020	Number of inspections conducted	19 939	5 007	374	25 320
	Number of claims checked	354 477	89 492	26 930	470 899

Note 1: Including complaints/ media reports and other reports about the EHCV Scheme.

Since launch of the Scheme in 2009 until end-2020, some 5 290 anomalous claims (amounting to some \$2.47 million in claim amount) had been identified, which represents approximately 1% of the total number of claims checked.

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 EHCV Scheme. Besides, the DH has strengthened its efforts in

empowering elderly persons to make informed choices and use vouchers wisely through more proactively reaching out to elderly persons and enhancing the mechanism for checking voucher balance and voucher transaction records. The DH will also continue to provide updated key statistics on the EHCV Scheme and voucher usage on its website and the website of the EHCV Scheme to help both elderly persons and the general public better understand the EHCV Scheme.

The EHCV 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 EHCV Scheme in 2018-19, 2019-20 and 2020-21 was 48, 52 and 55 respectively.

Below are the actual/ estimated administrative expenses for administering the EHCV Scheme:

2018-19 (Actual) \$ million	2019-20 (Actual) \$ million	2020-21 (Revised Estimate) (\$ million)	2021-22 (Estimate) (\$ million)
26.3	37.0	39.4	47.8

The manpower and expenditure on monitoring of the EHCV Scheme cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)218****(Question Serial No. 1782)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the elderly health care voucher (EHCV) balances, will the Government please advise on:

1. the distribution of the EHCV 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) in each of the past 3 years;
2. the numbers of enquiries about the EHCV account balances (broken down by enquiry via the eHealth System (Subsidies) and over the telephone) as well as the numbers of elderly people who have ever enquired about their EHCV account balances in the past 3 years; and
3. how to encourage and promote the management of EHCV accounts by elderly people in the coming year and the estimated expenditure involved?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 33)Reply:

1.

The table below shows the number of elderly persons who had made use of vouchers under the Elderly Health Care Voucher (EHCV) Scheme as at end of 2018, 2019 and 2020, broken down by the amount of their voucher balances:

Amount of voucher balance as at end of the year (\$)	Number of elderly persons who had made use of vouchers as at end of the year		
	2018	2019	2020
2,000 or below	706 000	593 000	610 000
2,001 - 4,000	346 000	391 000	316 000

4,001 - 6,000	139 000	310 000	250 000
6,001 - 8,000 <small>Note</small>	N/A	N/A	174 000
Total :	1 191 000	1 294 000	1 350 000

Note: The accumulation limit of vouchers was \$5,000 between 8 June 2018 and 25 June 2019, and increased to \$8,000 since 26 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 elderly person's voucher account was generally \$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 EHCV Scheme's website and the voucher balance enquiry hotline in the past 3 years:

Year	Number of voucher balance enquiries made through		Total
	EHCV Scheme's website	Voucher balance enquiry hotline	
2018	913 000	56 000	969 000
2019	1 019 000	69 000	1 088 000
2020	1 116 000	62 000	1 178 000

The Department of Health (DH) does not maintain statistics on the number of elderly persons who had made enquiries on their voucher balances through the above means.

3.

To promote the EHCV 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 and posters to the Elderly Health Centres, Home Affairs Enquiry Centres, community elderly centres, etc. The DH has also strengthened its effort in empowering elderly persons to make informed choices and use vouchers wisely by mobilising its Visiting Health Teams to conduct health talks to elderly persons. Also, to help elderly persons better manage their voucher balances and plan ahead, the function for checking voucher balance has been enhanced so that elderly persons 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. Since January 2021, elderly persons can also check their voucher balance and voucher transaction records in the past two years with their mobile phones by using the eHealth App. The DH will continue the above publicity and public education efforts in this year.

The EHCV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. The estimated administrative expenses of HCVD for administering the EHCV Scheme is \$47.8 million in 2021-22. The expenditure on publicity and public education efforts cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)219

(Question Serial No. 1901)

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 epidemic surveillance, will the Government inform this Committee of the following:

1. in respect of the tracing of close contacts, the expenditure on the internal information portal, the number of tracing cases, the number of confirmed cases identified by way of tracing, and whether there has been any assessment of the effectiveness of this measure; if yes, the details;
2. the manpower and expenditure involved for the contact tracing command post at Kai Tak Community Hall?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 48)

Reply:

Contact tracing is fundamental to the efforts in preventing further spread of Coronavirus Disease 2019 (COVID-19). Officers from disciplinary forces have been deployed to the Centre for Health Protection (CHP) under the Department of Health (DH) to provide support to the CHP's work on contact tracing for COVID-19 cases in 2020-21. Dependent on the epidemic situation, the number of officers deployed varies at different periods of time.

1. Since the establishment of the Contact Tracing Office (CTO) on 11 January 2021, the CHP has used an internal electronic portal specifically designed for case investigation, contact tracing and issuance of quarantine orders to close contacts to streamline the procedures for information collection, input and sharing and to enhance efficiency. The data on close contacts identified through contact tracing are entered into the electronic portal. Between 11 January and 28 February 2021, a total of 8 293 close contacts were identified, with quarantine orders issued.

During the aforesaid period, among the 1 623 locally-acquired cases, 1 044 cases were found to have epidemiological linkage with other local cases. Of these 1 044 cases, 641 (61%) were detected through contact tracing or medical surveillance by the CHP.

In 2021-22, a provision of \$8.1 million has been earmarked for the maintenance of the electronic portal and equipment for contact tracing of COVID-19 cases.

2. Since the establishment of the CTO, about 100 staff members have been seconded from 4 disciplinary forces, namely the Hong Kong Police Force (HKPF), the Immigration Department (ImmD), the Customs and Excise Department (C&ED) and the Fire Services Department (FSD), to support the work on contact tracing. Due to the surge in cases in late January 2021 and the enhancements in the strategy on contact tracing, the number of seconded staff members has increased to about 200. As at 4 March 2021, the breakdown is as follows –

HKPF	ImmD	C&ED	FSD
43	63	74	26

In addition, a Command Team comprising of 17 Post-retirement Service Contract staff members from the HKPF have also been set up to oversee the operation of the CTO. The Command Team coordinates the work within the CTO and liaise with other units in the DH and other departments for operations such as evacuation of close contacts in buildings.

The expenses relating to the work on contact tracing, including staff costs, are absorbed or will be absorbed within the overall provision of related government departments, therefore the actual expenditure in 2020-21 or relevant financial provision in 2021-22 cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)220

(Question Serial No. 3179)

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 assessment of seasonal influenza vaccination (SIV), please advise on:

1. whether assessment has been made by the Government of the effectiveness of SIV in 2020-21; if so, the findings;
2. the measures seeking to stabilise the market price of influenza vaccines in view of their volatility amid influenza surges besides providing subsidised and free vaccination; and
3. whether the Government will consider setting up an online influenza vaccine booking system for more effective allocation of vaccines.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 27)

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, which provides free SIV to eligible children, elderly and other target groups at clinics of the DH and the Hospital Authority;
- Vaccination Subsidy Scheme, which provides subsidised SIV to eligible children, elderly, persons aged between 50 and 64 and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme^{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 regularised the Pilot Programme in the 2019/20 season to cover more primary schools, and extended the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme. The DH has also regularised the KGs/CCCs pilot programme in the 2020/21 season.

1. Since the 2017/18 winter influenza season, the Centre for Health Protection of the DH has collaborated with the private medical practitioners (PMPs) participating in its sentinel surveillance system to collect data (including vaccination history of seasonal influenza vaccine) and respiratory specimens from patients with influenza-like illness for laboratory testing to estimate the vaccine effectiveness (VE) of seasonal influenza vaccine. The overall VE of seasonal influenza vaccine in preventing laboratory-confirmed influenza infection in primary care setting in the 2017/18, 2018/19 and 2019/20 winter influenza season was 59%, 51% and 34% respectively. The corresponding VE among children aged between 6 months and under 12 was 39%, 36% and 24% respectively. Since February 2020, laboratory detection of influenza had been at very low level. From December 2020 to January 2021, out of the 267 respiratory specimens collected by the participating PMPs, there was 1 positive specimen for influenza (0.4%). The estimation of VE of seasonal influenza vaccine was not feasible due to low number of influenza detection.
- 2 - 3. As vaccine manufacturers produce a limited volume of seasonal influenza vaccines each year, the PMPs in the private healthcare sector need to order them as early as possible in order to secure the vaccine supply in time. The Government encourages the PMPs to estimate the demand in the coming season and order vaccines in advance. In addition, the Government closely monitors the supply of seasonal influenza vaccines for various vaccination programmes/schemes, as well as for the private healthcare sector, and maintains close liaison with vaccine suppliers to make adjustments to supply more vaccines to the private healthcare sector when necessary.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)221

(Question Serial No. 3180)

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 (EHCV) Scheme, will the Government please advise on:

1. the number of elderly people eligible for EHCVs in each of the past 5 years as well as the cumulative total since the implementation of the Scheme;
2. the number of eligible elderly people using EHCVs in the past 5 years, broken down by district, age (60-64, 65-69 and above 70) and gender;
3. the number of voucher claims, the total claim amount and the average amount claimed for each category of service as well as their respective percentages in the past 5 years;
4. the number of elderly people using vouchers at the University of Hong Kong-Shenzhen Hospital in the past 3 years, and whether resources will be earmarked for the study to expand the scope of the Scheme to include hospitals of Tier 3 Class A in the Greater Bay Area;
5. given that the estimate for 2021-22 under Programme 2 (Disease Prevention) is \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21 due in part to an additional provision for funding the EHCV Scheme, the estimated expenditure on and manpower for the Scheme; and
6. in view of the substantial cost per visit to a private dentist which the EHCVs may not be able to cover, whether the Government will consider providing a yearly additional \$2,000 worth (if not more) of EHCVs to relieve the elderly's burden?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 31)

Reply:

1. & 2.

The table below shows the number of eligible elderly persons and the number of elderly persons who had made use of vouchers under the Elderly Health Care Voucher (EHCV) Scheme, broken down by age group and gender, over the past 5 years:

	2016	2017	2018	2019	2020
Number of eligible elderly persons (i.e. elderly persons aged 65/70 ^{Note 1} or above)*	775 000	1 221 000	1 266 000	1 325 000	1 377 000
Cumulative number of elderly persons who had made use of vouchers by the end of the year	649 000	953 000	1 191 000	1 294 000	1 350 000
By age group ^{Note 1} :					
65-69	-	239 000	394 000	427 000	425 000
70 or above	649 000	714 000	797 000	867 000	925 000
By gender					
Male	290 000	430 000	552 000	602 000	629 000
Female	359 000	523 000	639 000	692 000	721 000

Note 1: The eligibility age for the EHCV Scheme was lowered from 70 to 65 on 1 July 2017.

*Source: Hong Kong Population Projections 2015-2064, Hong Kong Population Projections 2017-2066 and Hong Kong Population Projections 2020-2069, Census and Statistics Department.

The Department of Health (DH) does not maintain statistics on the residence of elderly persons using vouchers.

3.

The tables below show the number of voucher claim transactions, the amount of vouchers claimed, average amount of vouchers claimed per transaction and the percentage under EHCV Scheme by types of healthcare service providers in the past 5 years:

Number of Voucher Claim Transactions

	2016	2017 ^{Note 2}	2018 ^{Note 3}	2019 ^{Note 4}	2020
Medical Practitioners	1 955 048 (69.8%)	2 218 938 (63.8%)	2 917 895 (56.4%)	2 952 153 (56.3%)	1 957 092 (51.1%)
Chinese Medicine Practitioners	607 531 (21.7%)	860 927 (24.7%)	1 502 140 (29.0%)	1 633 532 (31.2%)	1 376 436 (36.0%)
Dentists	119 305 (4.3%)	168 738 (4.8%)	294 950 (5.7%)	310 306 (5.9%)	246 844 (6.5%)
Occupational Therapists	620 (0.02%)	2 217 (0.1%)	3 515 (0.1%)	3 233 (0.1%)	4 640 (0.1%)
Physiotherapists	21 835 (0.8%)	25 076 (0.7%)	40 874 (0.8%)	43 946 (0.8%)	39 669 (1.0%)
Medical Laboratory Technologists	9 748 (0.3%)	12 044 (0.3%)	18 662 (0.4%)	20 770 (0.4%)	15 324 (0.4%)
Radiographers	5 886 (0.2%)	8 935 (0.3%)	16 785 (0.3%)	16 779 (0.3%)	14 386 (0.4%)
Nurses	3 079 (0.1%)	5 079 (0.1%)	6 523 (0.1%)	9 936 (0.2%)	6 903 (0.2%)
Chiropractors	5 003 (0.2%)	5 346 (0.2%)	10 743 (0.2%)	10 820 (0.2%)	8 826 (0.2%)
Optometrists	72 572 (2.6%)	173 279 (5.0%)	359 343 (7.0%)	242 424 (4.6%)	158 127 (4.1%)
Total	2 800 627 (100.0%)	3 480 579 (100.0%)	5 171 430 (100.0%)	5 243 899 (100.0%)	3 828 247 (100.0%)
University of Hong Kong -Shenzhen Hospital (HKU-SZH) ^{Note 5}	5 667	6 755	11 418	13 562	18 962

Amount of Vouchers Claimed (in HK\$'000)

	2016	2017 ^{Note 2}	2018 ^{Note 3}	2019 ^{Note 4}	2020
Medical Practitioners	638,006 (59.7%)	774,088 (51.7%)	1,154,745 (41.2%)	1,246,024 (46.8%)	947,488 (44.1%)
Chinese Medicine Practitioners	171,599 (16.0%)	256,563 (17.1%)	533,136 (19.0%)	599,170 (22.5%)	634,851 (29.6%)
Dentists	105,455 (9.9%)	144,331 (9.6%)	287,044 (10.3%)	313,111 (11.8%)	276,556 (12.9%)
Occupational Therapists	271 (0.03%)	2,506 (0.2%)	5,681 (0.2%)	4,432 (0.2%)	5,383 (0.3%)
Physiotherapists	7,007 (0.7%)	8,344 (0.6%)	16,452 (0.6%)	17,210 (0.6%)	15,191 (0.7%)
Medical Laboratory Technologists	9,905 (0.9%)	11,256 (0.7%)	17,808 (0.6%)	18,654 (0.7%)	13,706 (0.6%)
Radiographers	3,197 (0.3%)	5,447 (0.4%)	13,400 (0.5%)	15,749 (0.6%)	14,700 (0.7%)
Nurses	3,335 (0.3%)	5,122 (0.3%)	7,447 (0.3%)	10,214 (0.4%)	8,753 (0.4%)
Chiropractors	1,913 (0.2%)	2,303 (0.1%)	5,225 (0.2%)	5,675 (0.2%)	5,127 (0.2%)
Optometrists	128,399 (12.0%)	288,582 (19.3%)	759,750 (27.1%)	431,680 (16.2%)	225,903 (10.5%)
Total:	1,069,087 (100.0%)	1,498,542 (100.0%)	2,800,688 (100.0%)	2,661,919 (100.0%)	2,147,658 (100.0%)
HKU-SZH ^{Note 5}	1,471	1,855	3,492	3,997	5,507

Average Amount of Vouchers Claimed Per Transaction (HK\$)

	2016	2017 ^{Note 2}	2018 ^{Note 3}	2019 ^{Note 4}	2020
Medical Practitioners	326	349	396	422	484
Chinese Medicine Practitioners	282	298	355	367	461
Dentists	884	855	973	1,009	1,120
Occupational Therapists	437	1,130	1,616	1,371	1,160
Physiotherapists	321	333	403	392	383
Medical Laboratory Technologists	1,016	935	954	898	894
Radiographers	543	610	798	939	1,022
Nurses	1,083	1,008	1,142	1,028	1,268
Chiropractors	382	431	486	524	581
Optometrists	1,769	1,665	2,114	1,781	1,429
HKU-SZH ^{Note 5}	260	275	306	295	290

Note 2: The eligibility age for the EHCV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 3: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person was introduced on the same day.

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 EHCV Scheme on a hospital basis.

4.

About 3 400, 4 600 and 6 600 elderly persons had ever made use of vouchers at the HKU-SZH as at end-December 2018, 2019 and 2020 respectively.

The Government launched the Pilot Scheme at the HKU-SZH in 2015 to enable Hong Kong elderly persons, whether they are residing in Shenzhen or living nearby in Hong Kong, 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 elderly persons 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 elderly persons 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 elderly persons 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), and 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 DH to follow up and assist the elderly persons on cases of non-compliance with the requirements of the EHCV Scheme. At this stage, the Government has no plan to further extend the use of vouchers outside of Hong Kong.

5.

The estimated voucher expenditure on the EHCV Scheme for 2021-22 is about \$4,047.7 million. The EHCV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH, and the approved establishment of the HCVD for the administration and monitoring of the EHCV Scheme in 2021-22 is 55.

6.

The review on the EHCV Scheme completed by DH in 2019 concluded that with respect to strengthening primary healthcare, the Scheme still had room to improve in some areas, including not yet being able to more effectively facilitate healthcare service providers to provide and elderly persons to use services which are in line with the Primary Healthcare Reference Framework, and enhance elderly persons' awareness of prevention of various diseases and promote healthy living, etc. We will continue to keep in view the operation of the Scheme and make appropriate adjustments and take suitable measures as necessary, in order to ensure that the Scheme continues to align with the Government's policy objectives.

We currently have no plan to increase the annual voucher amount. With the lowering of the eligibility age of the EHCV Scheme from 70 to 65 in 2017 and an ageing population, we anticipate that both the number of elderly persons using vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount, we will give full regard to the situation of Hong Kong's public and private healthcare services especially the effectiveness of the Scheme in achieving our health policy objectives, and the long-term implications on public finance including the Government's affordability.

Currently, eligible elderly persons can use vouchers to pay for private primary healthcare services provided by the 10 types of healthcare professionals who have enrolled under the EHCV Scheme, including dental services. The present arrangement provides elderly persons 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 EHCV Scheme from \$5,000 to \$8,000 which should provide more flexibility for elderly persons to use the suitable services.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)222

(Question Serial No. 3181)

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 (CAC), the statistics show that the completion time for assessment of new cases within 6 months fell short of the target of 90%. In this connection, will the Government please advise on:

1. the number of new referred cases received by the CACs and their average waiting time in the past 5 years;
2. the staff establishment, number of staff recruited and number of outgoing staff in each CAC in the past 5 years; and
3. whether the Government has looked into the reasons why the target was not met, and come up with any measures for expediting the process to raise the completion rate of assessment for new cases within 6 months to over 70%?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 35)

Reply:

1. & 3.

The number of newly referred cases received by the Child Assessment Service (CAS) of Department of Health (DH) in the past 5 years are as follows –

	2016	2017	2018	2019	2020 (provisional figure)
Number of new cases referred to CAS	10 188	10 438	10 466	9 799	7 526

In the past 5 years, all new cases of CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by CAS and difficulties in recruiting doctors to CAS, the rate for completion of assessment for new cases within 6

months in 2020 was 65%. 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.

Noting the increasing demand for services provided by CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening manpower support and enhancing service capacity to handle the large 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 CAS in 2019-20. DH will continue to monitor closely the capacity of CAS in managing the service demand.

2.

The approved establishment in CAS from 2016-17 to 2020-21 is as follows –

Grade	2016-17	2017-18	2018-19	2019-20	2020-21
Medical and Health Officer	24	24	25	25	25
Registered Nurse	30	30	30	40	40
Scientific Officer (Medical)	5	5	5	5	5
Clinical Psychologist	23	22*	22*	22*	22*
Speech Therapist	13	13	13	16	16
Optometrist	2	2	2	2	2
Occupational Therapist	8	8	8	9	9
Physiotherapist	6	6	6	7	7
Hospital Administrator	1	1	1	1	1
Electrical Technician	2	1	1	1	1
Executive Officer	1	2	2	2	2
Clerical Officer	12	12	12	16	16
Clerical Assistant	19	20	20	23	23
Office Assistant	2	1	1	1	1
Personal Secretary	1	1	1	1	1
Workman II	12	12	12	12	12
Total:	161	160	161	183	183

* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

A team approach is adopted in CAS and hence a breakdown of manpower by centre is not available. Statistics on newly recruited staff and wastage of staff for individual offices are not separately kept.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)223****(Question Serial No. 3182)**

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 government dental clinics, will the Government please advise on:

1. the total number of attendances of the GP sessions broken down by age group and its percentage, and the number and percentage of elderly people aged 60 or above who have consulted the dental clinics with GP sessions in the past 5 years;
2. the respective numbers of discs allocated, quotas, utilisation rates and waiting times of each government dental clinic with GP sessions in the past 5 years; and
3. whether the Government will consider expanding the range of service in GP sessions to include crowning and filling etc. in view of the substantial fees charged by private dentists?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 36)

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. Professional advice with regard to the individual needs of patients is also given at the GP sessions.

The numbers of attendances in GP sessions in the financial years 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (up to 31 January 2021), with breakdown by age group, are set out below –

Year	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
No. of attendance	36 783	35 957	37 027	34 313	20 024

	% Distribution of attendances by age group				
Age group	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
0-18	1.80%	1.76%	1.82%	3.92%	1.41%
19-42	14.45%	15.39%	15.22%	20.42%	16.83%
43-60	27.66%	26.38%	24.05%	20.02%	27.91%
61 or above	56.09%	56.47%	58.91%	55.64%	53.85%

The number of attendances in GP sessions by age group of 61 years old or above[#] in the financial years 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (up to 31 January 2021) are as follows –

Year	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
No. of attendance	20 632	20 305	21 812	19 090	10 783
% distribution	56.09%	56.47%	58.91%	55.64%	53.85%

[#] Breakdown of the numbers of attendances in GP sessions by age group of 60 or above is not maintained.

2. The total numbers of discs allocated and discs available for the dental clinics with GP sessions in the financial years 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (up to 31 January 2021) are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of discs allocated (No. of discs available)				
			2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	Monday (AM)	84	5 341 (6 006)	5 268 (6 006)	5 449 (6 132)	4 981 (5 628)	3 123 (3 148)
	Thursday (AM)	42					
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 310 (4 368)	4 003 (4 200)	4 031 (4 116)	3 704 (3 780)	2 135 (2 142)

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session [@]	No. of discs allocated (No. of discs available)				
			2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 951 (8 064)	6 647 (7 980)	7 243 (8 400)	6 738 (7 392)	3 897 (3 990)
	Friday (AM)	84					
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 371 (2 450)	2 262 (2 450)	2 236 (2 300)	2 067 (2 325)	1 283 (1 284)
Mona Fong Dental Clinic	Thursday (PM)	42	1 930 (2 142)	1 918 (2 142)	1 907 (2 100)	1 746 (1 974)	1 043 (1 048)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 035 (2 142)	2 028 (2 142)	1 974 (2 100)	1 883 (1 974)	1 046 (1 048)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 621 (8 316)	7 837 (8 232)	8 031 (8 232)	7 475 (7 644)	4 184 (4 216)
	Friday (AM)	84					
Yan Oi Dental Clinic	Wednesday (AM)	42	2 152 (2 184)	2 015 (2 100)	2 017 (2 058)	1 857 (1 890)	1 078 (1 080)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	4 007 (4 158)	3 860 (4 116)	3 929 (4 116)	3 705 (3 822)	2 082 (2 097)
	Friday (AM)	42					
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	96 (384)	91 (384)	96 (384)	106 (352)	101 (200)
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	152 (384)	207 (384)	286 (384)	243 (352)	176 (200)

[@] The regular maximum numbers of discs allocated per session at individual dental clinics in the past 3 years have remained the same. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of discs allocation have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

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 details on the waiting time. Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

The average utilisation rates of service sessions for the dental clinics with GP sessions in the financial years 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (up to 31 January 2021) are as follows –

Dental clinic with GP sessions	Average utilisation rate in %				
	2016-17	2017-18	2018-19	2019-20	2020-21(up to 31 January 2021)
Kowloon City Dental Clinic	88.8	86.5	88.4	88.5	99.2
Kwun Tong Dental Clinic	98.2	95.2	97.9	98.0	99.7
Kennedy Town Community Complex Dental Clinic	85.6	82.3	85.6	91.2	97.7
Fanling Health Centre Dental Clinic	96.3	92.5	96.5	88.9	99.9
Mona Fong Dental Clinic	89.4	88.2	90.6	88.4	99.5
Tai Po Wong Siu Ching Dental Clinic	94.6	93.7	94.0	95.4	99.8
Tsuen Wan Dental Clinic	90.5	94.6	96.9	97.8	99.2
Yan Oi Dental Clinic	98.4	96.2	98.1	98.3	99.8
Yuen Long Jockey Club Dental Clinic	96.1	93.3	94.6	96.9	99.3
Tai O Dental Clinic	24.7	23.4	24.7	30.1	50.5
Cheung Chau Dental Clinic	39.6	51.8	73.7	69.0	88.0

3. The Government's policy on dental care 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. The Government has no plan to expand the service scope of general public sessions.

Comprehensive dental services for the community at large involves substantial amount of financial resources. In accordance with the prevailing policy, the Government mainly undertakes publicity, education (including the School Dental Care Service), promotion on oral health, provision of emergency dental services to the public and takes forward initiatives targeting at persons with special dental care needs, in particular elderly persons with financial difficulties and persons with difficulties accessing usual dental services. 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 launched a three-year programme named "Healthy Teeth Collaboration" in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability, and will extend the programme for another 3 years. 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

FHB(H)224

(Question Serial No. 0206)

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), the Department of Health (DH) will continue the work on the implementation of COVID-19 vaccination. Given the huge public demand under the COVID-19 Vaccination Programme (the Programme), the public had to wait in its early stage of implementation for over an hour before making an appointment online. In this connection, please advise this Committee on whether the DH will enhance the online booking system for reduction of the waiting times of the public; if yes, the details and if not, the reasons; the number and types of enquiries received by the DH regarding the Programme; whether assessment has been made of the capabilities of its staff to respond to the enquiries; whether telephone appointments will be made available to the public under the Programme; if yes, the details and if not, the reasons; and the manpower and expenditure involved in the Programme.

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 64)

Reply:

After consolidating previous experience, the Government has revisited and increased the overall capacity of the booking system for the COVID-19 Vaccination Programme so as to improve its computing performance in meeting the high demand of booking. Moreover, we have introduced a new web page (<https://booking.covidvaccine.gov.hk/centre/>) showing the latest quota status of each vaccination centre, so that the public can keep abreast of the latest quota situation before booking. We have also enhanced the user interface of the booking system so that a citizen can easily identify and select the available time slot of a centre, thus speeding up the completion of the booking process.

Members of the public may call the Centre for Health Protection hotline (2125 1111 / 2125 1122) or the hotline for the COVID-19 Vaccination Programme (3142 2366) for enquiries. Information on the number and types of enquiries received by the Department of Health regarding the COVID-19 Vaccination Programme is not readily available. The manpower and expenditure concerned for manning the above enquiry hotlines cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)225

(Question Serial No. 1193)

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 (TACO) of the Department of Health (DH), will the Government please, in the context of enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, advise this Committee on:

- (a) the number of inspections against smoking offences in 2020 (broken down by District Council district);
- (b) the reasons for the year-on-year decline in the number of fixed penalty notices (for smoking offences) and summonses (for smoking and other offences) issued by the TACO from 2017 to 2019; and
- (c) whether enforcement targets will be set and included as a key performance measure in respect of the statutory functions of the DH?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 65)

Reply:

(a)

The number of inspections conducted by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in 2020 is 36 100. TACO does not maintain the numbers of inspections by administrative districts of Hong Kong.

(b)

While both the number of smoking-related complaints and number of fixed penalty notices / summonses issued by TACO under Cap.371 and Cap. 600 decreased from 18 354 and 9 860 in 2017 to 11 484 and 6 645 in 2020 respectively, the number of inspections for smoking and related offences had in fact increased from 33 159 to 36 100 during the same period.

The decrease in the number of complaints and offences may imply an improvement in law compliance during this period.

(c)

Since 2019, the number of inspections conducted for enforcement of the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) has been included as a performance indicator for TACO in the Controlling Officer's Report of the DH. We would review the performance indicator from time to time as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)226

(Question Serial No. 2403)

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:

According to the Controlling Officer's Report, the Department of Health (DH) set the target for inspection of licensed retail drug premises at an average of twice a year per premises at 100%. However, only 14% was achieved in 2020, which was far lower than the 100% achieved in 2019. As such, the target for 2021 is correspondingly adjusted to 60%. Please advise this Committee on the reasons behind; whether it was related to combatting Coronavirus Disease 2019; and would the reduction in the number of inspections affect the protection for the public in respect of the purchase of drugs?

In addition, what is the percentage of inspection of licensed retail drug premises at an average of once a year per premises by the DH in 2020?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 33)

Reply:

The Drug Office of the Department of Health is responsible for the inspection of licensed retail drug premises. In 2020, the inspection of licensed retail drug premises was affected by the COVID-19 pandemic as the Drug Office had enhanced social distancing and scaled down inspections, as well as redeployed its staff to support the COVID-19 related duties in the Centre for Health Protection. During the period, the Drug Office had adopted a risk-based approach in conducting the inspections.

In 2020, there were 4 797 licensed retail drug premises, including Authorized Sellers of Poisons (commonly known as pharmacies) and Listed Sellers of Poisons (commonly known as medicine stores). All pharmacies and about 80% of medicine stores were inspected at least once in 2020.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)227

(Question Serial No. 2414)

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 is responsible for the work in prevention and control of Coronavirus Disease 2019 (COVID-19). In this connection, please give a monthly breakdown of the respective numbers of persons placed in home quarantine and those in quarantine in hotels, designated hotels and quarantine centres, as well as the respective numbers of persons exempted from quarantine no matter the reason, those dealt with by way of warning or prosecution for violating the quarantine requirement, and those classified as close contacts and placed under surveillance since the outbreak of COVID-19.

Please also advise on the longest waiting time of the close contacts of a person tested positive for COVID-19 for admission to quarantine centres from the time the person was confirmed, and whether there have been cases in which the close contacts were not admitted to the hospital or designated quarantine centres within the 14-day quarantine period.

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 46)

Reply:

According to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), starting from 8 February 2020, except for exempted persons, all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong would be subject to compulsory quarantine for 14 days, regardless of nationality and travel documents used. Since 25 March 2020, the compulsory 14-day quarantine arrangement has been extended to all persons arriving from or having stayed in Macao and Taiwan in the past 14 days prior to arrival in Hong Kong, in addition to those arriving from the Mainland.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from Mainland, Taiwan and Macao with breakdown by month and place of quarantine are tabulated below –

Quarantine Orders issued under Cap. 599C (by place of quarantine)

	Home	Hotel	Quarantine Centre	Total
February 2020 (from 8 February 2020)	27 345	565	216	28 126
March 2020	49 520	2 225	711	52 456
April 2020	18 490	1 107	112	19 709
May 2020	39 721	2 470	109	42 300
June 2020	31 609	5 572	163	37 344
July 2020	18 824	5 853	138	24 815
August 2020	16 599	4 441	80	21 120
September 2020	47 126	3 465	45	50 636
October 2020	30 337	3 448	79	33 864
November 2020	18 549	1 955	51	20 555
December 2020	9 692	1 116	30	10 838
January 2021	11 376	1 227	16	12 619
February 2021	14 733	1 184	12	15 929
Total	333 921	34 628	1 762	370 311

According to the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), starting from 19 March 2020, except for exempted persons, all persons arriving in Hong Kong from places outside China would be subject to compulsory quarantine.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from places outside China with breakdown by month are tabulated below –

Quarantine Orders issued under Cap. 599E

March 2020 (from 19 March 2020)	51 211
April 2020	16 078
May 2020	19 127
June 2020	24 150
July 2020	23 187
August 2020	17 313
September 2020	24 253
October 2020	19 532
November 2020	21 446
December 2020	18 982
January 2021	13 090
February 2021	9 470
Total	257 839

The breakdown by place of quarantine is not readily available.

Since December 2020, all persons arriving in Hong Kong (either via the airport or land boundary control points) who have stayed in places outside China on the day of arrival in Hong Kong or during the 21 days before that day have to undergo compulsory quarantine

for 21 days in designated quarantine hotels. The number of persons who have stayed in designated quarantine hotels are as follows –

Number of Persons Stayed in Designated Quarantine Hotels

December 2020 (from 21 December 2020)	3 387
January 2021	13 020
February 2021	9 361
Total	25 768

Breaching a quarantine order is a criminal offence and offenders are subject to a maximum fine of \$25,000 and imprisonment for 6 months. As at end February 2021, 113 persons have been convicted by courts for breaching the quarantine orders and have received sentences for up to 14 weeks or a fine of up to \$15,000. The Department of Health (DH) has issued press releases to inform the public outcome of the breach of each case.

To maintain the necessary operation of society and the economy of Hong Kong, and to ensure an uninterrupted supply of all daily necessities to the public, the Chief Secretary for Administration has, pursuant to Cap. 599C and Cap. 599E, exempted persons (for example, consular and diplomatic officers, crew members of aircraft and cross-boundary goods vehicle drivers, etc.) from the compulsory quarantine requirement upon arrival in Hong Kong.

The DH would arrange 21-day/14-day medical surveillance for the exempted persons during their stay in Hong Kong. Persons under medical surveillance are required to wear masks and check their body temperature twice daily, and they should report to the DH if feeling unwell. In addition, exempted persons are also subject to body temperature check and health declaration procedures performed by DH at the boundary control points during arrival clearance.

The number of Notification of Medical Surveillance issued to exempted persons (including those exempted under Cap. 599C and Cap. 599E) as at end February 2021 at various boundary control points are tabulated below –

Number of Notification of Medical Surveillance Issued to Exempted Persons

(does not represent number of exempted persons as the same person may be issued a separate medical surveillance notice upon each entry)

February 2020	93 602
March 2020	39 211
April 2020	36 039
May 2020	40 220
June 2020	45 943
July 2020	53 405
August 2020	41 155
September 2020	45 689
October 2020	43 885
November 2020	45 440
December 2020	46 145
January 2021	42 584

February 2021	34 438
Total	607 756

Note 1: Boundary control points in service include the Hong Kong International Airport, Hong Kong-Zhuhai-Macao Bridge Hong Kong Port, Shenzhen Bay, Man Kam To, Lok Ma Chau, Sha Tau Kok and Heung Yuen Wai (commenced service on August 26, 2020).

Note 2: Exempted persons are issued with new Notification of Medical Surveillance every time when they enter Hong Kong (except in cases set out in Note 3 below).

Note 3: Currently, “cross-boundary goods vehicle drivers and necessary accompanying personnel” with valid Notification of Medical Surveillance issued in the past 14 days are not issued with new Notification of Medical Surveillance afresh every time they enter Hong Kong.

The number of persons who were placed under quarantine in quarantine centres as at end February 2021 are as follows –

	Close Contact	Non-Close Contact	Total
January 2020	51	0	51
February 2020	422	455	877
March 2020	1 456	1 185	2 641
April 2020	909	203	1 112
May 2020	46	1 382	1 428
June 2020	110	3 365	3 475
July 2020	3 348	2 467	5 815
August 2020	3 629	9	3 638
September 2020	764	20	784
October 2020	911	16	927
November 2020	2 516	12	2 528
December 2020	7 332	6	7 338
January 2021	5 652	36	5 688
February 2021	3 591	27	3 618
Total	30 737	9 183	39 920

The average interval time of admission of close contacts to the quarantine centres was 15.2 hours. The longest interval time between the identification of a close contact and the related admission to a quarantine centre was 12 days. In that case, a longer time was required to arrange the transfer because the close contact was hospitalised before admission to the quarantine centre.

The expenditure and manpower relating to quarantine are absorbed under the overall provision for relevant bureaux/departments and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)228

(Question Serial No. 2441)

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:

Regarding the establishment of the civil servants working in the Hospital Authority within the ambit of the Department of Health, will the Government please advise this Committee on the permanent establishments and staffing expenditures in respect of these personnel by rank/structure in the past 2 years?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 80)

Reply:

Breakdowns of the staff establishment of civil servants working in the Hospital Authority (HA) by ranks and by hospitals as at 1 April 2019 and 1 April 2020 are at **Annexes I and II** respectively. The actual expenditures of \$730 million and \$641 million in 2018-19 and 2019-20 (under Subhead 003 Recoverable salaries and allowances) in respect of salaries and allowances for civil servants working in HA were fully reimbursed by HA respectively. The reduction of civil servants working in HA is due to natural wastage including retirement. The HA will cover the loss of capacity through prevailing recruitment mechanism, e.g. recruitment of new staff on HA terms of service.

Civil Servants Working in the Hospital Authority by Ranks

Grade/Rank	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
MEDICAL & HEALTH OFFICER GRADES		
Consultant D3	2	2
Consultant (Hospital Services)	4	4
Senior Medical & Health Officer	10	9
Associate Consultant	4	4
Medical & Health Officer	40	36
Sub-total	<u>60</u>	<u>55</u>
NURSING & ALLIED GRADES		
General Manager (Nursing)	2	2
Chief Nursing Officer	1	1
Senior Nursing Officer	12	11
Departmental Operations Manager	13	11
Ward Manager	46	39
Nurse Specialist	5	3
Nursing Officer	137	116
Nursing Officer (Education)	4	4
Registered Nurse	95	87
Senior Nursing Officer (Psychiatric)	2	1
Nursing Officer (Psychiatric)	52	42
Registered Nurse (Psychiatric)	44	37
Enrolled Nurse	26	18
Enrolled Nurse (Psychiatric)	37	30
Sub-total	<u>476</u>	<u>402</u>

Grade/Rank	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
SUPPLEMENTARY MEDICAL GRADES		
Department Manager	8	6
Chief Dispenser	10	7
Senior Dispenser	57	46
Dispenser	109	92
Senior Medical Technologist	4	2
Medical Technologist	20	15
Medical Technologist (Hospital Services)	1	1
Medical Laboratory Technician I	2	1
Mould Laboratory Technologist	1	0
Senior Mould Laboratory Technician	1	0
Occupational Therapy Assistant	6	4
Pharmacist	2	2
Physicist	2	1
Senior Physiotherapist	1	0
Physiotherapist I	5	4
Prosthetist-Orthotist I	1	1
Senior Radiographer	13	11
Radiographer I	28	26
Scientific Officer (Medical)	3	2
Sub-total	<u>274</u>	<u>221</u>

Grade/Rank	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
HOSPITAL ADMINISTRATOR GRADE		
Cluster General Manager (Human Resources)	1	1
General Manager (Administrative Services)	2	2
Senior Hospital Administrator	3	3
Sub-total	<u>6</u>	<u>6</u>
OTHER DEPARTMENTAL GRADES		
Artisan	6	4
Cook	4	3
Darkroom Technician	3	2
Chief Electrical Technician	2	1
Senior Electrical Technician	1	1
Electrical Technician	5	5
Foreman	3	2
Health Care Assistant	10	4
Chief Hospital Foreman	1	1
Senior Hospital Foreman	4	3
Hospital Foreman	7	5
Hostel Manager/Manageress	1	1
Laboratory Attendant	12	10
Laundry Worker	2	1
Operating Theatre Assistant	12	8
Operation Assistant II	2	2
X-Ray Mechanic	2	1
Sub-total	<u>77</u>	<u>54</u>

Grade/Rank	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
MODEL SCALE I GRADES		
Ward Attendant	14	10
Workman I	1	1
Workman II	52	40
Sub-total	<u>67</u>	<u>51</u>
GENERAL GRADES		
Personal Secretary II	1	1
Telephone Operator	1	1
Sub-total	<u>2</u>	<u>2</u>
Total	<u>962</u>	<u>791</u>

Civil Servants Working in the Hospital Authority by Hospitals

Hospital	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
Alice Ho Miu Ling Nethersole Hospital	23	19
Bradbury Hospice	2	2
Cheshire Home, Shatin	1	1
Caritas Medical Centre	7	6
Castle Peak Hospital /Siu Lam Hospital	61	49
TWGHs Fung Yiu King Hospital	1	1
Grantham Hospital	5	5
Hospital Authority Head Office	4	0
Haven of Hope Hospital	1	1
Hong Kong Children's Hospital	3	6
Hong Kong Eye Hospital	5	3
Kwai Chung Hospital	58	44
Kowloon Hospital	50	43
Kwong Wah Hospital / Wong Tai Sin Hospital	12	11
North District Hospital	28	21
North Lantau Hospital	4	4
Our Lady of Maryknoll Hospital	11	10
Princess Margaret Hospital	70	56
Pok Oi Hospital	3	3
Prince of Wales Hospital	107	86
Pamela Youde Nethersole Eastern Hospital	60	51
Queen Elizabeth Hospital	157	130
Queen Mary Hospital / Duchess of Kent Children's Hospital	85	71

Hospital	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
Ruttonjee Hospital / Tang Shiu Kin Hospital	14	10
Shatin Hospital	15	12
St John Hospital	4	4
Tseung Kwan O Hospital	27	22
Tuen Mun Hospital	68	54
Tai Po Hospital	5	5
Tin Shui Wai Hospital	1	1
Tung Wah Eastern Hospital	1	1
Tung Wah Hospital	3	3
United Christian Hospital	36	29
Yan Chai Hospital	30	27
Total	<u>962</u>	<u>791</u>

-End-

CONTROLLING OFFICER'S REPLY

FHB(H)229

(Question Serial No. 0685)

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 2021-22 that the Department of Health will implement the free human papillomavirus (HPV) vaccination programme for school girls. In this connection, please inform this Committee of:

1. the staff establishment and expenditure involved;
2. whether the Government will, in view of the recent approval of the United States Food and Drug Administration for the use of nine-valent HPV vaccines for the prevention of oropharyngeal and other head and neck cancers caused by HPV, expand the HPV vaccination programme to include school boys as well as other school girls of the relevant age cohort under the age of 18 with a view to lowering the incidence rates of these cancers as soon as possible; if so, the plans and if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 23)

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) since the 2019/2020 school year. The first dose is given to Primary 5 female students at their schools, and the second dose of the recommended vaccination schedule will be given to them when they reach Primary 6 in the following school year. In 2021-22, the provision for the HPV vaccination programme is \$91.3 million. A total of 8 civil service posts will be involved in the work.
2. In general, incorporation of a new vaccine into the HKCIP is based on scientific evidence taking into account a number of public health factors, including the overall disease burden on society, the efficacy and safety of the vaccine, the availability of other effective preventive measures, and the cost-effectiveness and public acceptance of the vaccine.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experiences in relation to the efficacy and safety of HPV vaccines, as well as local studies on acceptability and cost-benefit analyses, the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections (the Scientific Committees) under the Centre for Health Protection (CHP) of the DH made a joint recommendation in September 2018 that HPV vaccination be included in the HKCIP for girls of suitable ages before sexual debut as one of the public health strategies for prevention of cervical cancer.

The Scientific Committees under the CHP will continue to keep abreast of local and overseas scientific developments and cost-benefit analyses in respect of HPV vaccines, and make recommendations regarding the HKCIP from the public health perspective for the CHP's reference in reviewing and updating the HKCIP.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)230

(Question Serial No. 0686)

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 implementation of Coronavirus Disease 2019 (COVID-19) vaccination as mentioned under the Matters Requiring Special Attention in 2021-22, what are the staff establishment and expenditure involved?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 24)

Reply:

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.

- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)231

(Question Serial No. 0928)

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:

In 2021-22, the Department of Health will continue to undertake statutory enforcement work of the Private Healthcare Facilities Ordinance. In this connection, please advise on the progress, timetable (including the dates for licence applications for relevant types of private healthcare facilities) and breakdown of the estimated expenditure.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 18)

Reply:

The new regulatory regime for private healthcare facilities under the Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) is being implemented in phases. Applications for private hospital and day procedure centre licences have commenced since July 2019 and January 2020 respectively. Hospital licences and the first batch of day procedure centre licences have taken effect from 1 January 2021. For clinics, details on applications for licences and letters of exemption will be announced in due course.

In 2021-22, \$211 million has been earmarked to undertake the relevant registration and enforcement work under the Ordinance. This financial provision includes the resources previously allocated for regulation of private healthcare institutions under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) which was replaced by the Ordinance on 1 January 2021.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)232****(Question Serial No. 0929)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

The Department of Health is responsible for enforcing the law prohibiting commercial sale and supply of alcohol to minors. In this connection, will the Government advise on the specific work involved and the number of offences (broken down by their nature in table form) in each of the past 3 years since the enactment of the relevant legislation?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 19)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.

To facilitate stakeholders' compliance with the law, the Tobacco and Alcohol Control Office of the Department of Health promulgated a host of measures through various means, including advertising, briefings for stakeholders, vendors, and retailers, drawing up guidelines on statutory requirements for businesses and distributing publicity materials.

The number of summonses issued for the period from December 2018 to 2020 are as follows:

	2018 (December)	2019	2020
Sale of intoxicating liquor to minors	0	1	0
Sale of intoxicating liquor via vending machines	0	0	8

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)233

(Question Serial No. 0932)

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 that the provision for 2021-22 will be \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21 under Programme (2) Disease Prevention mainly due to additional provision for meeting funding requirement for the Elderly Health Care Voucher (EHCV) Scheme, increased requirement for operating expenses for prevention and control of Coronavirus Disease 2019 (COVID-19) including procurement and administration of vaccines, and a net increase of 73 posts in 2021-22 to meet operational needs. In this connection, will the Government please advise on:

1. the details and amount of funding for the EHCV Scheme;
2. the breakdown of operating expenses for the prevention and control of COVID-19; and
3. the job duties of the net increased 73 posts (in table form)?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 20)

Reply:

1.
The financial provision in 2021-22 for the Elderly Health Care Voucher (EHCV) Scheme is \$4,047.7 million. As compared with revised estimate for 2020-21, additional provision for the EHCV Scheme is \$1,975.8 million.

2.
Under Programme (2) : Disease Prevention, an additional provision of \$7,465.4 million for 2021-22 includes provision of \$5,396.1 million (or 72.3% of the increased provision) for prevention and control of COVID-19, including but not limited to implementing various anti-epidemic measures, procurement of COVID-19 vaccines and launching of the COVID-19 vaccination programme.

3.

Details of the net increase of 73 posts in 2021-22 are in the **Annex**.

Creation and Deletion of Posts in Department of Health in 2021-22

Programme 2 – Disease Prevention

<u>Rank</u>	<u>No. of posts to be created/ deleted</u>
Senior Medical and Health Officer	2
Medical and Health Officer	11
Senior Nursing Officer	1
Nursing Officer	5
Registered Nurse	16
*Medical Technologist (new pay scale)	95
*Medical Technologist (existing pay scale)	-92
*Associate Medical Technologist	150
*Medical Laboratory Technician I	-43
*Medical Laboratory Technician II	-101
Scientific Officer (Medical)	2
Senior Hospital Administrator	1
Hospital Administrator I	2
Hospital Administrator II	3
Radiographer I ^{Note}	-2
Senior Foreman	2
Foreman	10
Executive Officer I	2
Executive Officer II	2
Health Inspector I/II	2
Supplies Supervisor II	1
Laboratory Attendant	2
Workman II	2
Total :	73

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

^{Note} 2 Radiographer I posts are re-deployed from Student Health Service (Programme (2) – Disease Prevention) to Radiation Health Division (Programme (1) – Statutory Functions) and Tuberculosis and Chest Service (Programme (4) – Curative Care)

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)234

(Question Serial No. 0504)

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 has implemented the Designated Quarantine Hotel Scheme since December last year to facilitate quarantine of returnees from overseas. In this connection, please inform this Committee of the names of the participating hotels, room rates offered by each hotel, occupancy rates by room type, and amount of subsidies from the Government in table form.

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 38)

Reply:

To further prevent imported COVID-19 cases and to reduce contact between returnees to Hong Kong from overseas and the local community, the Government fully implemented the Designated Quarantine Hotel Scheme (the Scheme) on 22 December 2020. Starting from 21 December 2020, all travellers arriving from countries outside China are required to undergo compulsory quarantine for 21 days at designated quarantine hotels. With the implementation of the tightened measures on the testing and isolation arrangements for exempted persons with effect from 20 February 2021, some exempted persons (e.g. air crew) under specific conditions are also required to undergo self-isolation at designated quarantine hotels.

The first cycle of the Scheme, comprising 36 hotels with around 12 000 rooms, already ended on 19 February 2021 with an overall average occupancy rate of around 50%. The second cycle of the Scheme running between 21 February and 20 April 2021 comprises 36 hotels with around 10 000 rooms. As at 9 March, 2021, the overall average occupancy rate for the second cycle is around 60%. The lists of designated quarantine hotels of the first and second cycles are respectively set out at Tables 1 and 2. Details on the room types and room rates available at the Designated Quarantine Hotels can be found on the Government's COVID-19 Thematic Website (<https://www.coronavirus.gov.hk/eng/designated-hotel.html>).

As set out in the contracts for the Scheme, by the end of the contract period, designated quarantine hotels meeting specified occupancy conditions are qualified to apply for government subsidy under the established mechanism of the Scheme within 30 days after

the close of the contract period. The Government is now receiving applications from hotels of the first cycle. The amount of subsidy is still being processed and is not available at the moment.

The financial impacts of the related measures will be absorbed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill or the estimates of the General Revenue Account.

Table 1

List of Designated Quarantine Hotels of the First Cycle

(sorted by district and name of hotel in alphabetical order)

Central and Western District

1. Best Western Plus Hotel Hong Kong
2. CM+ Hotels & Serviced Apartments
3. Eco Tree Hotel
4. Grand City Hotel
5. Lan Kwai Fong Hotel @ Kau U Fong
6. One-Eight-One Hotel & Serviced Residences
7. Ramada Hong Kong Harbour View
8. The Landmark Mandarin Oriental Hong Kong

Eastern District

1. Ramada Hong Kong Grand View

Islands District

1. Four Points by Sheraton Hong Kong Tung Chung
2. Regal Airport Hotel

Kowloon City District

1. Bridal Tea House Hotel Hung Hom Gillies Avenue South
2. iclub Ma Tau Wai Hotel
3. Kerry Hotel, Hong Kong
4. Metropark Hotel Kowloon Hong Kong
5. O' Hotel
6. Regal Oriental Hotel

Kwai Tsing District

1. Dorsett Tsuen Wan, Hong Kong

Southern District

1. Le Meridien Hong Kong, Cyberport
2. L'hotel Island South
3. Mojo Nomad Aberdeen Harbour

Wan Chai District

1. Best Western Hotel Causeway Bay

2. Crowne Plaza Hong Kong Causeway Bay
3. Dorsett Wanchai, Hong Kong
4. Eco Tree Hotel Causeway Bay
5. Hotel Indigo Hong Kong Island
6. Mira Moon Hotel
7. Vela Boutique Hotel

Wong Tai Sin District

1. Pentahotel Hong Kong, Kowloon

Yau Tsim Mong District

1. Bridal Tea House Hotel Yau Ma Tei Wing Sin Lane
2. Dorsett Mongkok, Hong Kong
3. Ramada Hong Kong Grand
4. Sheraton Hong Kong Hotel and Towers
5. The Kimberley Hotel
6. The Kowloon Hotel
7. The Luxe Manor

Table 2

List of Designated Quarantine Hotels of the Second Cycle

(sorted by district and name of hotel in alphabetical order)

Central and Western District

1. Best Western Plus Hotel Hong Kong
2. CM+ Hotels & Serviced Apartments
3. Grand City Hotel
4. Lan Kwai Fong Hotel @ Kau U Fong
5. One-Eight-One Hotel & Serviced Residences
6. Ramada Hong Kong Harbour View
7. The Landmark Mandarin Oriental Hong Kong

Eastern District

1. Ramada Hong Kong Grand View

Islands District

1. Four Points by Sheraton Hong Kong, Tung Chung
2. Regal Airport Hotel

Kowloon City District

1. Bridal Tea House Hotel Hung Hom Gillies Avenue South
2. iclub Ma Tau Wai Hotel
3. Kerry Hotel, Hong Kong
4. Metropark Hotel Kowloon Hong Kong
5. Regal Oriental Hotel

Kwai Tsing District

1. Dorsett Tsuen Wan, Hong Kong

Kwun Tong District

1. IW Hotel

Southern District

1. Le Meridien Hong Kong, Cyberport
2. L'hotel Island South
3. Ovolo Southside

Tsuen Wan District

1. Silka Far East Hotel Hong Kong

Wan Chai District

1. Best Western Hotel Causeway Bay
2. Crowne Plaza Hong Kong Causeway Bay
3. Dorsett Wanchai, Hong Kong
4. Eco Tree Hotel Causeway Bay
5. Hotel Indigo Hong Kong Island
6. Mira Moon Hotel
7. Vela Boutique Hotel

Wong Tai Sin District

1. Pentahotel Hong Kong, Kowloon

Yau Tsim Mong District

1. Bridal Tea House Hotel Yau Ma Tei Wing Sing Lane
2. Dorsett Mongkok Hong Kong
3. Ramada Hong Kong Grand
4. Sheraton Hong Kong Hotel and Towers
5. Silka Seaview Hotel Hong Kong
6. The Kimberley Hotel
7. The Kowloon Hotel

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)235

(Question Serial No. 1486)

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 planning and implementation of Coronavirus Disease 2019 (COVID-19) vaccination under the Matters Requiring Special Attention in Programme (2), in view of the strong public demand for the Sinovac vaccine, please advise on whether the Government has any plans to substantially increase the number of vaccination centres and clinics (especially in Kwun Tong and Wong Tai Sin, two districts with a relatively large elderly population) and to allot more vaccine doses to each private clinic to facilitate elderly vaccination in a timely manner; if yes, the details and the additional manpower and expenditure involved; if not, the reasons.

Asked by: Hon TSE Wai-chun, Paul (LegCo internal reference no.: 47)

Reply:

The Government's goal is to provide COVID-19 vaccines for the majority of the Hong Kong population within 2021 for free and on a voluntary basis. There are four channels for receiving the COVID-19 vaccine, namely at (i) 27 Community Vaccination Centres (CVCs) in the 18 districts across the territory, (ii) private doctors participating in the COVID-19 Vaccination Programme, (iii) 18 general out-patient clinics (GOPCs) of the Hospital Authority (HA), and (iv) outreach to residential care homes for the elderly and for persons with disabilities.

The Sinovac vaccine is available at eight CVCs as well as all 18 HA GOPCs and over 2 200 private clinics operated by around 1 580 private doctors ⁽¹⁾. The BioNTech/Fosun vaccine is provided at 15 CVCs ⁽²⁾. The Department of Health continues to recruit more private doctors to join the COVID-19 Vaccination Programme so as to increase outlets for members of the public to get vaccinated.

Note

(1): Statistics as at 23 March 2021.

(2): Two other CVCs providing the BioNTech/ Fosun vaccine will commence operations in April.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)236

(Question Serial No. 1790)

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 in detail on the estimated expenditure in respect of the three types of COVID-19 vaccine coming to Hong Kong, including the purchase price per dose of vaccine as well as the expenses of vaccine storage, transportation and distribution.

Asked by: Hon WONG Ting-kwong (LegCo internal reference no.: 51)

Reply:

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

1. A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong in February.
2. A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.

3. A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)237

(Question Serial No. 2252)

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 progress of developing the Health Code system to facilitate cross-boundary travel of Hong Kong people to Guangdong Province and Macao and the expected timetable for its implementation for use by the public.

Asked by: Hon WONG Ting-kwong (LegCo internal reference no.: 21)

Reply:

The development work of the "Hong Kong Health Code" computer system is basically complete.

Concerning the implementation of the "Hong Kong Health Code" which aims to facilitate cross-boundary travel, the HKSAR Government has been liaising closely with the Guangdong Provincial and Macao Special Administrative Region Governments to explore, when the epidemic situation in Guangdong, Hong Kong and Macao is under control and without increasing public health risks, to resume the normal cross-boundary activities among residents of the three places in a gradual and orderly manner.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)238

(Question Serial No. 2276)

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:

Please advise on the medical expenditure incurred in the combat against COVID-19 in 2020-21, including the costs of protective equipment and supplies procurement, healthcare staff deployed for the purpose and treatment of COVID-19 patients. What is the estimated expenditure on the response to the pandemic in 2021-22?

Asked by: Hon WONG Ting-kwong (LegCo internal reference no.: 49)

Reply:

The Government allocated \$4.7 billion from the Anti-epidemic Fund (AEF) to provide additional resources for the Hospital Authority (HA) in tackling the Coronavirus Disease 2019 (COVID-19) epidemic, in particular for ensuring sufficient support and protection for frontline healthcare staff.

HA has been flexibly deploying the additional resources on various fronts including:

- (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 the Emergency Response Level in response to the 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 (PPE) 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) hospital support services and supplies, etc.

The financial impact of the above measures will be absorbed by the AEF, which does not form part of the Appropriation Bill or the estimates of the General Revenue Account.

To provide further support to HA in combating the fourth wave of epidemic and winter surge, the Government also allocated an additional funding of \$3,044 million for HA to strengthen its service capacity. The key measures include:

- (a) establishment and operation of the Community Treatment Facility (CTF) in Asia World-Expo for triage of confirmed cases and isolation for patients with mild symptoms who are in stable condition;
- (b) provision of treatment and care for COVID-19 patients at the North Lantau Hospital Hong Kong Infection Control Centre (HKICC) to relieve the pressure on public hospitals;
- (c) procuring additional PPE for frontline staff providing services in the CTF and HKICC; and
- (d) sustaining the existing anti-epidemic measures taken by HA and ensure support for frontline healthcare staff.

As of 28 February 2021, HA has utilised around \$4,351 million and \$652 million out of the \$4.7 billion AEF allocation and the \$3,044 million additional funding respectively on different areas of its anti-epidemic work.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)239

(Question Serial No. 3086)

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:

The Department of Health will implement an ongoing mental health promotion and public education initiative. In this connection, please advise on the specific activities in this respect, the manpower and expenses involved in each activity, the timetable for these activities and whether targets have been set for the implementation of the initiative; if yes, the specific targets and if not, the reasons; and the ways to plan promotion strategies and specific activities effectively in the absence of targets.

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 30)

Reply:

The Government attaches great importance to the mental well-being of the public. For the promotion of mental health, the Department of Health (DH) has earmarked annual funding of \$50 million to undertake an on-going mental health promotion and public education initiative. The "Shall We Talk" initiative was launched in July 2020 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. A thematic website was launched, providing extensive information on mental well-being, common mental health problems and help seeking etc. Various online and offline channels were used to disseminate messages on mental well-being such as Key Opinion Leader social media campaigns, RTHK documentary and interactive art experience.

The Mental Health Workplace Charter was also launched jointly by DH, the Labour Department and the Occupational Safety and Health Council in November 2019 to promote mental well-being at workplace. As at February 2021, 579 organisations signed the Charter, benefiting more than 450 000 employees.

Surveys and focus groups to monitor changes in public knowledge, attitude and behaviour related to mental well-being and common mental health problems, as well as to evaluate the effectiveness of the initiative have been put in place. DH will continue to strengthen

public education and promotion with a view to building a mental-health friendly society in the long run.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)240

(Question Serial No. 1500)

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:

Regarding the analytical and advisory support to the Department of Health for the formulation and development of Hong Kong Chinese Materia Medica Standards for Chinese herbal medicines commonly used in Hong Kong, please advise on the amount of resources to be allocated for this purpose in the new financial year, the estimated amount of Chinese herbal medicines to be processed and the effectiveness in facilitating the Administration's regulation on the safe use of the Chinese herbal medicines.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 58)

Reply:

For 2021-22, the estimated expenditure of Government Laboratory (GL) for providing analytical and advisory support to the Department of Health on the development of Hong Kong Chinese Materia Medica Standards (HKCMMS) is \$9.5 million, with a view to establishing reference standards for 28 Chinese Materia Medica (CMM).

The HKCMMS Project aims to develop quality and safety standards as regulatory reference for CMM commonly used in Hong Kong to help safeguard public health. The support provided by GL mainly includes developing and maintaining protocols for safety tests contained in the HKCMMS as well as verifying analytical methods developed by the participating research institutes for the testing of CMM.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)241

(Question Serial No. 1501)

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:

Hong Kong was affected by the raging COVID-19 epidemic in the past year. Please advise on the resources deployed by the department for COVID-19 testing, the testing capacity and the manpower involved. Was it necessary to collect specimens for testing? If yes, what were the details? Did the specimens collected include those from the air, sewage and refuse? What were the locations and details of specimen collection?

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

Reply:

COVID-19 testing is provided by various laboratories in the public and private sectors in Hong Kong with relevant expertise and competence. Government Laboratory (GL) does not provide such testing service. GL will continue to provide a wide range of professional testing services to various Government Bureaux and Departments encompassing areas such as food safety, drug safety and consumer goods safety as well as forensic science services.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)242

(Question Serial No. 1356)

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:

- (A) Please set out the staff establishment and salary points by rank, the number of vacancies and the total expenditure on emoluments.
- (B) Please set out the number of staff receiving epidemic-related allowance and the total amount of allowance involved.
- (C) Please set out the number of staff engaged in COVID-19 virus testing, the total expenditure involved and the total number of tests conducted each month from last year up to now. What is the average cost of each test?
- (D) What are the details of the testing equipment for COVID-19 virus? Was additional equipment procured last year to expedite testing and enhance the testing capacity?
- (E) What are the measures for enhancing the speed and capacity of COVID-19 virus testing?

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 51)

Reply:

- (A) The establishment of the Government Laboratory (GL) as at 28 February 2021 and salary points by rank are as follows:

Rank	Establishment	Directorate Pay Scale (D) / Master Pay Scale (MPS) / Model Scale (MOD)
Government Chemist	1	D3
Assistant Government Chemist	2	D2
Chief Chemist	4	D1
Senior Chemist	27	MPS 45 - 49
Chemist	116	MPS 27 - 44
Laboratory Specialist Services Officer	6	MPS 31 - 36
Science Laboratory Technologist	27	MPS 29 - 33
Science Laboratory Technician I	99	MPS 22 - 28
Science Laboratory Technician II	161	MPS 8 - 21
Laboratory Attendant	17	MPS 5 - 8
Workman II	5	MOD 0 - 8
Assistant Librarian	1	MPS 14 - 27
Chief Executive Officer	1	MPS 45 - 49
Executive Officer I	3	MPS 28 - 33
Clerical Officer	4	MPS 16 - 21
Assistant Clerical Officer	6	MPS 3 - 15
Clerical Assistant	15	MPS 1 - 10
Office Assistant	1	MPS 1 - 6
Personal Secretary I	1	MPS 16 - 21
Supplies Officer	1	MPS 27 - 33
Supplies Supervisor I	1	MPS 16 - 21
Supplies Supervisor II	2	MPS 3 - 15
Supplies Assistant	1	MPS 1 - 10
Motor Driver	1	MPS 5 - 8

The number of vacancies of the GL as at 28 February 2021 was 15 and the estimated expenditure on emoluments for 2020-21 is \$367.9 million.

- (B)–(E) COVID-19 testing is provided by various laboratories in the public and private sectors in Hong Kong with relevant expertise and competence. GL does not provide such testing service. GL will continue to provide a wide range of professional testing services to various Government Bureaux and Departments encompassing areas such as food safety, drug safety and consumer goods safety as well as forensic science services.

- End -